

Equine Pre-Purchase Examination

Date: 5/7/2020

Horse : Isadora MCF Horstmeyer, Equine, Holsteiner, 4 Yrs. 1 Mos., Female, 1100 pounds
 Dr. Jessica Hodes, DVM Technician Natalie McTaggart, RVT

History (Subjective):	
Current use by prospective seller: Unstarted under saddle	Intended use by prospective purchaser: Hunter/Jumper
Any prior history of colic? No	
Any known injury, previous trauma or surgery? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last dental float: December 2019

Additional Notes: Current owner has had the horse for 2 weeks

Physical Exam Findings: Temp: 99.9		HR: 32	RR: 10	MM: pink/moist	CRT: <2 sec
Nose and Throat		Mouth/Gum/Teeth		Lymph Nodes	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __		<input type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input checked="" type="checkbox"/> Abnormal Remarks: Sharp enamel points on upper arcade		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __	
Nervous System		Heart and Lungs		Legs/Hooves/Back	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __	
GI Tract/ Abdomen		Urinary and Genitals		Eyes and Ears	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Did Not Examine <input type="checkbox"/> Abnormal Remarks: __	

Orthopedic Exam Findings: (Lameness Grade: 0, 1, 2, 3, 4, 5)					
	Right Front	Left Front	Right Rear	Left Rear	Remarks (Onset, Focal, Regional, Frequency, etc.)
<input type="checkbox"/> Pain on palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None palpated
<input type="checkbox"/> Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None palpated/observed
<input type="checkbox"/> Localized Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None palpated
<input type="checkbox"/> Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None palpated/observed
<input type="checkbox"/> Altered function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Muscle Atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Muscle Tremors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Laxity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Joint Effusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Crepitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None palpated
<input type="checkbox"/> Proprioceptive deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Altered range of motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed
<input type="checkbox"/> Hoof Tester Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal on all four hooves
<input type="checkbox"/> Conformation Fault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None observed

Straight Line Motion Exam (comments):
 Patient is young and mostly unstarted, but still travels straight on the leadline. This mare is very easy to work with for a four year old with minimal work. The trot has excellent natural suspension and maintains a consistent two beat tempo, and the walk is a consistent four beat tempo. No lameness noted at either gait, or when turning to the right or left. Patient maintains tempo and balance at the walk with head lowered or elevated, and there are no proprioceptive deficits noted during the examination.

Flexion Test (comments): 0=no change 1=mild change in gait 2= moderate change in gate 3= severe change in gait 4=unable to trot off after flexion
 Left Front: 0 Right Front: 0
 Left Hind: 0 Right Hind: 0

Additional Comments: Patient stood well during all flexions, and each limb was maximally flexed. Front limbs for 30 seconds, and hind limbs for 45 seconds

Diagnostics: Declined by prospective purchaser (Lizette Horstmeyer)			
<input type="checkbox"/> Radiographs	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Bloodwork (Comprehensive Profile and Complete Blood Count)	
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Coggins (EIA) - already current	

Treatments:

Vaccinations	<input type="checkbox"/> EEE/WEE	<input type="checkbox"/> Tetanus	<input type="checkbox"/> West Nile	<input type="checkbox"/> Influenza	<input type="checkbox"/> EHV1/4	<input type="checkbox"/> Strangles (Strep. equi)
	<input type="checkbox"/> Rabies	<input type="checkbox"/> Lyme	<input type="checkbox"/> Potomac Horse Fever			
If already current, date administered:						
Health Certificate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

5/7/2020 Medical Exam: Equine Pre-Purchase Examination
 Hodes, DVM, Jessica