

**Clinical and x-ray exam**

Executed on: 29/4/18 Date of birth: 8/4/15  
 Horse: DATO SELLE DES ANDES 2 Sex: MALE  
 Chipnumber: 58110000415943E Color: DARK BAY

Clinical exam:

External inspection:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
General impression:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Auscultation heart and lungs:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Inspection:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Palpation:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Shoeing:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Walk straight line:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot hard surface straight-line:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot hard surface right-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot hard surface left-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot soft surface right-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Trot soft surface left-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Galop soft surface right-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Galop soft surface left-circle:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test RF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test LF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Flexion test LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Other remarks important for sale:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____



**X-ray exam:**

Navicular DP RF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Navicular DP LF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Navicular LM RF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Navicular LM LF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM RF	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM LF:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Fetlock LM LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus LM + APLO RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus LM + APLO LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus APLO RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus APLO LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle LM RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle LM LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus DP RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Tarsus DP LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle DP RH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Stifle DP LH:	<input checked="" type="checkbox"/> No significant abnormalities	<input type="checkbox"/> Remarks _____
Other radiological examinations: <input checked="" type="checkbox"/> no <input type="checkbox"/> yes,		
Other findings and remarks: <input checked="" type="checkbox"/> no <input type="checkbox"/> yes,		

**Conclusion:**

**Clinical examination:**

- No abnormal findings
- Abnormal findings (see examination protocol)

**Radiological findings:**

- Good
- Satisfactory
- Moderate
- Unsatisfactory
- Acceptable
- Increased risk
- Not acceptable

The horse receives  normal medical risk  
 increased medical risk

Date: 29/11/18

Place: Thimingen

Name and stamp:

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