

X-ray examination

Appendix to J.No.

Name of horse <u>Stay Out</u>	Breed <u>Trotter</u>	Colour	Sex <u>Male</u>
Year of birth <u>2019</u>	Reg. no.	Chip no. <u>203210002682224</u>	

Purchaser: _____ Vendor: Travdiscount 1/5, Kluvenup
Vadskov
Denmark

Location of examination: _____

- ☐ Examination due to clinical symptoms, ref. point _____ on prepurchase examination form
☒ Routine examination ☐ with clinical examination ☒ without clinical examination

REGIONS AND PROJECTIONS:

Feet:

1. LF: ☐ dorsopalmar: _____
☒ lateromedial: _____
☐ others: _____
2. RF: ☐ dorsopalmar: _____
☒ lateromedial: _____
☐ others: _____
3. LH: ☐ dorsopalmar: _____
☒ lateromedial: _____
☐ others: _____
4. RH: ☐ dorsopalmar: _____
☒ lateropalmar: _____
☐ others: _____

Front feet navicular bone

- ☐ shod ☐ unshod ☐ packing ☐ grid
☐ DPr-Pdio oxspring ☐ PaP-PaDO skyline ☐ LM

5. LF: _____
 6. RF: _____

Hocks:

7. LH: ☐ dorsoplantar: _____
☐ lateromedial: _____
☒ dorsolateral-plantaromedial oblique: Fragment, sagittal bridge
☒ plantarolateral-dorsomedial oblique: Fragment, sagittal bridge
☐ others: _____
8. RH: ☐ dorsoplantar: _____
☐ lateromedial: _____
☒ dorsolateral-plantaromedial oblique: Fragment, sagittal bridge
☒ plantaromedial-dorsomedial oblique: Fragment, sagittal bridge
☐ others: _____

Stifles:

9. LH: ☒ lateromedial: _____
☐ others: _____
10. RH: ☒ lateromedial: _____
☐ others: _____

11. Other regions:

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Conclusion

- ☐ No radiological abnormalities found.
☒ Radiological changes found (cf. item- 7, 8) which are considered unlikely to affect the intended use of the horse.
☐ Radiological changes found (cf. item- _____), which are considered likely to affect the intended use of the horse.
☐ Radiological changes found (cf. item- _____), the significance of which cannot be evaluated without a clinical examination of the horse with reference to its intended use.

Date: 16/5-20 Place: Travdiscount 1/5
Vadskov, Denmark

Veterinarian's signature and stamp