

Clinical and x-ray exam

Executed for:

Executed on: 20.05.2025

Horse: CEDRYT 2

Chipnumber:

Sex: Stallion

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 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="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Navicular DP LF: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Navicular LM RF: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Navicular LM LF: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Fetlock LM RF: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Fetlock LM LF: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Fetlock LM RH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Fetlock LM LH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Tarsus LM + APLO RH: | <input type="radio"/> No significant abnormalities | <input checked="" type="radio"/> Remarks <u>OC - arthroscopy</u> |
| Tarsus LM + APLO LH: | <input type="radio"/> No significant abnormalities | <input checked="" type="radio"/> Remarks <u>OC - arthroscopy</u> |
| Tarsus APLO RH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Tarsus APLO LH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Stifle LM RH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Stifle LM LH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Tarsus DP RH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Tarsus DP LH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Stifle DP RH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |
| Stifle DP LH: | <input checked="" type="radio"/> No significant abnormalities | <input type="radio"/> Remarks _____ |

Other radiological examinations: ☒ no ☐ yes, _____

Other findings and remarks: ☒ no ☐ yes, _____

Conclusion:

Clinical examination:

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

Radiological findings:

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

Date: 20.05.2025

Place: Siedlce

Name and stamp:

Radostaw Chybin 8
 LEKARZ WETERYNARIJ
 66-100 Ziębica Góra
 ul. Drzonków-Jeździecka 3
 tel. +48 608 730 214

The horse receives ☒ normal medical risk
☐ increased medical risk