



# Equine Veterinarians Australia

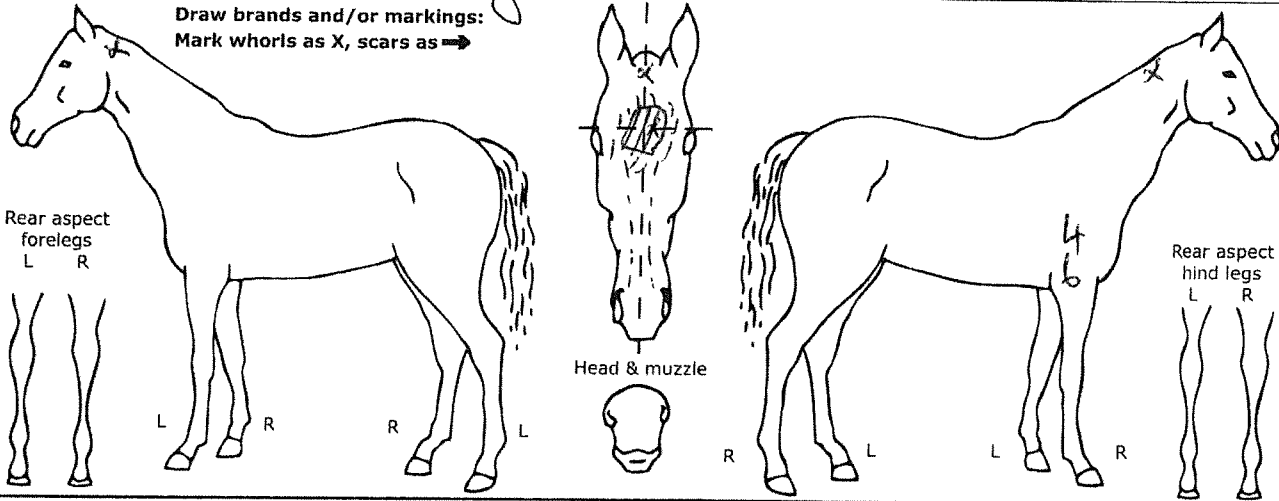
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

226



This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine or any other medication.

|   |   |                      |
|---|---|----------------------|
| Animal presented as: <u>Ganyika</u>                 |   | Age/DOB: <u>2006</u> |
| (If unnamed) Sire: <u>—</u>                         | Dam: <u>—</u>                             |                      |
| Breed: <u>Thoroughbred</u> Colour: <u>bay</u>       | Microchip No: <u>985100010890553</u>      |                      |
| Owner (if known): <u>Kia Ora Stud</u>               | Address (if known): <u>—</u>              |                      |
| Person requesting examination: <u>Alex Kingston</u> | Place of examination: <u>Kia Ora Stud</u> |                      |



This mare was examined (please tick)

|                          |                                     |
|--------------------------|-------------------------------------|
| Under Sedation           | <input type="checkbox"/>            |
| Not Sedated              | <input checked="" type="checkbox"/> |
| Other Physical Restraint | <input type="checkbox"/>            |

The mare was (please tick)

|              |                                     |
|--------------|-------------------------------------|
| Pregnant     | <input type="checkbox"/>            |
| Not Pregnant | <input checked="" type="checkbox"/> |

Reported last serve date

28/11/17

(Please tick appropriate boxes - add additional sheets for details if required)

| Ovaries                       | Y                                   | N                        | Total Ovarian Dimensions (Measured by US) | Largest Follicle Diameter (Measured by US) | Comments |
|-------------------------------|-------------------------------------|--------------------------|---|--|----------|
| Manual Examination per Rectum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Left: <u>50mm x 50mm</u>                  | Left: <u>25mm</u>                          |          |
| U/S Examination               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: <u>40mm x 40mm</u>                 | Right: <u>15mm</u>                         |          |

| Uterus                        | Y                                   | N                                   | Details |
|-------------------------------|-------------------------------------|-------------------------------------|---------|
| Manual Examination per Rectum | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| U/S Examination               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| Uterine Cysts                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| Uterine Fluid                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |
| Comments                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |

| Vagina                          | Y                                   | N                                   | Details |
|---------------------------------|-------------------------------------|-------------------------------------|---------|
| Manual Examination per Vagina   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| U/S Examination                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| Visual Examination per Speculum | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| Comments                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |

| Vulva     | Y                                   | N                                   | Details |
|-----------|-------------------------------------|-------------------------------------|---------|
| Caslicked | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| Comments  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |

| Cervix                          | Y                                   | N                                   | Details |
|---------------------------------|-------------------------------------|-------------------------------------|---------|
| Manual Examination per Vagina   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| U/S Examination                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| Visual Examination per Speculum | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |         |
| Comments                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |         |

| Udder              | Y                                   | N                        | Details                  |
|--------------------|-------------------------------------|--------------------------|--------------------------|
| Visual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>normal appearance</u> |
| Manual Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>no abnormalities</u>  |

Other comments

Date: 9/4/17

Name (please print): David O'Meara

Contact Number: 6545 1333

AVA No: 6233 VPB No: 5561

Signed: [Signature]

Place stamp/write address here:  
Scone Equine Hospital 11421  
106 Liverpool St  
Scone NSW 2337