



Equine Veterinarians Australia

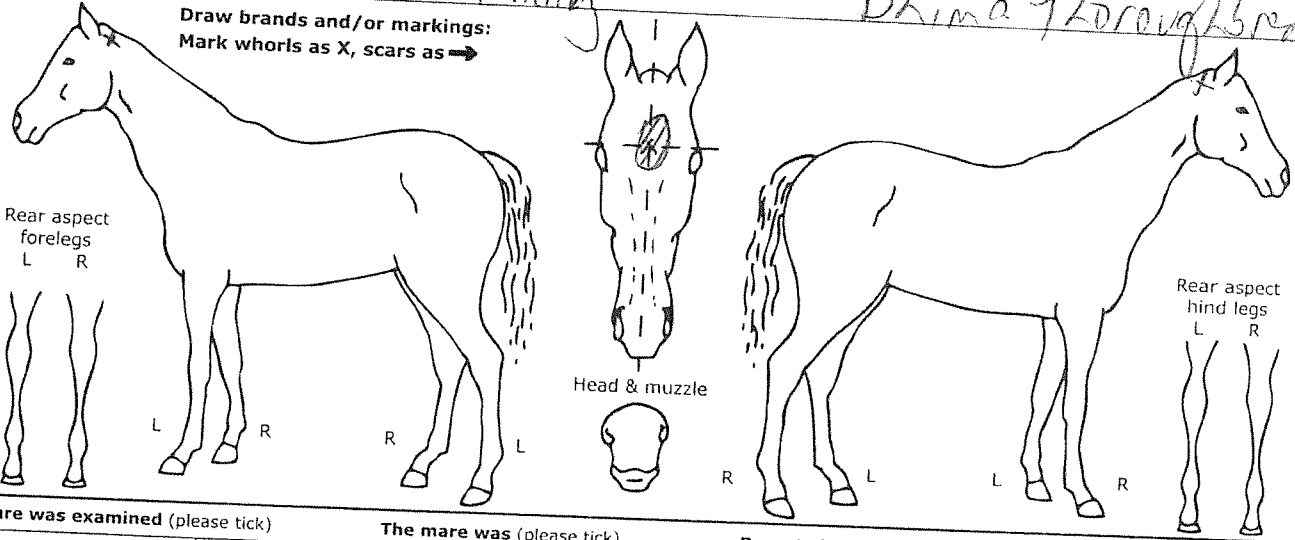
A Special Interest Group of the Australian Veterinary Association Ltd. ABN 63 008 522 852

lot 325



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 EquiVacc[®] Vaccine or any other medication.

Animal presented as: Mountain Legacy Age/DOB: 2002
 (If unnamed) Sire: _____ Dam: _____
 Breed: Thoroughbred Colour: bay Microchip No: 981000300246023
 Owner (if known): Cl - Bhima Thor. Address (if known): _____
 Person requesting examination: Mike Fleming Place of examination: Bhima Thoroughbreds.



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: 27/10/17

(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>50 mm x 50 mm</u>	Left: <u>15 mm</u>	<u>corpus luteum visible</u>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <u>70 mm x 60 mm</u>	Right: <u>10 mm</u>	
Uterus					
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
Uterine Cysts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details		
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details		
Cervix					
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details		
Vagina					
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details		
Vulva					
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Details		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details		
Udder					
Visual Examination	<u>normal appearance</u>				
Manual Examination	<u>no abnormalities</u>				

Other comments

Date: 11/4/18 Signed: [Signature]
 Name (please print): David O'Meara Place stamp/write address here: _____
 Contact Number: 6545 1333 11423
 AVA No: 6233 VPB No: 5561 Scone Equine Hospital
114 Liverpool St
Scone NSW 2337