



# Equine Veterinarians Australia

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

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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<sup>®</sup> Vaccine or any other medication.

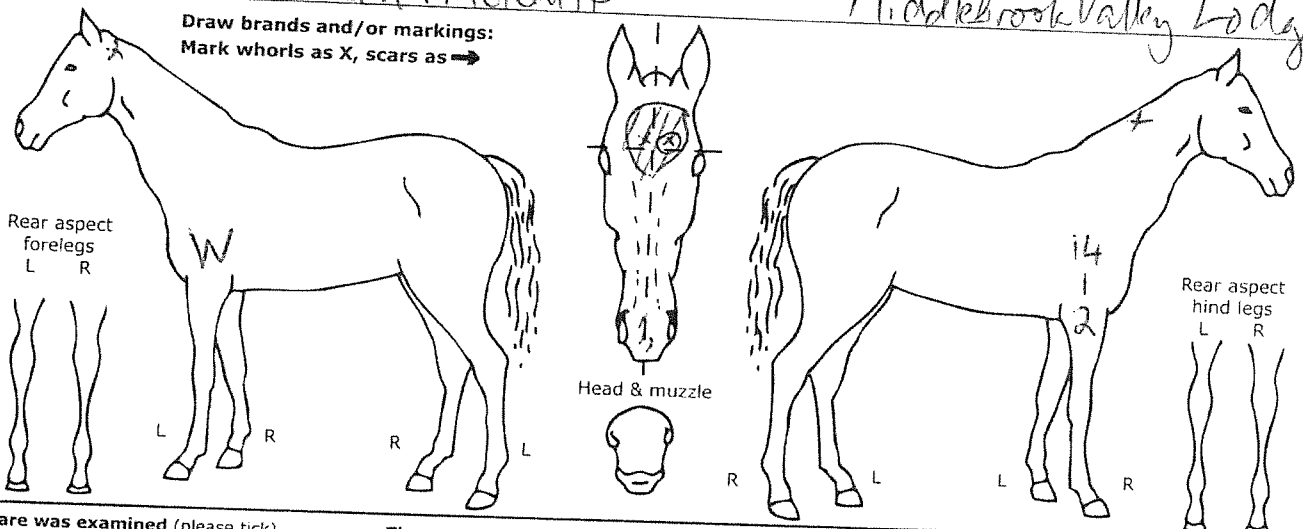
Animal presented as: Rosaleisha Age/DOB: 2012

(If unnamed) Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

Breed: Thoroughbred Colour: bay/brown Microchip No: 985100012020933

Owner (if known): C/- Middlebrook Valley Lodge Address (if known): \_\_\_\_\_

Person requesting examination: Verna Metcalf Place of examination: Middlebrook Valley Lodge



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: 2/11/17

(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>80mm x 60mm</u>                  | Left: <u>35mm</u>                          | <u>corpus luteum</u> |
| U/S Examination                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Right: <u>50mm x 50mm</u>                 | Right: <u>20mm</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"/> |   |  |                      |
| 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"/> |   |  |                      |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |   |  |                      |
| Comments                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |  |                      |
| Udder                           | Details                             |                                     |   |  |                      |
| Visual Examination              | <u>normal appearance</u>            |                                     |   |  |                      |
| Manual Examination              | <u>no abnormality.</u>              |                                     |   |  |                      |

Other comments

Date: 11/4/18

Name (please print): David O'Meara

Contact Number: 6545 1333

AVA No: 6233 VPB No: 5561

Signed: [Signature]

Place stamp/write address here: 11424

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