

588



Equine Veterinarians Australia

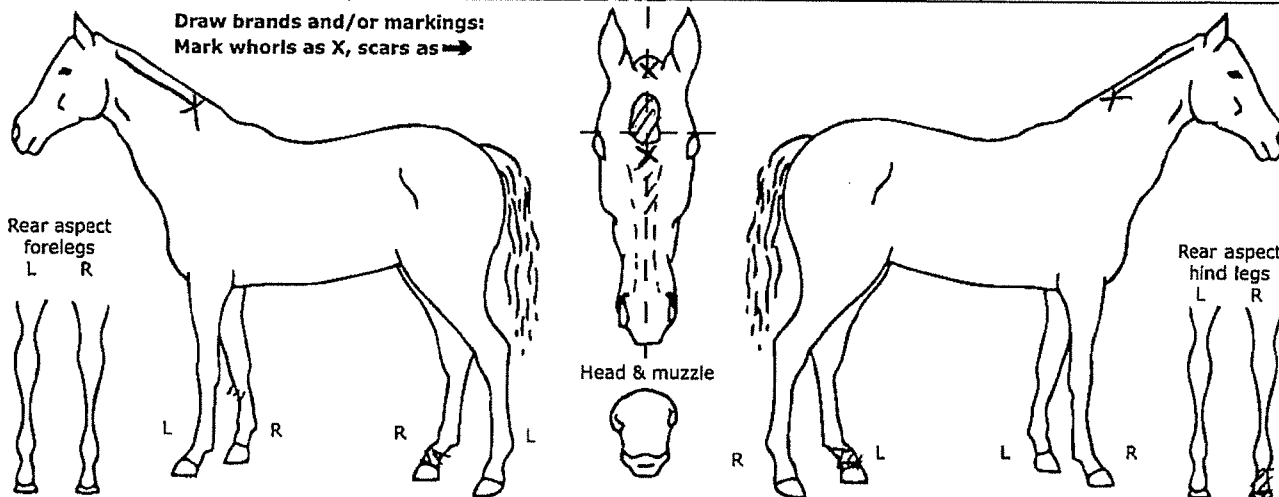
A Special Interest Group of the Australian Veterinary Association Ltd, ABN 63 008 522 852



VETERINARY REPORT ON BROODMARE FOR SALE

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 Equity® Vaccine or any other medication.

Animal presented as: CHELSEY CRY (USA)		Age/DOB: 2004
(If unnamed) Sire:		Dam:
Breed: TB	Colour: BAY/Brown	Microchip No: 985 100010916555
Owner (if known): GRANDLOOSE PT LTD	Address (if known):	
Person requesting examination: AMARINA FARM	Place of examination: AMARINA FARM	



This mare was examined (please tick)	The mare was (please tick)	Reported last serve date
Under Sedation <input type="checkbox"/>	Pregnant <input type="checkbox"/>	
Not Sedated <input checked="" type="checkbox"/>	Not Pregnant <input checked="" type="checkbox"/>	
Other Physical Restraint <input type="checkbox"/>		

(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			Left: 43x61mm	Left: 41mm			
U/S Examination			Right: 39x64mm	Right: 18mm			
Uterus	Y	N	Details	Vagina	Y	N	Details
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CYSTS THROUGHOUT UTERINE HORN AND BODY, LARGEST BASE LEFT HORN 28mm + 25mm	Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD
Comments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(CYST)	Vulva	Y	N	Details
Cervix	Y	N	Details	Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder			
Visual Examination per Speculum	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Visual Examination	NAD		
Comments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAD	Manual Examination	NAD		

Other comments **NAD - No abnormality detected**

Date: 12.4.18	Signed:
Name (please print): S J NUGENT	Place stamp/write address here: 12063
Contact Number: 0265472222	Scone Equine Hospital
AVA No:	108 Liverpool St
VPB No: N6394	Scone NSW 2337