

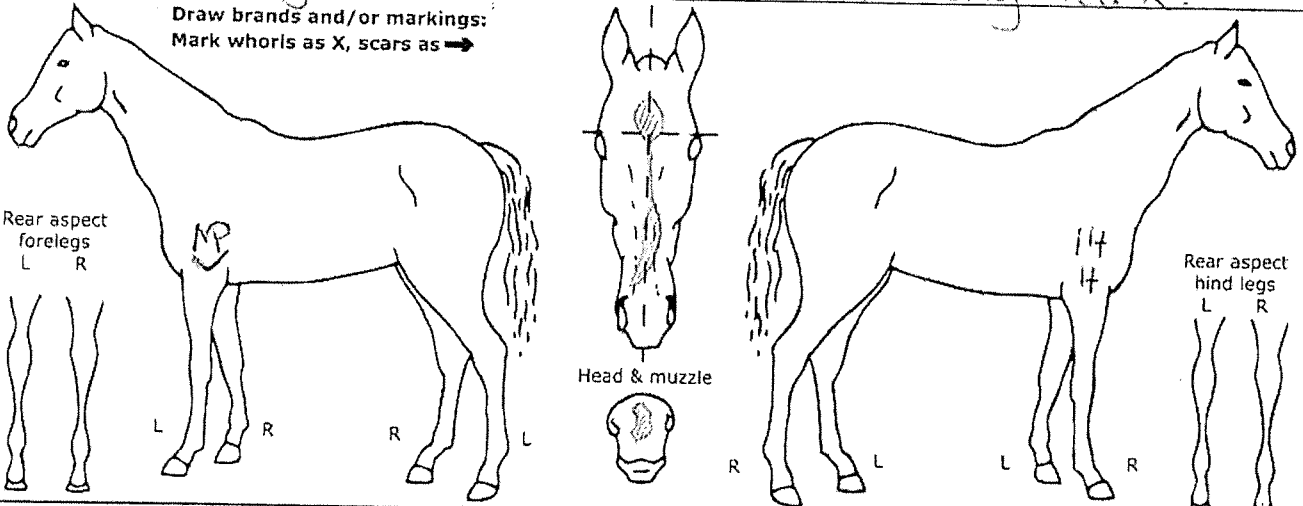


702 ✓



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>Holy Flame</u> | | Age/DOB: <u>30/8/14</u> |
| (If unnamed) Sire: | | Dam: |
| Breed: <u>TB</u> | Colour: <u>Bay</u> | Microchip No: <u>985100012054104</u> |
| Owner (if known): | | Address (if known): |
| Person requesting examination: <u>Mr S. Fairgroves</u> | | Place of examination: <u>46 Long Park.</u> |



| | | | | |
|--------------------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------|
| This mare was examined (please tick) | | The mare was (please tick) | | Reported last serve date |
| Under Sedation | <input checked="" type="checkbox"/> | Pregnant | <input type="checkbox"/> | <u>Maiden</u> |
| Not Sedated | <input 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Left: <u>3cm x 3cm</u> | Left: <u>10mm</u> | <u>WNL</u> |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: <u>4cm x 3cm</u> | Right: <u>10mm</u> | |
| Uterus | Y | N | Details | | |
| Manual Examination per Rectum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Normal</u> | | |
| 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 type="checkbox"/> | | | |
| Cervix | Y | N | Details | | |
| Manual Examination per Vagina | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Normal - Hymen Intact</u> | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| Visual Examination per Speculum | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Vagina | | | | | |
| Manual Examination per Vagina | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Normal</u> | | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |
| Visual Examination per Speculum | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Vulva | | | | | |
| Caslicked | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Normal Conformation</u> | | |
| Comments | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Udder | | | | | |
| Visual Examination | <u>Normal</u> | | | | |
| Manual Examination | <u>Normal</u> | | | | |

Other comments

Normal Reproductive Anatomy.

| | |
|---|---|
| Date: <u>14/6/2018</u> | Signed: |
| Name (please print): <u>Georgia Hodge</u> | Place stamp/write address here: |
| Contact Number: <u>03 5998 2666</u> | <u>Cathels Equine Veterinarians 05094</u> |
| No: <u>22872</u> | <u>PO Box 181</u> |
| VPB No: <u>6159</u> | <u>Cranbourne, Vic 3977</u> |
| | <u>Ph: (03) 5998 2666</u> |