



# Equine Veterinarians Australia

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

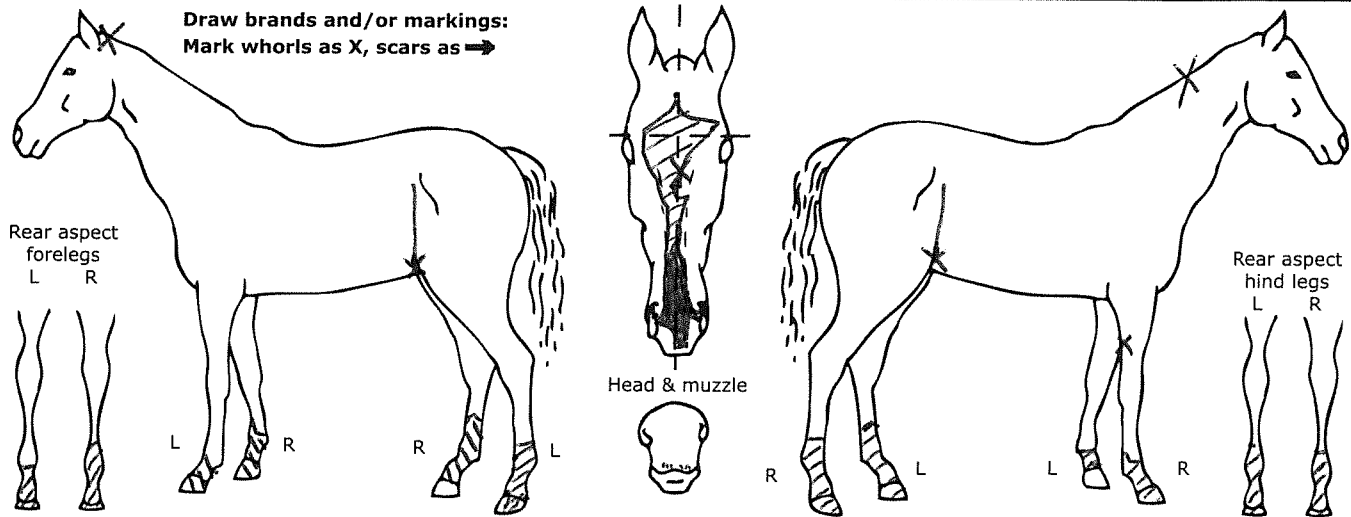
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## VETERINARY REPORT ON BROODMARE FOR SALE

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 EquiVacc® Vaccine or any other medication.

Animal presented as: <b>SICILE</b>		Age/DOB: <b>12YR.</b>
(If unnamed) Sire:		Dam:
Breed: <b>THOROUGHBRED</b>	Colour: <b>BAY</b>	Microchip No: <b>250 259600194401</b>
Owner (if known):		Address (if known):
Person requesting examination: <b>K. WISNEWSKI</b>		Place of examination: <b>HILLSIDE THOROUGHBREDS</b>



This mare was examined (please tick)		The mare was (please tick)		Reported last serve date
Under Sedation	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<b>01.12.17</b>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: <b>58mm</b>	Left: <b>10mm</b>	<b>RECENT OVULATION (CL)</b>
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: <b>40mm</b>	Right: <b>5mm</b>	
Uterus	Y	N	Details		
Manual Examination per Rectum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>UTERINE OEDEMA 1/4</b> <b>SINGLE CYST UTERINE BODY (MID) 22mm LENGTH / 13mm</b> <b>TRACE</b> <b>RECENT OVULATION</b>		
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Cysts	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Uterine Fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Cervix	Y	N	Details		
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NORMAL</b>		
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 type="checkbox"/>			
Vagina					
Manual Examination per Vagina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NORMAL</b>		
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 type="checkbox"/>			
Vulva					
Caslicked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NORMAL</b>		
Comments	<input type="checkbox"/>	<input type="checkbox"/>			
Udder					
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>NORMAL</b>		
Manual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Other comments

Date: <b>11.04.18</b>	Signed: <b>Claire Brown</b>
Name (please print): <b>CLAIRE BROWN BVetMed MRCVS</b>	Place stamp/write address here: <b>07727 SEYMOUR EQUINE CLINIC 100 POPPLEC LANE HILLDENE VIC</b>
Contact Number: <b>0429 028 095</b>	
AVA No: <b>19097</b>	VPB No: <b>6275</b>