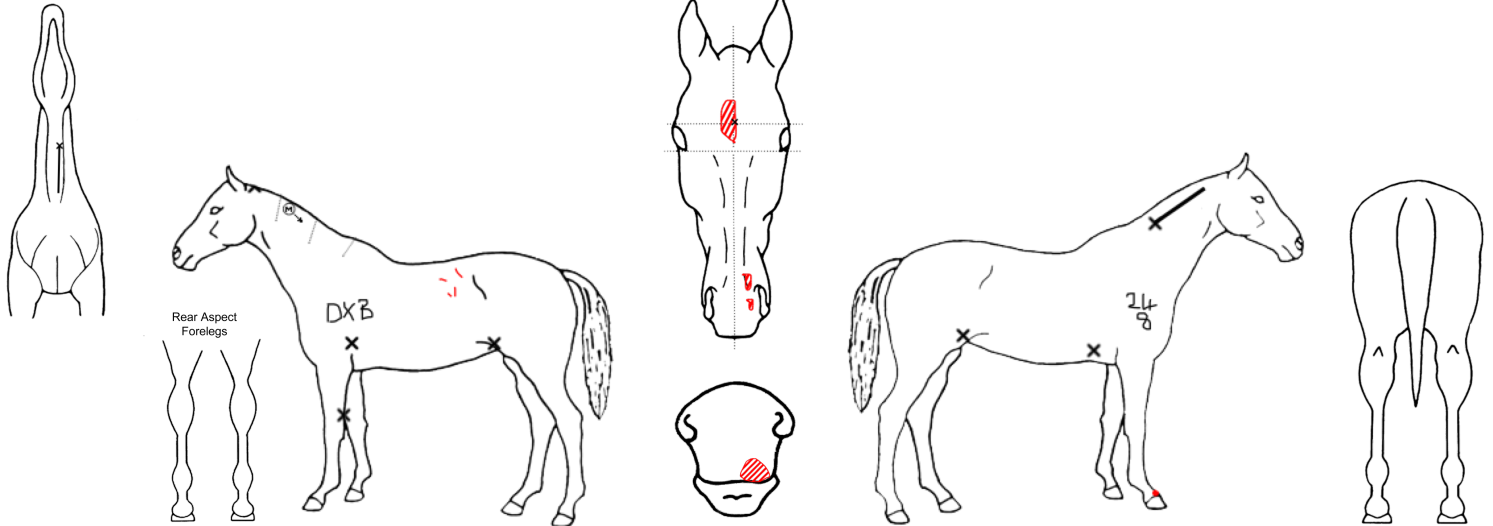


This examination is limited to an assessment of the specified matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVaccine or any other medication.

Animal presented as: I Am Me (AUS)		
(If unnamed) Sire: I Am Invincible (AUS)		Dam: Mefnooda (AUS)
Colour: Bay	Breed: Thoroughbred	Sex: Filly
Microchip No: 985100012151633		DOB: 19/10/2018
Owner (if known): Dynamic syndications		
Person requesting examination: Adam watt		Place of examination: -33.9780 150.5648



This mare was examined (please tick)

Under Sedation	<input checked="" type="checkbox"/>
Not Sedated	<input 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 service date

(Please tick appropriate boxes - add additional sheets for details if required)

Ovaries	Y	N	Total Ovarian Dimensions	Largest Follicle Diameter	Comments
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Left: 4.7 x 3.9	Left: 5mm	Cl on both ovaries
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right: 4 x 2.8cm	Right: 10mm	

Uterus	Y	N	Details	Vagina	Y	N	Details
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Manual examination	<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 type="checkbox"/>	<input checked="" type="checkbox"/>		Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uterine Fluid	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Vulva	Y	N	Details
Cervix	Y	N	Details	Caslicked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Manual examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
U/S Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		General Clinical Exam			
Visual Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Udder Examination	Maiden udder		
Abnormalities	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Feet Examination	Shod all four		
				Eye Examination	Normal menace and plr		

Other relevant clinical abnormalities:

Date: 02-05-2025	 Signed: _____
Name: Dr Andrew Argyle	
Contact Number: 46597322	
Address: 170 Russell In Oakdale NSW 2570	
AVA No: 17165 VPB No: 7512	