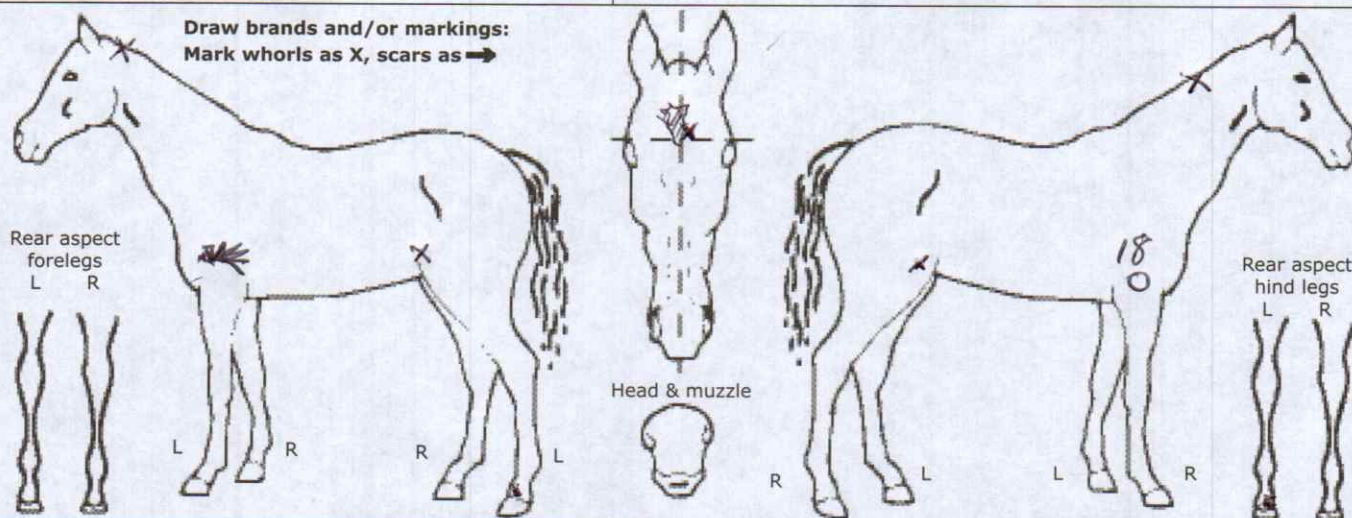


This examination is limited to an assessment of the reproductive matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVax® Vaccine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

Animal presented as: MUMBAI MUSE		Age/DOB: 6.10.2020
(If unnamed) Sire: ZOUSMAR		Dam: MUMBAI ROCK
Breed: THOROUGHBRED	Colour: BAY	Microchip No: 985100012180124
Owner (if known): PARTNERSHIP		Address (if known):
Person requesting examination: VINERY STUD		Place of examination: VINERY STUD



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 serve date

--

Vaccination

Y/N

Date

Hendra (HeV)	Y	1.6.24
Tetanus	N	
Strangles	N	
EHV-1,4	N	

Ovaries		NL	Ab	NE		NL	Ab	NE	Total Ovarian Dimensions	Largest Follicle Diameter	Comments:
Manual Examination per Rectum	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>			LEFT: 7.1 x 5.4cm RIGHT: 5 x 4.2cm	6.1cm	CORPUS HAEMORRHAGICUM OR ANOVULATORY FOLLICLE
U/S Examination	Left	<input checked="" type="checkbox"/>			Right	<input checked="" type="checkbox"/>				1.6cm	CORPUS LUTEUM

Uterus	NL	Ab	NE
Manual Examination per Rectum	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
	Y	N	NE
Uterine Cysts?		<input checked="" type="checkbox"/>	
Uterine Fluid?		<input checked="" type="checkbox"/>	
Comments:			

Cervix	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments: PALE TIGHT CERVIX			

Vulva	Y	N	NE
Caslicked / repairs?		<input checked="" type="checkbox"/>	
Comments:			

Vagina	NL	Ab	NE
Manual Examination per Vagina	<input checked="" type="checkbox"/>		
U/S Examination	<input checked="" type="checkbox"/>		
Visual Examination per Speculum	<input checked="" type="checkbox"/>		
Comments:			

Udder	NL	Ab	NE
Visual Examination	<input checked="" type="checkbox"/>		
Manual Examination	<input checked="" type="checkbox"/>		
Comments:			

Other comments

Date: 15 MAY 2025	Signed: 
Name (please print): W.D. MATTHEWS	Place stamp/write address here:
Contact Number: 0488767616	
AVA No: 5012	VPB No: N842

W.D. Matthews
Stone Lodge Equine Services Pty Ltd
PO Box 436 Scone NSW 2337