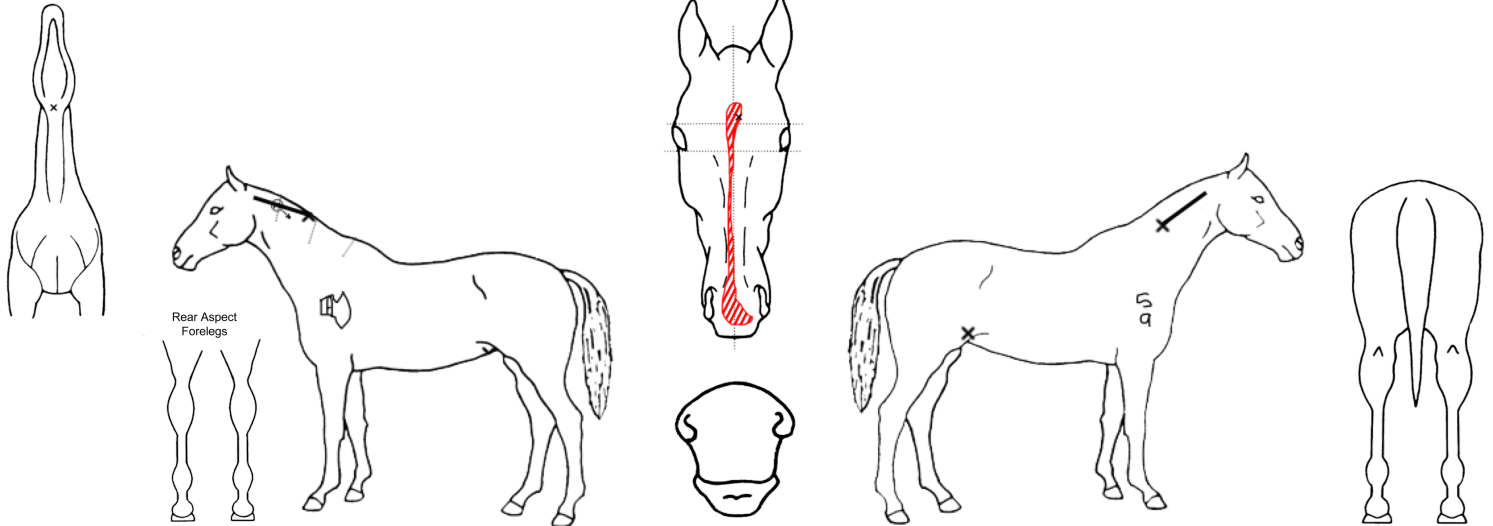


This examination is limited to an assessment of the specified matters below and should in no way be relied upon as a representation or expression of opinion as to breeding soundness. It is beyond the scope of this examination to definitively detect if this mare has been treated with EquiVaccine or any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

| | |
|--|---|
| Animal presented as: Sivka Burka (FR) | |
| (If unnamed) Sire: Siyouni (FR) | Dam: Dynadin (GB) |
| Colour: | Breed: Thoroughbred Sex: Filly |
| Microchip No: 250259806301660 | DOB: 20/04/2020 |
| Owner (if known): | |
| Person requesting examination: Jess stalling | Place of examination: -34.1193 150.5601 |



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: 5.2 x 3.9 | Left: 1.6 cm | |
| U/S Examination | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Right: 6.4 x 4.5 | Right: 2.7cm | |

| 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 checked="" type="checkbox"/> | <input 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 | Normal maiden | | |
| Abnormalities | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Feet Examination | Shod all four | | |
| | | | | Eye Examination | Nad | | |

Other relevant clinical abnormalities:

| | |
|--|---|
| Date: 06-06-2025 |  Signed: _____ |
| Name: Dr Andrew Argyle | |
| Contact Number: 46597322 | |
| Address: 170 Russell In Oakdale NSW 2570 | |
| AVA No: 17165 VPB No: 7512 | |