Equine Endometrial Biopsy Report

Rood and Riddle Equine Hospital
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Date taken _____ Case # _____

Mare ID _____

Age _____ Breed _____

Reproductive Status (check one)

☐ Maiden ☐ Wet ☐ Dry ☐ Barren

How long? _____ Last foaled when? _____

Body Condition

Body Condition Score (or check one) _____

☐ Poor ☐ Fair ☐ Good ☐ Obese

Stage of Cycle (check one)

☐ Estrus ☐ Diestrus ☐ Transition ☐ Anestrus

Perineum

Caslick's ☐ Yes ☐ No Caslick Index _____

Dorsal Displacement (cm) _____

Anterior Slope (degrees) _____

Pneumovagina ☐ Yes ☐ No

Palpation & U/S

LO _____ RO _____

Uterus _____

Cervix

☐ Normal ☐ Abnormal

Describe _____

Cytology

☐ Inflammatory ☐ Noninflammatory ☐ Not Done

Cell Type(s) _____

Culture

☐ Positive ☐ Negative ☐ Pending ☐ Not Done

Organisms _____

Previous Biopsy

☐ No ☐ Yes Grade _____ When? _____

Comments _____

Owner Information

Name _____

Address _____

City _____ State _____

Zip _____ Telephone _____

Referring Veterinarian

Account # _____

Name _____

Clinic/Hospital _____

Address _____

City _____ State _____

Zip _____ Telephone _____

Fax _____

E-mail _____

Preferred Method of Notification (select one)

☐ Phone ☐ Fax ☐ Mail ☐ E-mail

Additional Comments

Office Use Only Code _____

Date Submitted to Lab _____

Date Returned from Lab _____

Date of Interpretation _____

Category _____ Slide No. _____

Notification Date _____

Notified _____

Method _____

Copy to Medical Record _____