

Gastroscopy findings

Date of examination: _____ Time of examination: _____

Overall EGUS grade diagnosed for this horse: _____

Please submit the EGUS grade below for each area:

	Ulcers present?		Grade			
	Yes	No	1	2	3	4
Gastric squamous mucosa						
Oesophagus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesser curvature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greater curvature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric glandular mucosa						
Margo plicatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greater curvature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body of stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pylorus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duodenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional notes: _____

Recommended EGUS treatment and prevention

Was medication prescribed? Yes No

Product prescribed: _____

Dosage regime (syringes per day): _____ Duration (days): _____

Prevention regime (if applicable): _____

Were changes to the horse's management recommended? Yes No

If yes, please give details: _____

Vet signature: _____ Date: _____

Please return all completed questionnaires to your vet or alternatively via post to:

InnerVision Equine Team, Merial Animal Health, Sandringham House,
Harlow Business Park, Harlow CM19 5TG



Personal information supplied will be held and used in accordance with the Data Protection Act 1998. Merial will not disclose such information to any unauthorised person or body but where appropriate will use data supplied in connection with EGUS prevention, detection and treatment.

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Gastroscopy Questionnaire



SECTION 1: FOR HORSE OWNERS

Title: Mr Mrs Miss Ms Dr Prof

First name: _____ Surname: _____

Address: _____

Town: _____ County: _____

Postcode: _____ Phone number: _____

Email address: _____

Usual veterinary practice name: _____

About your horse

Horse's name: _____

Age: Less than a year OR _____ year(s) old

Sex: Stallion Mare Gelding

Breed: _____

How long has your horse been in your possession?

Less than a year 1-2 years 2-5 years More than 5 years

About your horse's environment

What do you normally feed your horse?

Hard feed Mainly roughage/free access to roughage
 Both – 50:50 (Hard feed and roughage at certain times)

If fed hard feed, how frequently are they fed in a day?

Once Twice Three or more

If fed roughage, how frequently are they fed in a day?

- Once Twice Ad lib

How is your horse kept?

- 24 hours in stable 24 hours at pasture Some of each

What main activity do you and your horse participate in?

- Leisure/hacking Racing Dressage Show jumping
 Eventing Other sports Retired

How often is your horse participating in this activity?

- Daily 3-4 times a week Once a week Rarely

How intensively is the horse worked in this activity?

- Intensive Moderate Light

Is your horse kept in a group with other horses?

- No Yes, with changing dynamics Yes, kept with the same companions

How often do you transport your horse?

- Weekly Monthly Less than this (infrequently) Never

If you do transport your horse is that usually...

- With a companion Alone with a mirror Alone without a mirror

About your horse's condition

What do you feel are your horse's main presenting problems? (Tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Acute/recurrent colic | <input type="checkbox"/> Dull coat |
| <input type="checkbox"/> Change in behaviour/attitude | <input type="checkbox"/> Poor/reduced performance |
| <input type="checkbox"/> Discomfort on girth tightening | <input type="checkbox"/> Resentment of grooming |
| <input type="checkbox"/> Excessive lying down | <input type="checkbox"/> Stretching to urinate |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Poor body condition | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> None of the above | |
| <input type="checkbox"/> Other (please list): _____ | |

Does your horse have any vices (e.g. cribbing, weaving?) Yes No

If yes, please give details: _____

Do you feel your horse is in good body condition? Yes No

Do you find it easy to keep your horse in good condition? Yes No

Does your horse ever suffer from colic? Yes No

Please confirm any details or dates: _____

If yes, how often does colic occur?

- Only one previous episode Occasional episodes Frequent episodes

Have you noticed any change in your horse's temperament recently? Yes No

If yes, please give details: _____

Have you noticed a change in your horse's performance abilities recently? Yes No

If yes, please give details: _____

Your horse's medical history

Does your horse receive an in-feed or other pain-killing/oral anti-inflammatory medication?

- Yes, daily Yes, every other day Yes, occasionally (as necessary)
 Has in the past but not in last 6-12 months No and never has

Has your horse ever been diagnosed with gastric ulcers before?

- Yes, within the last 3-6 months Yes, within the last 6-12 months
 Yes, but more than a year ago No, never

SECTION 2: FOR VETS

Practice name: _____

Veterinary surgeon who carried out examination: _____

Patient information

Weight of horse: _____

Previous history of gastric ulcers? Yes No

Previous treatments given for gastric ulcers (if applicable): _____