

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

EAGERTRIEVES RAVE ABOUT IT
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

900219000911081
tattoo/microchip/DNA profile

2473062
application number

04/29/2024
date of report

RESULTS:

The elbows are normal. No radiographic evidence of elbow dysplasia is present.

KG4174900
registration no.

F
sex

04/07/2022
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-EL121778F24-C-VPI
O.F.A. NUMBER

*This number issued with the right to correct or
revoke by the Orthopedic Foundation for Animals.*

NORMAL

owner
JORDIN LEGATE
JOLENE KLOTZ
264 PAULEY RD
STIRLING ON K0K3E0
CANADA



G.G. Keller, DVM

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

www.ofa.org

This electronic OFA certificate was generated on: 04/29/2024

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email CORRECTIONS@OFFA.ORG to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806

OFA website: www.ofa.org
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

EAGERTRIEVES RAVE ABOUT IT
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

900219000911081
tattoo/microchip/DNA profile

2473062
application number

04/29/2024
date of report

RESULTS:

The hips are normal. The consensus for grade is:

KG4174900
registration no.

F
sex

04/07/2022
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-274752G24F-C-VPI
O.F.A. NUMBER

*This number issued with the right to correct or
revoke by the Orthopedic Foundation for Animals.*



GOOD

owner
JORDIN LEGATE
JOLENE KLOTZ
264 PAULEY RD
STIRLING ON K0K3E0
CANADA

OFA eCert



Verify QR scan

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

www.ofa.org

This electronic OFA certificate was generated on: 04/29/2024

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email CORRECTIONS@OFFA.ORG to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806

OFA website: www.ofa.org
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073



Orthopedic Foundation for Animals
2300 E Niang Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573) 875-5073
www.ofa.org. A not-for-profit organization

Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA)
and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)

ACVIM
American College of Veterinary Internal Medicine

Registered name:		Call name: <u>Paven</u>		Weight: <u>31.4</u> lbs
Breed: <u>Labrador Retrievers</u>		Sire Registration #: <u>9008219000911081</u>		Estimate: <u>3.4</u>
Registration Number: <u>9008219000911081</u>		Date of Birth: (MMDDYY) <u>04/07/22</u>		Gender: <u>Male</u>
Owner Name: <u>Jocian Legate</u>		Date of Exam: (MMDDYY) <u>08/13/24</u>		
Co-Owner Name:		Phone:		
Owner Address:		City:		State: Zip/postal code:
E-Mail (use both lines if needed):				

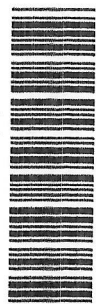
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiologist Name: <u>Dr. Sarker Minors</u>	OFA Examiner #: <u>CH24</u>
Phone #: <u>905-89-9444</u>	
E-Mail (use both lines if needed): <u>MOVH.Cardiologist@vca.com</u>	

Fees and credit card information on back of WHITE sheet.
03/01/2023



161501

EXAMINATION FINDINGS	
AUSCULTATION (REQUIRED)	
Normal <input checked="" type="checkbox"/>	Abnormal <input type="checkbox"/>
Murmur Grade: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>	
PMI: Left <input type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/>	
Timing: Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous <input type="checkbox"/>	
Extra Sounds: Click <input type="checkbox"/> Gallop <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/>	
ECHOCARDIOGRAM (REQUIRED)	
RV: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	mm
RA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	mm
LV: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	mm
LVIDd: <u>42.12</u> mm LVIDdn: <u>1.52</u> cm (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/>	
LVIDs: <u>32.7</u> mm LVIDsn: <u>1.11</u> cm (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/>	
LV EDVI (2D): <u>22.9</u> mL/m ² LVESVI (2D): <u>5.3</u> mL/m ²	
SF: <u>22.9</u> % (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> EF (2D volumetric): <u>53</u> %	
IVS: <u>8.77</u> mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/>	
PW: <u>8.65</u> mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/>	
LA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LAd: <u>41.3</u> mm SAX <input type="checkbox"/> LAX <input checked="" type="checkbox"/> (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> EPSS: <u>1.34</u> mm	
Ao Diameter: <u>41.3</u> mm LA/Ao: <u>1.34</u> Method: <u>1.34</u>	
TV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
TR: None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel: <u>2.53</u> m/s	
MV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
MR: None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel: <u>1.34</u> m/s	
LVOT: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other <input type="checkbox"/>	
LVOT Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> m/s	
AoV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
AoV Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Apical/Subcostal) <u>1.6</u> m/s	
AR: None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> m/s	
RVOT: Normal <input checked="" type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) <u>1.44</u> m/s	
RVOT Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> m/s	
PV: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
PV Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input type="checkbox"/> Left apex <input type="checkbox"/> <u>1.34</u> m/s	
Comments: <u>Normal heart</u>	
Genetic Test Status Test: _____	
Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>	

ELECTROCARDIOGRAM <input type="checkbox"/> NOT PERFORMED	
Date: <u>Aug 13/24</u>	Method: <u>Edo ECG</u>
HR: <u>105</u>	Method: <u>Edo ECG</u>
Rhythm: <u>Sinus - no pre-excitation seen</u>	
EXAMINATION RESULTS	
NORMAL (CHECK ALL THAT APPLY)	
<input checked="" type="checkbox"/> No evidence for congenital heart disease	
<input type="checkbox"/> No evidence for adult-onset inherited heart disease	
<input type="checkbox"/> Valid for 1 year	
EQUIVOCAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Congenital heart disease cannot be definitively diagnosed	
<input type="checkbox"/> Adult-onset inherited heart disease cannot be definitively diagnosed	
ABNORMAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Evidence of congenital heart disease	
<input type="checkbox"/> Evidence of adult-onset inherited heart disease	
Diagnosis: <input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD <input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TVD <input type="checkbox"/> VSD <input type="checkbox"/> Other	
Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Comments (additional findings which would not result in a final abnormal diagnosis): <u>There is no evidence for congenital or acquired heart disease. I suspect normal exam - lovely dog!</u>	
Signature: <u>[Signature]</u> Date: <u>Aug. 13/24</u>	

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology),
or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)
WHITE = Owner/OFA Registration copy
PINK = Research copy
YELLOW = Research copy
© Orthopedic Foundation for Animals

OFA Advanced Cardiac Clearance Database Fees

- Animals over 12 months of age \$15.00
- Litter of 3 or more submitted together \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. \$10.00 ea.

Credit Card Payment Information

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals. To pay by credit card, fill out the following information.

Visa/Master Card Number (1 digit per cell, no dashes)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cardholder name:

Exp. (MM)YY								CVV	

Abbreviations of diseases listed on front page

ARVC: Arrhythmogenic right ventricular cardiomyopathy
ASD: Atrial septal defect
DCM: Dilated cardiomyopathy
MMVD: Myxomatous mitral valve disease
PDA: Patent ductus arteriosus
PS: Pulmonic stenosis
SAS/AS: Subaortic stenosis/aortic stenosis
TVD: Tricuspid valve dysplasia
MVD: Mitral valve dysplasia
VSD: Ventricular septal defect

Purpose of cardiac health screening in dogs

- To identify dogs free from any cardiac abnormality
- To ascertain the prevalence of heart murmurs, abnormal rhythms or specific heart defects in specific breeds
- To confirm the cause of heart murmurs or abnormal rhythms by further investigation of affected animals
- To collate data for investigation of a possible genetic basis to a specific heart problem in a given breed
- To advise the owner, breeder and dog's veterinarian when an abnormality has been identified and recommendations about any further investigation, if indicated

Methods of heart testing

1. Auscultation (examination with a stethoscope)

Auscultation allows detection of heart murmurs, the specific timing and localization as well as grading of intensity (grade 1– 6). The heart rhythm is also assessed during auscultation. Heart murmurs occur with many congenital heart defects and adult onset inherited cardiac diseases. Abnormal heart rhythms may occur in animals without murmurs. It may be difficult for the veterinarian to detect a soft murmur in a noisy room or in a dog that is uncooperative. Some murmurs may change intensity at different heart rates, after exercise or excitement. **An auscultation is required for clearance in all dogs.**

2. Electrocardiogram (ECG)

An ECG records the electrical activity of the heart. The ECG can be used to assess cardiac conduction (how the electrical activity moves through the heart), heart rate and can specifically identify any arrhythmias that are present. An ECG is indicated if an abnormal heart rhythm is detected during the auscultation. It may also be used to screen certain breeds of dogs for DCM or ARVC but does not preclude the requirement for a Holter monitor.

3. Echocardiogram (with Doppler)

Echocardiography allows visualization of the heart chambers and valves in real-time and assessment of function and blood flow. M-mode is used for measurements to be taken and compared with normal values for breed or size of dog. Doppler is required to confirm the diagnosis of a specific type of congenital defect and to identify mildly versus severely affected animals. **An echocardiogram is required for clearance in all dogs.**

4. Holter ECG (separate report required)

Affected dogs may display ventricular arrhythmias early in the disease process, when the echocardiogram does not reveal any abnormalities or arrhythmias may be too infrequent to detect on physical exam. A Holter monitor allows detection of infrequent, but significant arrhythmias. **A Holter monitor is required in certain breeds (see below) predisposed to DCM, arrhythmogenic right ventricular cardiomyopathy or congenital ventricular arrhythmias.** A Holter monitor may also be required in other breeds (at the discretion of the examining cardiologist) or in dogs with arrhythmias identified on auscultation or ECG.

A Holter monitor is required within 90 days of the clinical exam in the following breeds: **Doberman Pinscher & Boxer.**

Adult onset of inherited heart disease can appear at any age of an adult dog or cat. Testing for DCM, ARVC, MMVD and HCM is thus only valid for 1 year, after which time retesting is required to screen for onset of new abnormalities.

Dog Information
















Eagertrieves Rave About It (Raven)	Female
NAME	SEX
Labrador Retriever	April 7th, 2022
GENETIC BREED	DATE OF BIRTH
Canadian Kennel Club (CKC) KG4174900	n/a
REGISTRATION	MICROCHIP

Jordin Legate
OWNER NAME

Canine Genetic Health Screen
TEST

September 20th, 2024
TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	TESTING RECOMMENDED BY
Centronuclear Myopathy, CNM	PTPLA	NN	Clear	
Copper Toxicosis (Accumulating)	ATP7B	GG	Clear	
Copper Toxicosis (Attenuating)	ATP7A	CC	Clear	
Degenerative Myelopathy, DM	SOD1A	GG	Clear	
Exercise-Induced Collapse, EIC	DNM1	GG	Clear	
Hereditary Nasal Parakeratosis, HNPK	SUV39H2	GG	Clear	
Hyperuricosuria and Hyperuricemia or Urolithiasis, HUU	SLC2A9 (Exon 5)	GG	Clear	
Macular Corneal Dystrophy, MCD	CHST6	CC	Clear	
Narcolepsy	HCRT2	AA	Clear	
Progressive Retinal Atrophy, prcd	PRCD Exon 1	GG	Clear	
Pyruvate Kinase Deficiency	PKLR Exon 7 SNP Variant 1	CC	Clear	
Skeletal Dysplasia 2, SD2	COL11A2	GG	Clear	
Achromatopsia	CNGA3 (Exon 7 Deletion)	NN	Clear	
Alexander Disease	GFAP (Exon 4)	GG	Clear	
Canine Elliptocytosis	SPTB Exon 30	CC	Clear	

Dog Information













Eagertrieves Rave About It (Raven)	Female
NAME	SEX
Labrador Retriever	April 7th, 2022
GENETIC BREED	DATE OF BIRTH
Canadian Kennel Club (CKC) KG4174900	n/a
REGISTRATION	MICROCHIP

Jordin Legate
OWNER NAME

Canine Genetic Health Screen
TEST

September 20th, 2024
TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	TESTING RECOMMENDED BY
Congenital Dyserythropoietic Anemia and Polymyopathy	EHPB1L1 Exon 5	GG	Clear	
Congenital Myasthenic Syndrome, CMS	COLQ (Exon 14)	TT	Clear	
Copper Toxicosis (Attenuating)	RETN Exon 2	CC	Clear	
Ehlers-Danlos Syndrome (EDS)	COL5A1 Exon 34	NN	Clear	
Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear	
Laryngeal Paralysis and Polyneuropathy	CNTNAP1 Exon 18	GG	Clear	
Muscular Dystrophy-Dystroglycanopathy	LARGE1 Exon 11	CC	Clear	
Myotonia Congenita	CLCN1 Exon 19	AA	Clear	
Myotubular Myopathy 1, X-linked Myotubular Myopathy, XL-MTM	MTM1 (Exon 7)	CC	Clear	
Progressive Retinal Atrophy, crd4/cord1	RPGRIP1 (Exon 2)	NN	Clear	
Stargardt Disease	ABCA4 Exon 28	NN	Clear	
Ullrich-like Congenital Muscular Dystrophy	COL6A3	GG	Clear	

Dog Information

Eagertrieves Rave About It (Raven)
NAME

INBREEDING AND DIVERSITY

Genetic Diversity	RESULT	GENETIC RESULT
Coefficient Of Inbreeding		27%
MHC Class II - DLA DRB1		High Diversity
MHC Class II - DLA DQA1 and DQB1		High Diversity

Dog Information

Eagertrieves Rave About It (Raven)
NAME

TRAIT TESTS (1/3)

Coat Color	RESULT	GENETIC RESULT
E Locus (MC1R)	No dark mask or grizzle	Ee
K Locus (CBD103)	More likely to have a mostly solid black or brown coat	K ^B K ^B
Intensity Loci	No impact on coat pattern	Intermediate Red Pigmentation
A Locus (ASIP)	Not expressed	a ^t a ^t
D Locus (MLPH)	Dark areas of hair and skin are not lightened	DD
Cocoa (HPS3)	No co alleles, not expressed	NN
B Locus (TYRP1)	Black or gray hair and skin	BB
Saddle Tan (RALY)	Not expressed	II
S Locus (MITF)	Likely to have little to no white in coat	SS
M Locus (PMEL)	No merle alleles	mm
R Locus (USH2A)	Likely no impact on coat pattern	rr

Dog Information

Eagertrieves Rave About It (Raven)
NAME

TRAIT TESTS (2/3)

Coat Color	RESULT	GENETIC RESULT
H Locus (Harlequin)	No harlequin alleles	hh
Panda White Spotting	Not expected to display Panda pattern	NN

Other Coat Traits	RESULT	GENETIC RESULT
Furnishings (RSP02)	Likely unfurnished (no mustache, beard, and/or eyebrows)	II
Coat Length (FGF5)	Likely short or mid-length coat	ShSh
Shedding (MC5R)	Likely heavy/seasonal shedding	CC
Coat Texture (KRT71)	Likely straight coat	CC
Hairlessness (FOXI3)	Very unlikely to be hairless	NN
Hairlessness (SGK3)	Very unlikely to be hairless	NN
Oculocutaneous Albinism Type 2 (SLC45A2)	Likely not albino	NN

Other Body Features	RESULT	GENETIC RESULT
Muzzle Length (BMP3)	Likely medium or long muzzle	CC
Tail Length (T)	Likely normal-length tail	CC

Dog Information

Eagertrieves Rave About It (Raven)
NAME

TRAIT TESTS (3/3)

Other Body Features		RESULT	GENETIC RESULT
Hind Dewclaws (LMBR1)	Unlikely to have hind dew claws	CC	
Chondrodysplasia (Chr. 18 FGF4 Retrogene)	Not indicative of chondrodysplasia (normal leg length)	NN	
Blue Eye Color (ALX4)	Less likely to have blue eyes	NN	
Back Muscling & Bulk, Large Breed (ACSL4)	Likely normal muscling	CC	
Body Size		RESULT	GENETIC RESULT
Body Size (IGF1)	Larger	NN	
Body Size (IGFR1)	Larger	GG	
Body Size (STC2)	Larger	TT	
Body Size (GHR - E191K)	Larger	GG	
Body Size (GHR - P177L)	Larger	CC	
Performance		RESULT	GENETIC RESULT
Altitude Adaptation (EPAS1)	Normal altitude tolerance	GG	
Appetite (POMC)	Likely to be more food motivated	ND	



Orthopedic Foundation for Animals
2300 E Nihong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418, Fax: (573) 875-5073
www.ofa.org A not-for-profit organization

Companion Animal Eye Registry (CAER)

Ophthalmologist Name:		Dr. Nick Whelan EC223	
Ophthalmologist Address:		BVSc, MVSc, MACVSc	
City:		Dip/Oft/Res ACVO	
Phone:		Whelan Veterinary Medicine Professional Corporation	
Email:		kieweyvet@gmail.com	

Cell name:	Raven
Registered name:	Eagretires Rave About it
Breed:	Labrador Retriever
Sex:	F

Microchip/tattoo:	91002190009111081
Registration Number:	CLAC
Date of Birth (mm/dd/yy):	KG41174900
Date of Exam (mm/dd/yy):	04107122

Owner Name:	Jordan Legate
Co-Owner Name:	Jane Klotz
Owner Address:	264 Bailey Rd
City:	Stirling
State:	ON
Zip/postal code:	K0K3E0
E-Mail (use both lines if needed):	jordan.legate@11.com

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Signature of owner or authorized agent/representative
Jordan Legate

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

<input checked="" type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature:	<i>[Signature]</i>
ACVO #	EC223
Date	14/9/24

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



774787

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomate copy; YELLOW = ACVO Research copy

© American College of Veterinary Ophthalmologists

03/16/21

RIGHT EYE		LEFT EYE	
<input type="checkbox"/> microphthalmos	<input type="checkbox"/> keratoconjunctivitis sicca	<input type="checkbox"/> entropion	<input type="checkbox"/> ectropion
<input type="checkbox"/> eyelids	<input type="checkbox"/> entropion	<input type="checkbox"/> ectropion	<input type="checkbox"/> distichiasis
<input type="checkbox"/> imperforate lacrimal punctum	<input type="checkbox"/> ectopic cilia	<input type="checkbox"/> NICTITANS	<input type="checkbox"/> cartilage anomaly/eversion
<input type="checkbox"/> gland prolapse	<input type="checkbox"/> plasmoma/atypical pannus	<input type="checkbox"/> CORNEA	<input type="checkbox"/> dystrophy — epithelial/stromal
<input type="checkbox"/> free floating single	<input type="checkbox"/> free floating multiple	<input type="checkbox"/> uvea	<input type="checkbox"/> uveal cyst
<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris sphincter dysplasia	<input type="checkbox"/> pigmentary uveitis
<input type="checkbox"/> uveal melanoma	<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> LENS	<input type="checkbox"/> endothelial opacity/no strands
<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> iris to iris	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to lens
<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> detached
<input type="checkbox"/> geographic	<input type="checkbox"/> folds	<input type="checkbox"/> retinal detachment	<input type="checkbox"/> retinal atrophy — generalized
<input type="checkbox"/> CMR/CMR-like retinopathy	<input type="checkbox"/> other presumed inherited retinopathy	<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> choroidal hypoplasia
<input type="checkbox"/> coloboma	<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> micropapilla
OTHER CONDITIONS			
<input type="checkbox"/> Unlisted conditions suspected as inherited. Describe in comments			
<input type="checkbox"/> Unlisted conditions suspected as not inherited			
NORMAL			
Comments			