



Animal

Name: BOBBY
Breed: AUSTRALIAN LABRADOR
Registration no.: NOT REGISTERED
Microchip no.: 933000300198155
Date of birth: 01-09-19
Sex: Female Male
Previous examination: No Yes
Breedclub:
Colour: CHOCOLATE, WHITE PACT
Tattoo:
Unaffected Suspect Affected
Undetermined

Owner/agent

Name: [Redacted]
Address: [Redacted]
Country, Post code: [Redacted]

If abnormal: date, cert.no.+ reg.no. examin.....

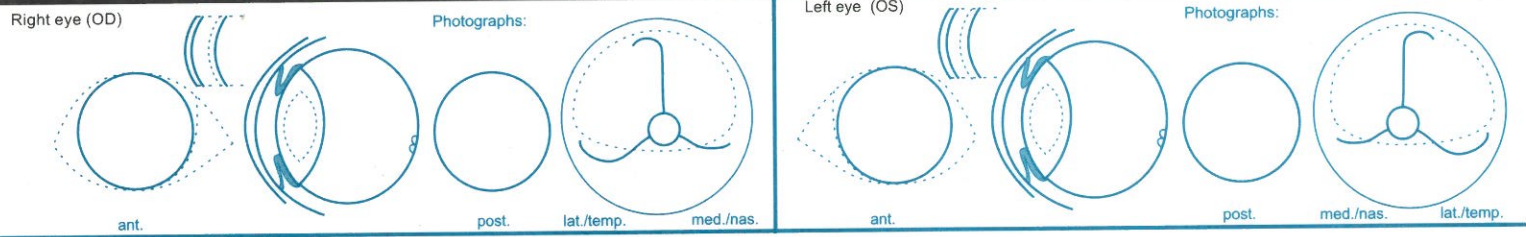
DNA-Tests: Yes type+date
 No

The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication and other ECVO approved use.

[Redacted Signature]
Signature owner / agent

Examination Identification

Date: 19-10-20
Method minimal: Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy ≥10x
Optional: Examined before dilatation Tonometry (without mydriatic)
 Direct Ophthalmoscopy Other:
 Gonioscopy (without mydriatic)
Check tattoo: Correct Partly /Unreadable Incorrect Absent
Check microchip: Correct Incorrect Absent
If another method is used, this form only has value with a specifying certificate.



Descriptive comments:

Eye disease no. mild moderate severe

Results for the known or presumed hereditary eye diseases (KP-HED):				Results valid for 12 months			
	UNAFFECTED	UNDETERMINED	AFFECTED		UNAFFECTED	SUSPICIOUS	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iris	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cornea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				lens			
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				grade 2-6			
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				geographical			
				total			
5. Hypoplastic-/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	choroid. hypoplasia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				coloboma			
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				fibrae laetae			
7. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	laminae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				occlusio			
8. L.pectinatum abn. (only after gonioscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion/Macrophthalmos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis /Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (non-congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cortical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				post. sut. pol.			
				ant. sut. l.			
				punctata			
16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nucleus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				other			
17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation
* "Unaffected" signifies that there is no clinical evidence of the known or presumed hereditary eye diseases (KP-HED) specified, whereas "affected" signifies that there is such evidence.
** The animal displays clinical features that could possibly fit the KP-HED mentioned, but the changes are inconclusive.
*** The animal displays minor, but specific clinical signs of the KP-HED mentioned. Further development will confirm the diagnosis. Reexamination in 12 months.

FOR FURTHER INFORMATION: P.T.O. Examiner

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

Name: NATALIA ESCANILLA
Place: OPTIVET RESSAIGALS DE

15-9-2016© ECVO.

- colour / distribution
- 1 white national registry
- 2 pink examiner
- 3 yellow national breed club
- 4 white owner/agent

[Signature]
signature examiner, authorized by ECVO