



Animal

Name: GREY GOOSE NOTHING ELSE MATTERS
Breed: GOLDEN RETRIEVER
Registration no.: LOE 246 7466
Microchip no.: 941000024018942
Date of birth: 2-5-2019 Sex: Female Male Previous examination: No Yes: Unaffected Undetermined Suspicious Affected

Owner/agent

Name: JOSE ANTONIO BOSCANO DNA-Tests: Yes type+date No
Address: C/ CONCEPCION 12, PORTALS 5, 1ª
Country, Post code: ES 28229 Town: VILLANUEVA DEL PARDILLO

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.

[Signature]
Signature owner / agent

Examination

Date: 12-12-2024
Method minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >10x
Optional: Examined before dilatation Direct Ophthalmoscopy Gonioscopy (without mydriatic) Tonometry (without mydriatic) Other: _____
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.

Right eye (OD) Photographs: ant. post. lat./temp. med./nas.
Left eye (OS) Photographs: ant. post. med./nas. lat./temp.

Descriptive comments: _____
Eye disease no. mild severe
8. ICAA: PLA mild moderate severe
ICA (width) narrow (moderate) closed (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 type="checkbox"/> cornea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentic/Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lens <input type="checkbox"/> lamina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 2-6 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	geographical <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	total <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality. (ICAA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	choroid, hypoplasia <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				coloboma <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				other: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				mild <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				moderate <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				severe <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				11. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				12. Ectropion/Macroblepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				13. Distichiasis /Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				15. Cataract (non-congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				18. Other: _____	<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 inmonths.

FOR FUTURE INFORMATION: P.T.O. Examiner: F. LAGUNA
The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.
Place: MADRID - SPAIN
Signature: *[Signature]*
signature examiner, authorized by ECVO
2018-06-14 © ECVO

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