

Animal

Name: **GREY GOOSE NOTHING ELSE MATTERS**
Breed: **GOLDEN RETRIEVER**
Registration no.: **LOE 246 7466**
Microchip no.: **94100002 4018942**
Date of birth: **2-5-2019** Sex: Female Male Previous examination: No

Breedclub:

Colour:

Tattoo:

Yes: Unaffected Suspicious Undetermined Affected

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

Owner/agent

Name: **JOSE ANTONIO BOCAÑO**
Address: **C/ CONCEPCIÓN 12, PORTALS 5, 1-A**
Country: **ES** Post code: **28229** Town: **VILLANUEVA DEL PARDILLO**

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.

Signature owner / agent

Examination

Date: **12 - 12 - 2024**

Identification

Method minimal: Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy ≥10x

Check tattoo: Correct Partly /Unreadable Incorrect Absent

Optional: Examined before dilatation
 Direct Ophthalmoscopy
 Gonioscopy (without mydriatic)

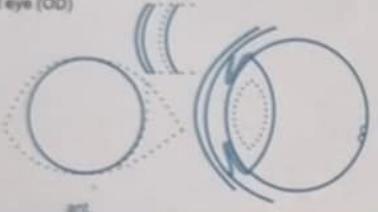
Check microchip: Correct Incorrect Absent

Tonometry (without mydriatic)

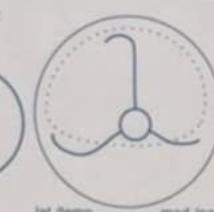
Other: _____

If another method is used, this form only has value with a specifying certificate.

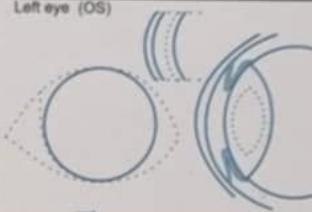
Right eye (OD)



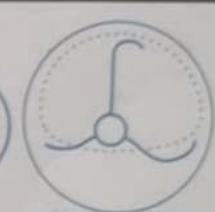
Photographs:



Left eye (OS)



Photographs:



Descriptive comments: _____

8. ICAA: PLA
 mild
 moderate
 severe
 ICA
 narrow (moderate)
 (width) closed (severe)

Eye disease no. mild severe

Results for the known or presumed hereditary eye diseases (KP-HED):

	UNAFFECTED	UNDETERMINED	AFFECTED	
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Iris <input type="checkbox"/> lens <input type="checkbox"/> lamina	<input type="checkbox"/> cornea
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> grade 1 <input type="checkbox"/> grade 2-6	
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (multi)focal <input type="checkbox"/> geographical <input type="checkbox"/> total	
5. Hypoplastic-/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> choroid. hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other	
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		
8. IridoCorneal Angle Abnormality. (ICAA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Results valid for 12 months

	UNAFFECTED	SUSPICIOUS	AFFECTED
11. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion/Macrolepharon	<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 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.

colour / distribution

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

Name: **F. LAGUNA**

Place: **MADRID - SPAIN**

2018-06-14 © ECVO

signature examiner, authorized by ECVO