

G 0854

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name: Ola
 Breed: Labrador
 Colour: chocolate
 Date of Birth: DD/MM/YYYY
 Registration No.: _____
 Microchip No.: 93307100003004
 Sex: Male Female

Previous examination: Yes No
 Unaffected* Undetermined***
 BO** Affected*

OWNER / AGENT

Name: Sharon DNA-Tests: Yes Results: _____
 Surname: BROWN No Date: _____
 Address: RS12 Rhinosterspruit
 Town / City: Laibekia Code: _____

I hereby declare that the animal submitted today is the one described above.

Signature: [Signature] / agent

EXAMINATION

Date: 30/01/2019

IDENTIFICATION

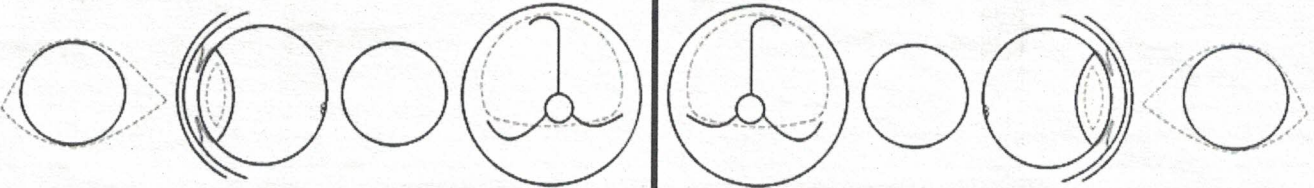
Check Microchip Correct Absent Incorrect

Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

Optional: Examined before dilation Tonometry (Without Mydriatic)
 Direct Ophthalmoscopy Other: _____
 Gonioscopy (Without Mydriatic)

Right Eye (OD)

Left Eye (OS)



Descriptive comments: _____

Results of the presumed inherited eye diseases:

	AFFECTED*	BO**	UNDETERMINED***		AFFECTED*	BO**	UNDETERMINED***
1. Persistent Pupillary Membrane (PPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lentis/Primary Vitreous (PHTVL/PHPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cornea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 2 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Optic Nerve Hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	geographical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. L. pectinatum abn. (Only After Gonioscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				choroid. hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				coloboma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				fibrae latae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				laminae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				occlusio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				8. Entropion/Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				9. Ectropion/Macroblepharon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				10. Distichiasis/Ectopic Cilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				11. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				13. Lens luxation (primary) / Zonula Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				14. Progressive Retinal degeneration (PRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				UNAFFECTED* <input checked="" type="checkbox"/>			

Interpretation

* "Unaffected" signifies that there is no clinical evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.
 ** BO = Breeder's Option: Enty is suspected to be inherited, but does not represent potential compromise of vision or other ocular function
 *** Undetermined: Further development will confirm the diagnosis. Re examination in 12 Months.

Practice Stamp

Examiner

Johannesburg
Animal Eye Hospital
 Tel: 011 465 1237
 Practice #: FH 097/0157

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

Veterinarian's Name: DR CHRISTIE BAUCHER
 Practice Tel No: 011-4651237 Date: DD/MM/YYYY
 Signature Examiner: [Signature] Veterinarian 30/01/2019

THIS CERTIFICATE IS ISSUED IN THE LIGHT OF CURRENT KNOWLEDGE, AND IS VALID FOR 12 MONTHS