

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name: Bonyl Kapada Kelinburg
 Breed: Golden Retriever Registration No. ZA 008691 B 22
 Colour: Golden Microchip No. 900141000192816
 Date of Birth: 15/03/2022 Sex: Male Female

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

OWNER / AGENT

Name: Wiene DNA-Tests: Yes Results:
 Surname: van der Hoe - Pereira No Date:
 Address:
 Town / City: Hermanus Code:

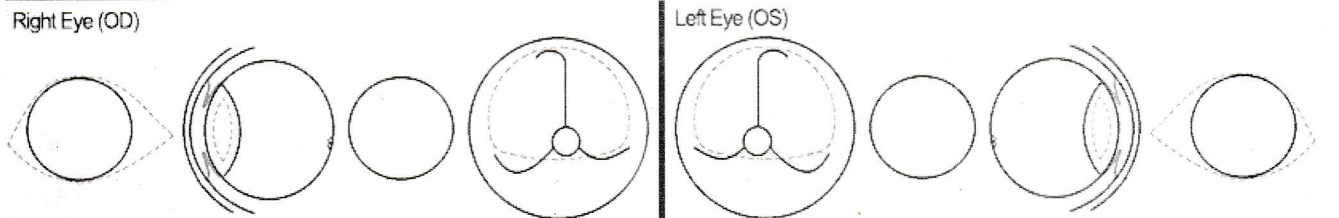
I hereby declare that the animal submitted today is the one described above.

[Signature]
 Signature owner / agent

EXAMINATION

Date: 21/08/2022 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)

IDENTIFICATION



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 Lentic/Primary Vitreous (PHTVL/PHPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cornea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Optic Nerve Hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 2 - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal geographical total	<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"/>	choroid, hypoplasia coloboma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				fibrae latae 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: Entity 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

Cape Animal Eye Hospital
 Tel: 021 930 6632
 Practice #: FH 12/11494

Examiner: C.D. Bacher
 The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.
 Veterinarian's Name: C.D. Bacher
 Practice Tel No: 021-930 6632 Date: 21/8/2022
 Signature Examiner: [Signature] Signature Veterinarian