

G 1065

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name: Bonyl Galeranger Isla
 Breed: Golden Retriever Registration No.: ZA002203B22
 Colour: Golden Microchip No.: 941000026684637
 Date of Birth: 21 DD / 10 / 2021 Sex: Male Female

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

OWNER / AGENT

Name: Wiaad DNA-Tests: Yes Results:
 Surname: van der Houen-Ferreira No Date:
 Address: Suite 69 Sandbaai Postnet
 Town / City: Hermanus Code: 7200
 I hereby declare that the animal submitted today is the one described above. Signature owner / agent

EXAMINATION

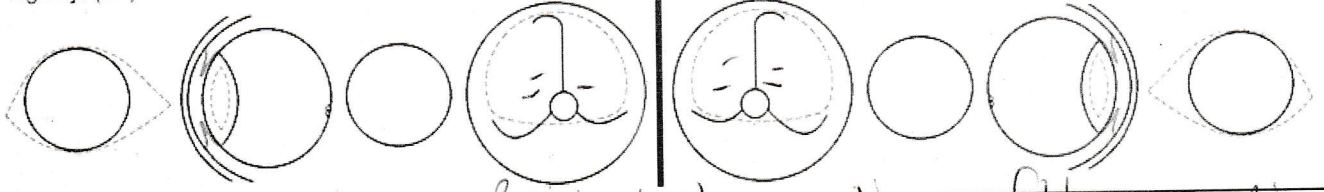
Date: 15/12/2022
 Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X
 Optional: Examined before dilation
 Direct Ophthalmoscopy
 Gonioscopy (Without Mydriatic)

IDENTIFICATION

Check Microchip Correct Absent Incorrect
 Tonometry (Without Mydriatic)
 Other:

Right Eye (OD)

Left Eye (OS)



Descriptive comments: Bilateral retinal dysplasia - linear folds on retina

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 Lentis/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 checked="" 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	<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/Macrolepharon	<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 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: Entropy 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

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.
 Veterinarian's Name: G.O. Boothe
 Practice Tel No: 021-930 6632 Date: 15/12/2022
 Signature Examiner: G.O. Boothe Veterinarian

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

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