G 1184

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name	Ranger		
Breed	Golden Retriever	Registration No.	
Colour	Gold.	Microchip No.	945000001859591
Date of Birth	01/08/2019	Sex: Male ☑ Female ☐	

Previous examination: Yes ☐ No ☑

Unaffected* ☐ Undetermined*** ☐
BO** ☐ Affected* ☐

OWNER / AGENT

Name	Gayle Mc Lennan	DNA-Tests: Yes ☐	Results:
Surname	Mc Lennan	No ☑	Date
Address	8 Prospect Terrace		
Town / City	Constantia, Cape Town	Code	7806

I hereby declare that the animal submitted today is the one described above. Signature owner / agent: [signature]

EXAMINATION

Date: 14/MAY/2021

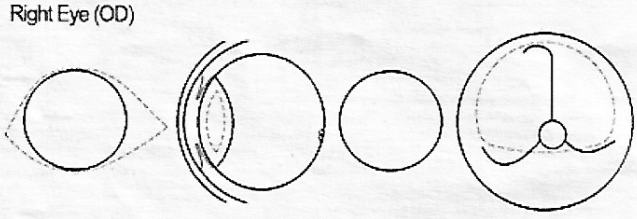
Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

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

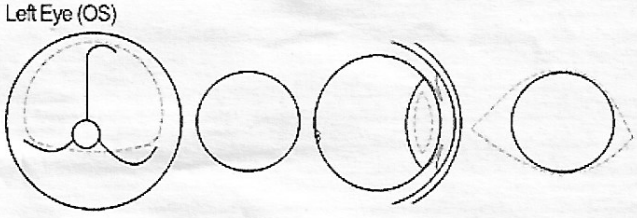
IDENTIFICATION

Check Microchip ☑ Correct ☐ Absent ☐ Incorrect

Right Eye (OD)



Left Eye (OS)



Descriptive comments:

Results of the presumed inherited eye diseases:

	AFFECTED*	BO**	UNDETERMINED***	
1. Persistent Pupillary Membrane [PPM]				iris ☐ lens ☐ cornea ☐
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)				grade 1 ☐ grade 2 - 6 ☐
3. Cataract				
4. Retinal Dysplasia (RD)				(multi)focal ☐ geographical ☐ total ☐
5. Optic Nerve Hypoplasia				
6. Collie Eye Anomaly (CEA)				choroid. hypoplasia ☐ coloboma ☐ other: ☐
7. L.pectinatum abn. (Only After Gonioscopy)				fibrae latae ☐ laminae ☐ occlusio ☐

	AFFECTED*	BO**	UNDETERMINED***
8. Entropion/Trichasis			
9. Ectropion/Macroblepharon			
10. Distichiasis/Ectopic Cilia			
11. Corneal dystrophy			
13. Lens luxation (primary) / Zonula Degeneration			
14. Progressive Retinal degeneration (PRA)			

UNAFFECTED* ☑

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

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

Veterinarian's Name: G J Bouche

Practice Tel No: 021-930 6632 Date: 14/MAY/2021

Signature Examiner: Signature Veterinarian [signature]

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