G 1281

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name	Beryl Kapanda Haumesa		
Breed	Golden Retriever	Registration No.	ZA 008690 B22
Colour	Golden	Microchip No.	900141000192817
Date of Birth	15/03/2022	Sex: Male ☐ Female ☒	

Previous examination: Yes ☐ No ☐

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

OWNER / AGENT

Name	Liane	DNA-Tests: Yes ☐ No ☐	Results:
Surname	van der Haven-Ferreira		Date
Address			
Town / City	Hermanus	Code	

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

EXAMINATION

Date: 15/8/2024

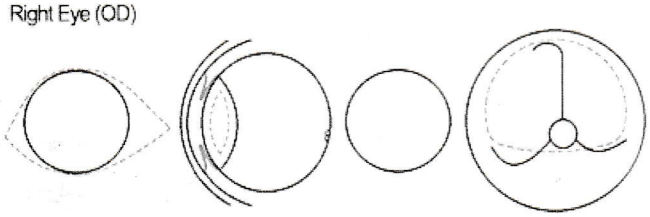
Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

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

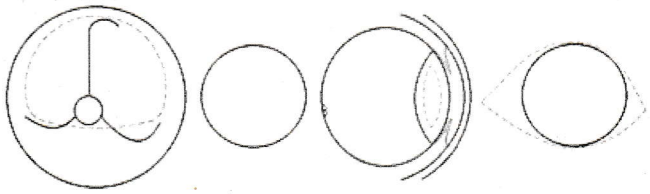
IDENTIFICATION

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]			
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)			
3. Cataract			
4. Retinal Dysplasia (RD)			
5. Optic Nerve Hypoplasia			
6. Collie Eye Anomaly (CEA)			
7. L.pectinatum abn. (Only After Gonioscopy)			

- iris
- lens
- cornea
- grade 1
- grade 2 - 6
- (multi)focal
- geographical
- total
- choroid. hypoplasia
- coloboma
- other:
- 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: CJ. Bacher

Practice Tel No: 021-930 6632 Date: 15/8/2024

Signature Examiner: Signature Veterinarian

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