



Kennel Union of Southern Africa



South African Veterinary Association



Federation Cynologique Internationale

International Hip/Elbow Dysplasia Certificate

Certificate no. R5602

NAME : BONYL MAGIC WILLOW
BREED : RETRIEVER (GOLDEN)
SEX : BITCH
REGISTRATION NUMBER : ZA008981B17
MICROCHIP NUMBER : 945000001729504
DATE OF BIRTH : 2017:05:22
DATE OF RADIOGRAPHS : 2018:07:17
OWNER : MRS L VAN DER HOVEN
 SUITE 69, PRIVATE BAG X16
 HERMANUS
 7200

CLASSIFICATION

	Left side	Right side
Hip dysplasia	A1	A1
Elbow dysplasia	0	0

The above radiographs have been evaluated by the undersigned official scrutineer according to the guidelines of the Federation Cynologique Internationale and the International Elbow Working Group (single ML flexed view)

15 August 2018

VetImaging
Specialists

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This certificate does not imply genetic normality and is issued without any alteration

SAVA EYE EXAMINATION CERTIFICATE

G 0342

ANIMAL
 Name: Romy Magic Willow
 Breed: Golden Retriever
 Colour: Golden
 Date of Birth: 22/05/2017
 Registration No.: ZA-008981B17
 Microchip No.: 945000001729504
 Sex: Male Female

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

OWNER / AGENT
 Name: Mrs. L. V. d. Hoven
 Surname: V. d. Hoven
 Address: Suite 69 Pr. Bag X16
 Town / City: Hermanus
 Code: 7200
 I hereby declare that the animal submitted today is the one described above.

EXAMINATION **IDENTIFICATION**
 Date: 18/08/2018
 Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X
 Check Microchip: Correct Absent Incorrect
 Optional: Examined before dilation Tonometry (Without Mydriatic)
 Direct Ophthalmoscopy Other: _____
 Gonioscopy (Without Mydriatic)



Descriptive comments: Bilateral Retinal Dysplasia (folds)

Results of the presumed inherited eye diseases:

	AFFECTED*	BO**	UNDETERMINED***
1. Persistent Pupillary Membrane (PPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperplastic Fovea (PHFV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Optic Nerve Hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Leptinuria abn. (Only After Gonioscopy)	<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"/>
12. Lens luxation (primary) / Zonular Degeneration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Progressive Retinal Degeneration (PRD)	<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: 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 6 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: H. Joubert
 Practice Tel No: 021 930 6632 Date: 18/08/2018
 Signature Examiner: _____

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

OCULAR DISORDERS REPORT GOLDEN RETRIEVER

	DISORDER	INHERITANCE	REFERENCE	BREEDING ADVICE
A.	Distichiasis	Not defined	1	Breeder option
B.	Entropion	Not defined	1	Breeder option
C.	Corneal dystrophy - epithelial/stromal	Not defined	1	Breeder option
D.	Uveal cysts	Not defined	1, 2	Breeder option
E.	Glaucoma	Not defined	1	NO
F.	Pigmentary uveitis	Not defined	1-4	NO
G.	Persistent pupillary membranes - iris to iris - all other forms	Not defined Not defined	1, 5 5	Breeder option NO
H.	Cataract	Not defined	1, 6-13	NO
I.	Retinal dysplasia - folds	Not defined	1, 14	Breeder option
J.	Retinal dysplasia - geographic/detached	Not defined	1, 14, 15	NO
K.	Retinal atrophy - generalized * DNA test available	Autosomal recessive	1, 16, 17	NO
L.	Central progressive retinal atrophy	Not defined	1, 18, 19	NO
M.	Limbic melanoma	Not defined	20	NO

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