

# SAVA EYE EXAMINATION CERTIFICATE

## ANIMAL

Name: Bonyl Willow June  
 Breed: Golden Retriever Registration No. 2A008688 B22  
 Colour: Golden Microchip No. 900113002920313  
 Date of Birth: 03/06/2022 Sex: Male  Female

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

## OWNER / AGENT

Name: Liane van der Horst-Ferreira DNA-Tests: Yes  Results: \_\_\_\_\_  
 Surname: Sarabai Postnet No  Date: \_\_\_\_\_  
 Address: Suite 69  
 Town / City: Hermanus Code: \_\_\_\_\_

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

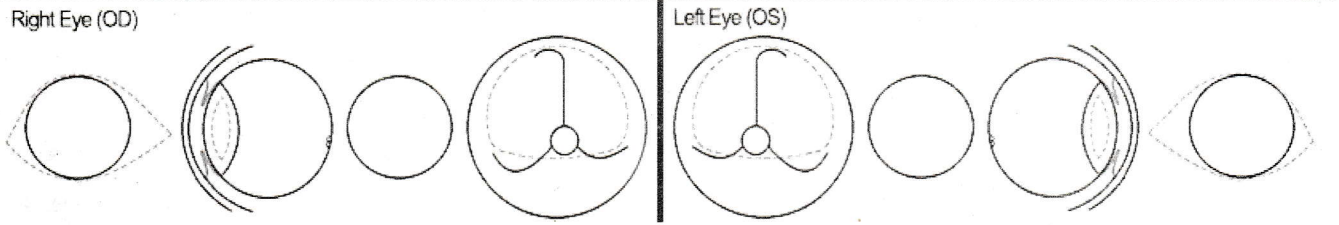
[Signature] Signature owner / agent

## EXAMINATION

Date: 07/01/2022  
 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: \_\_\_\_\_



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 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 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 other: fibrae latae laminae occlusio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					8. Entropion/Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>
					9. Ectropion/Macrolepharon	<input type="checkbox"/>	<input type="checkbox"/>
					10. Distichiasis/Ectopic Cilia	<input type="checkbox"/>	<input type="checkbox"/>
					11. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
					13. Lens luxation (primary) / Zonula Degeneration	<input type="checkbox"/>	<input type="checkbox"/>
					14. Progressive Retinal degeneration (PRA)	<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: \_\_\_\_\_  
 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. Boocho  
 Practice Tel No: 021-930 6632 Date: 07/01/2022  
 Signature Examiner: [Signature] Veterinarian