

G 0279

# SAVA EYE EXAMINATION CERTIFICATE

## ANIMAL

Name: BONYL BENTLEY  
 Breed: GOLDEN RETRIEVER Registration No.: ZA01252039  
 Colour: GOLDEN Microchip No.: 945 00000185 9548  
 Date of Birth: 01/08/2019 Sex: Male  Female

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

## OWNER / AGENT

Name: MRS L DNA-Tests: Yes  Results:   
 Surname: VAN DER MERF-PERREIRA No  Date:   
 Address: BOITE 69, PLU LAC XIO  
 Town / City: HEERMANUS Code: 7200

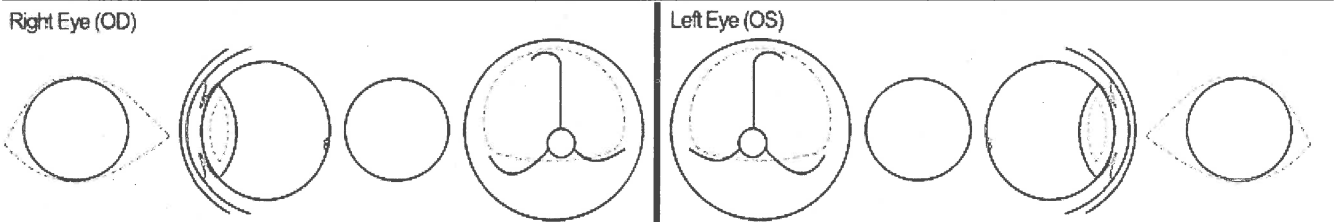
I hereby declare that the animal submitted today is the one described above.

Signature owner/agent: [Signature]

## EXAMINATION

Date: 20/11/2019 Check Microchip:  Correct  Absent  Incorrect  
 Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X  
 Optional:  Examined before dilation  Tonometry (Without Mydriatic)  
 Direct Ophthalmoscopy  Other:   
 Gonioscopy (Without Mydriatic)

## IDENTIFICATION



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	8. Entropion/Trichiasis	<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	9. Ectropion/Macropharon	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cornea	10. Distichiasis/Ectopic Cilia	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1	11. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
5. Optic Nerve Hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 2 - 6	13. Lens luxation (primary) / Zonula Degeneration	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal geographical total	14. Progressive Retinal degeneration (PRA)	<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			

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

## Examiner

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

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.  
 Veterinarian's Name: C.J. Bacher  
 Practice Tel No: 021 930 6632 Date: 20/11/2019  
 Signature Examiner: [Signature] Signature Veterinarian: [Signature]

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