



Kennel Union of South Africa



South African Veterinary Association



Federation Cynologique Internationale

G 0228

SAVA EYE EXAMINATION CERTIFICATE

International Hip/Elbow Dysplasia Certificate

Certificate no. C074

NAME : GAVALAT EVENING KISSES AT RANSCOMBE

BREED : RETRIEVER (GOLDEN)

SEX : DOG

REGISTRATION NUMBER : ZA013849B12

MICROCHIP NUMBER : 900008800304364

DATE OF BIRTH : 2012:06:26

DATE OF RADIOGRAPHS : 2019:04:03

OWNER : ECW MEYER
240 3RD STREET
VOELKLIP
HERMANUS 7200

CLASSIFICATION

	Left side	Right side
Hip dysplasia	A2	A2
Elbow dysplasia	1	1

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)



Dr C. le Roux
BVSc(Hons) MMedVet(Diag Im) DipECVDI
PostNet Suite 653, Private Bag X1
The Willows, 0041
Republic of South Africa
Tel +27 79 233 8494
Fax +27 86 262 1529
www.vetimagingspecialists.com
E-mail: christelle@vetimagingspecialists.com

04 April 2019

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

ANIMAL

Name: RANSCOMBE (GAVALAT EVENING KISSES AT RANSCOMBE)

Breed: GOLDEN RETRIEVER Registration No. ZA 0138 49B12

Colour: GOLDEN Microchip No. 900008800304364

Date of Birth: 20/06/2012 Sex: Male Female

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

OWNER / AGENT

Name: E.C.W. (E) DNA-Tests: Yes Results: No Date:

Surname: MEYER

Address: 240 3RD STREET VOELKLIP P.O. Box 1443

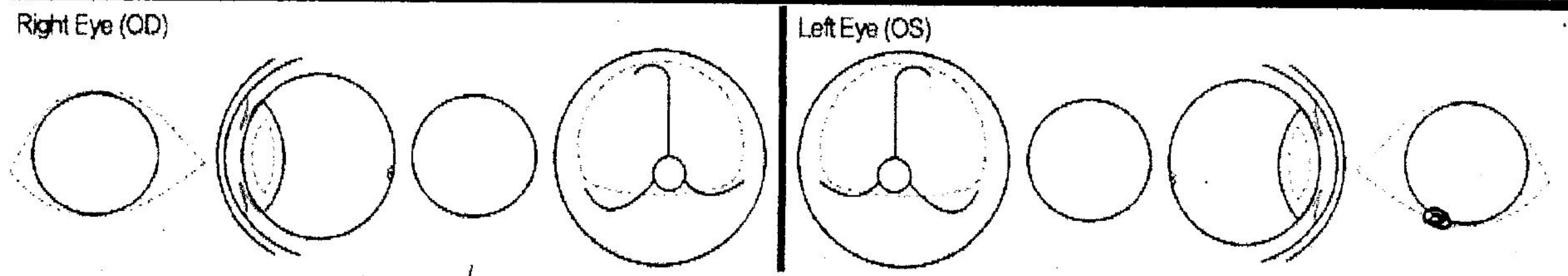
Town / City: HERMANUS Code: 7200

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

EXAMINATION Date: DD/MM/YYYY Method Minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy > 10X

IDENTIFICATION Check Microchip: Correct Absent Incorrect

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



Descriptive comments: Parasol adenoma

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"/>
				lens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				cornea	<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"/>	grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 2 - 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				geographical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Optic Nerve Hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	choroid. hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. L.pectinatum abn. (Only After Gonomscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fibrae latae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				laminae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				occlusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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 _____ 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: Dr C. le Roux Date: DD/MM/YYYY

Practice Tel No: [Redacted] Signature Examiner: [Signature]

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