G 2968

SAVA EYE EXAMINATION CERTIFICATE

ANIMAL

Name	BRUCE (LIONRIDGE BRUCE OF RARADYSZICHT)		
Breed	GOLDEN RETRIEVER	Registration No.	ZA05134283/4
Colour	GOLDEN	Microchip No.	900032001979297
Date of Birth	15/09/2014	Sex: Male [X] Female [ ]	

Previous examination: Yes [ ] No [X]

Unaffected* [ ] Undetermined*** [ ]
BO** [ ] Affected* [ ]

OWNER / AGENT

Name	E	DNA-Tests: Yes [ ]	Results:
Surname	RADEMEYER	No [X]	Date
Address	5 DE VOS STREET		
Town / City	STELLENBOSCH	Code	7600

I hereby declare that the animal submitted today is the one described above. Signature Owner / Agent

EXAMINATION

Date: 23/08/2019

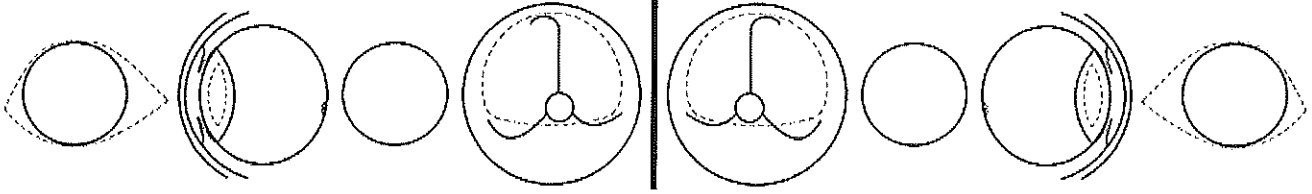
Method Minimal: Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy > 10X

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

IDENTIFICATION

Check Microchip [X] 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)			iris [ ] lens [ ] cornea [ ]
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)			grade 1 [ ] grade 2 - 6 [ ]
3. Cataract			
4. Retinal Dysplasia (RD)			(multi)focal [ ] geographical [ ] total [ ]
5. Optic Nerve Hypoplasia			
6. Collie Eye Anomaly (CEA)			choroid. hypoplasia [ ] coloboma [ ] other: [ ]
7. L.pectinatum abn. (Only After Gonioscopy)			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: C.J. Boucher

Practice Tel No: 021 930 6632 Date: 23/8/2019

Signature Examiner: C Boucher

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