



## Certificate of eye examination

European College of Veterinary Ophthalmologists

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ECVO reg.no. Examination

CH-102217

ECVO reg.no. examiner

CH-1005

## Animal

Name	Paten von Kopfrein		
Breed	Golden Retriever	Breedclub	Retriever Club Schweiz RCS
Registration no.	799491		
Microchip no.	756097201039685		
Date of birth	16/10/2023	Sex	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
		Colour	golden
		Tattoo	

## Owner/agent

Name	Rindisbacher Monika		
Address	Erlenhof 696		
Country	CH	Post code	3454
		Town	Sumiswald

By registering the animal mentioned above on the ECVO HED platform for the ECVO eye examination, the relevant person (owner/breeder) has accepted terms & conditions and privacy policy on the ECVO HED platform.

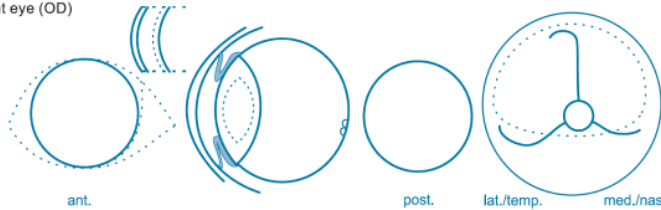
## Examination

Date	21/11/2024		
Method minimal	Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x	Other methods and comments:	
Optional	<input type="checkbox"/> Examined before dilatation <input checked="" type="checkbox"/> Gonioscopy (without mydriatic)		

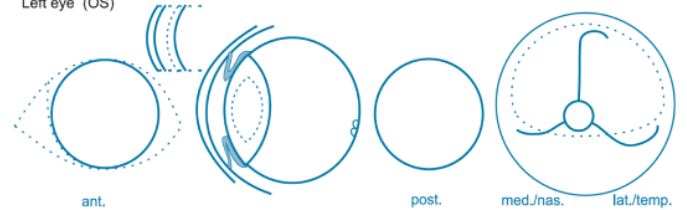
## Identification

Check microchip/tattoo	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect/unreadable	<input type="checkbox"/> Absent
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## Right eye (OD)



## Left eye (OS)



Descriptive comments

15. Other lens opacity:	<input type="checkbox"/> punctata <input type="checkbox"/> suture line tip <input type="checkbox"/> suture line <input checked="" type="checkbox"/> nuclear ring <input type="checkbox"/> nuclear fiberglass/pulverulent	8. ICAA : PLA	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
		ICA	<input type="checkbox"/> narrow (moderate) <input type="checkbox"/> closed (severe)

Eye disease no: ☐ Severe

## Results for the known or presumed hereditary eye diseases

	UNAFFECTED	suspicious/ undetermined	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> iris lens <input type="checkbox"/> cornea lamina
2. Persistent Hyperpl. Tunica Vasculosa Lentis/ Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> grade 1 <input type="checkbox"/> grade 2-6
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (multi)focal geographical total
5. Hypoplastic-/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> choroid, hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IrdoCorneal Angle Abnormality (ICAA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe

## Results valid for 12 months

	UNAFFECTED	suspicious/ undetermined	AFFECTED
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macrophthalmos	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> cortical <input type="checkbox"/> post. pol. <input type="checkbox"/> nuclear
16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other	<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.  
\*\* "Undetermined" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.  
\*\*\* "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

## FOR FURTHER INFORMATION: P.T.O.

## Examiner

Name Katrin Voelter

Examiner, authorized by ECVO



The examiner indicated examined the above-mentioned animal according to the ECVO hereditary eye disease scheme with the results as shown.

The certificate is valid without signature of the examiner.

The authenticity and validity of the certificate can be checked by scanning the QR code (left side).