



Animal

Name:

Breed: Breedclub:

Registration.no.:

Microchip no.: Colour:

Date of birth: Sex: Female Male
Tattoo:

Owner/agent

Name:

Address:

Country: Post code: Town:

The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication or other ECVO approved use..

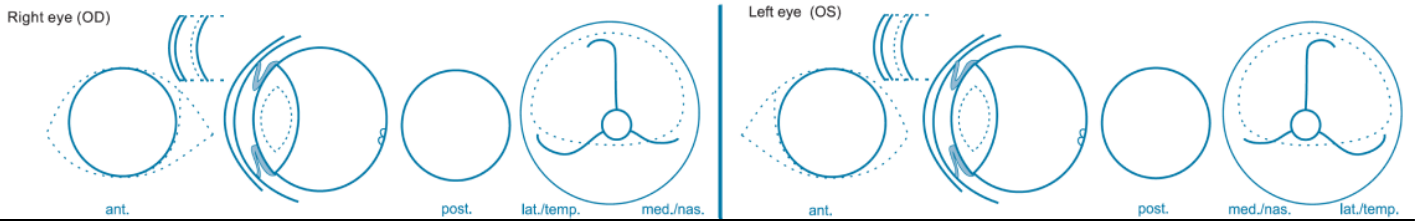
Signature owner/agent:

Examination Date:

Identification Check microchip/tattoo: Correct Incorrect/unreadable Absent

Method minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x
Other methods and comments:

Optional: Examined before dilatation Gonoscopy (without mydriatic)



Descriptive comments:

15. Other lens opacity: punctata suture line tip suture line nuclear ring nuclear fiberglass/pulverulent

8. ICAA : PLA mild moderate severe
ICA narrow (moderate) closed (severe)

Eye disease no: Severe

Results for the known or presumed hereditary eye diseases				Results valid for 12 months			
	UNAFFECTED	suspicious/ undetermined	AFFECTED		UNAFFECTED	suspicious/ undetermined	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iris lens cornea lamina	11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentis/ Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grade 1 grade 2-6	12. Ectropion / Macrolepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal geographical total	13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	choroid, hypoplasia coloboma other	14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic-/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mild moderate severe	15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality (ICAA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18. Other	<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

The undersigned has today examined the above mentioned animal for the 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).

Name **Katrin Voelter**

Place

Signature examiner, authorized by ECVO

