



Certificate of eye examination
European College of Veterinary Ophthalmologists

Registration for Spain

Servei d'oftalmologia
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ECVO reg. no. Examination

O-SP 0001568
ECVO reg. no. examiner
MSES

Animal

Name: CHARLIE
Breed: AUSTRALIAN LABRADOR
Breedclub: [blank]
Registration no.: NOT REGISTERED
Colour: RED
Microchip no.: [blank] ICZ
Tattoo: [blank]
Date of birth: [blank] Sex: Female Male
Previous examination: No Yes: Unaffected Undetermined Suspicious Affected

Owner/agent

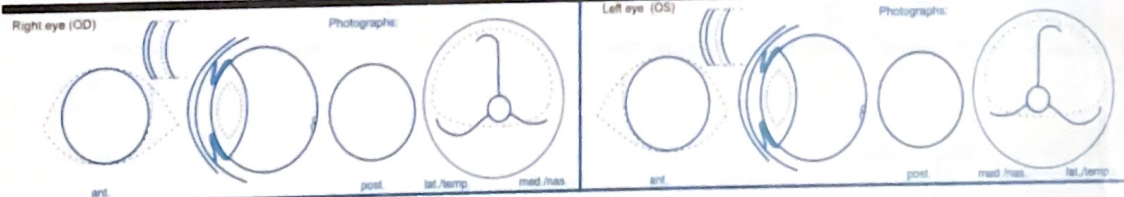
Name: [redacted] DNA-Tests: Yes type+date No
Address: [redacted]
Country, Post code: [redacted] R0712

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

Examination

Identification

Date: 19 - 10 - 20
Method minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy ≥ 10x
Optional: Examined before dilatation Tonometry (without mydriatic) Direct Ophthalmoscopy Gonioscopy (without mydriatic) Other:
Check tattoo: Correct Partly/Unreadable Incorrect Absent
Check microchip: Correct Incorrect Absent



Descriptive comments:

Eye disease no. mild moderate severe

Results for the known or presumed hereditary eye diseases (KP-HED):				Results valid for 12 months		
UNAFECTED	UNDETERMINED	AFFECTED		UNAFECTED	SUSPICIOUS	AFFECTED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHYL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Hypoplastic-/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. L. pectinatum abn. (only after gonioscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ins <input type="checkbox"/> Cornea <input type="checkbox"/> Lamina	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> grade 1 <input type="checkbox"/> grade 2-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (multifocal) <input type="checkbox"/> geographical <input type="checkbox"/> total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> choroid hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> fibrae latae <input type="checkbox"/> laminae <input type="checkbox"/> oclusio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Entropion/Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Entropion/Macroblepharon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Distichiasis /Ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Cataract (non-congenital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Lens luxation (primary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Retinal degeneration (PRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation

- * "Unaffected" signifies that there is no clinical evidence of the known or presumed hereditary eye diseases (KP-HED) specified, whereas "affected" signifies that there is such evidence.
- ** The animal displays clinical features that could possibly fit the KP-HED mentioned, but the changes are inconclusive
- *** The animal displays minor, but specific clinical signs of the KP-HED mentioned. Further development will confirm the diagnosis. Reexamination in 12 months.

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.

Name: NATALIA GONZALEZ

Place: OPTIC REFRACTORY SA

- colour / distribution
- 1 white national registry
 - 2 pink examiner
 - 3 yellow national breed club
 - 4 white owner/agent

signature examiner, authorized by ECVO