



Orthopedic Foundation for Animals

2300 E. Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573)875-5073
www.ofa.org, A not-for-profit organization

Registered name: _____

Breed: **LABRADOR RETRIEVER** Sex: **F**

ID Number (if any): Tattoo Microchip
956000006260964

Registration Number: ACC Other _____

Date of Birth: **251016** Date of Exam: **090417**

Owner name: **Laurie Quenneville**

Owner Address: **20 Constance Lake Rd**

City: **Kenora** State: **ON** Zip/postal code: **K9K1X7**

E-Mail (use both lines if needed):
lquenne@rogers.com

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public. (Signature of owner or authorized representative)

Laurie Quenneville

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

OFA Eye Clearance Database

- Initial submission\$12.00
- Resubmits:\$8.00
- Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Visa/Master Card Number _____

Name on card _____

Expiration Date _____ CVV _____

9/12/12

023058

Application for Eye Database

Ivey

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
EYELIDS				
<input type="checkbox"/>	<input type="checkbox"/>	entropion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>
CORNEA				
<input type="checkbox"/>	<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>
NICITANS				
<input type="checkbox"/>	<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>
CORNEA				
<input type="checkbox"/>	<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>	<input type="checkbox"/>
UVEA				
<input type="checkbox"/>	<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>
persistent pupillary membranes				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LENS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	significance of cataract unknown	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	<input type="checkbox"/>
VITREOUS				
<input type="checkbox"/>	<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	degeneration	<input type="checkbox"/>	<input type="checkbox"/>

Veterinarian name: **Dr David Tinsley**

Veterinarian Address: **2616 Bank St**

City: **Ottawa** State: **ON** Zip/postal code: **K1T 1M9**

Phone: **613-520-2214** ACVO #: **176**

Email: **eyes@avaah.on.ca**

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
retinal dysplasia				
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	micropapilla	<input type="checkbox"/>	<input type="checkbox"/>
OTHER CONDITIONS				
<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>	<input type="checkbox"/>

NORMAL

- I DID verify microchip/tattoo on this dog
- I DID NOT verify microchip/tattoo on this dog

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: **[Signature]** Date: **4/9/17**
Diplomate, American College of Veterinary Ophthalmologists

Comments

Laboratory Report

Laboratory #:	33259	Call Name:	IVEY
Order #:	13545	Registered Name:	-
Ordered By:	Laurie Quenneville	Breed:	Labrador Retriever
Ordered:	July 30, 2016	Sex:	Female
Received:	March 1, 2018	DOB:	Oct. 2016
Reported:	March 7, 2018	Registration #:	DU693135 **
		Microchip #:	95600006260964 (real)

Results:

Disease	Gene	Genotype	Interpretation
Centronuclear Myopathy	<i>PTPLA</i>	WT/WT	Normal (clear)
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	<i>COL9A3</i>	WT/WT	Normal (clear)
Skeletal Dysplasia 2	<i>COL11A2</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

Interpretation:

Molecular genetic analysis was performed for seven specific mutations reported to be associated with disease in dogs. We identified two normal copies of the DNA sequences in the mutations tested.

Recommendations:

No mutations were identified. Thus, this dog is not at an increased risk for the diseases caused by or associated with the mutations tested. Because this dog is "clear" of these mutations, this dog will only pass the normal genes on to its offspring. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

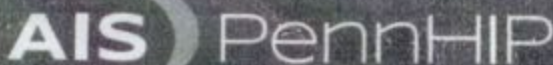
Helen F Smith, PhD
Assistant Laboratory Director

Casey R Carl, DVM
Associate Medical Director

Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. These tests were developed and their performance determined by Paw Print Genetics®. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results.

6/22/2017

Report Viewer



(877) 727-6800

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Doctor's Copy

PennHIP Report

Referring Veterinarian: Dr Kevin Bacon
 Email: carletonvetservices@yahoo.ca

Clinic Name: Carleton Veterinary Services
 Clinic Address: 2137 Roger Stevens Drive
 North Gower, ON K0A 2T0
 Phone: (613) 489-2525
 Fax: (866) 685-0039

Patient Information

Client: KANATA, KANATA
 Patient Name: Ivy
 Reg. Name: Rickways Quantum Leap
 PennHIP Num: 108165
 Species: Canine
 Date of Birth: 24 Oct 2016
 Sex: Female
 Date of Study: 31 May 2017
 Date of Report: 01 Jun 2017

Tattoo Num: .
 Patient ID: 183
 Registration Num: DU693135
 Microchip Num: 956000006260964
 Breed: LABRADOR RETRIEVER
 Age: 7 months
 Weight: 53.6 lbs/24.3 kgs
 Date Submitted: 31 May 2017

Findings

Distraction Index (DI): Right DI = 0.52, Left DI = 0.50.
 Osteoarthritis (OA): No radiographic evidence of OA for either hip.
 Cavitation/Other Findings: None.



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