



Certificate of eye examination

European College of Veterinary Ophthalmologists

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ECVO reg.no. Examination

AT-100928

ECVO reg.no. examiner

AT-1007

Animal

Name: Casa De Filler Pauline Of Lovestorm

Breed: Australian Shepherd

Breedclub: ÖKV

Registration no.: ÖHZB/ASH 2843/REG

Microchip no.: 040098100462511

Colour: red merle bi

Date of birth: 26/02/2016

Sex: Female Male

Tattoo: _____

Owner/agent

Name: Sabina Achtig DI

Address: Großreichenbach 17

Country: AT Post code: 3931 Town: Schweiggers

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.

Sabina Achtig
Signature owner/agent

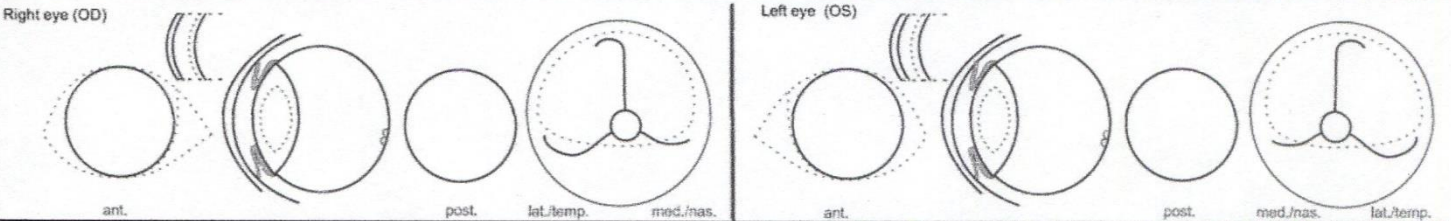
Examination Date: 03/02/2024

Identification Check microchip/tattoo: Correct Incorrect/unreadable Absent

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

Other methods: **Direct Ophthalmoscopy** and comments:

Optional: Examined before dilatation Gonioscopy (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	<input checked="" type="checkbox"/>	<input 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	<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"/>	(multi)focal geographical total	<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"/>	choroid, hypoplasia coloboma other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	mild moderate severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Entropion / Trichiasis	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macrophthalmos	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lens luxation (primary)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retinal degeneration (PRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input 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



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: **Günter Maaß**

Place: _____

G. Maaß
Signature examiner, authorized by ECVO