

Animal

Name: Casa De Filler Xas Dreamof Picasso - PICASSO -

Breed: Australian Shepherd Breedclub: ÖKV

Registration no.: ÖHZB/ASH 3303/REG

Microchip no.: 040098100494533 Colour: red bi

Date of birth: 26/09/2017 Sex: Female Male

Tattoo: _____

Owner/agent

Name: Sabina Achtig DI

Address: Großreichenbach 17

Country: AT Post code: 3931 Town: Schweiggers

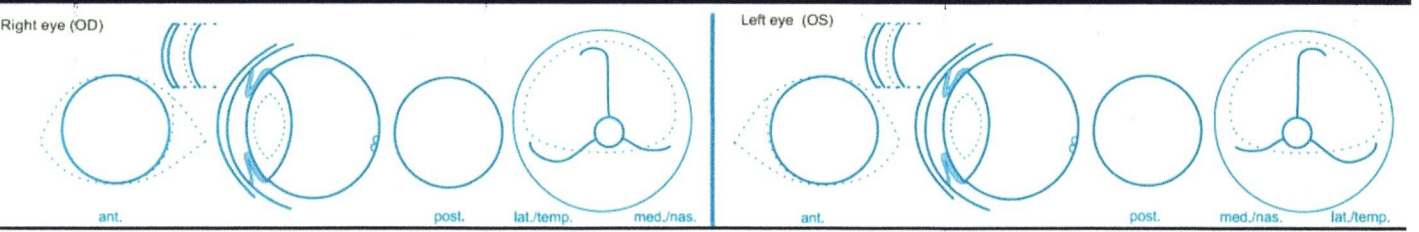
By registering the animal mentioned above on the ECVO HED platform for the ECVO eye examination, the relevant person (owner/breeder) has accepted terms & conditions and privacy policy on the ECVO HED platform.

Examination Date: 30/06/2025

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 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"/>		11. Entropion / Trichiasis	<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"/>		12. Ectropion / Macropharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic-/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<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

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

Name **Günter Maaß**
Examiner, authorized by ECVO

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).

