



Animal

Name	Casa De Filler Viper's Red Whisper -VIPER -		
Breed	Australian Shepherd		
Registration no.	ÖHZB/ASH 5159		
Microchip no.	040098100616608		
Date of birth	28/05/2022	Sex	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
Breedclub ÖKV			
Colour red bi			
Tattoo			

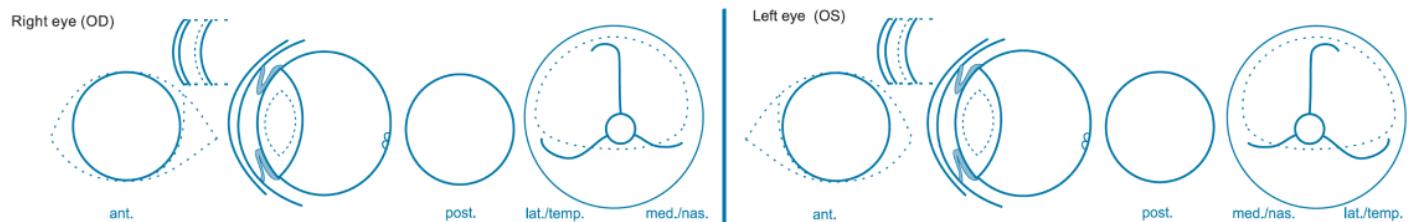
Owner/agent

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	11/11/2025	Identification
Method minimal	Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x	<input type="checkbox"/> Check microchip/tattoo <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect/unreadable <input type="checkbox"/> Absent
Optional	<input checked="" type="checkbox"/> Examined before dilatation <input type="checkbox"/> Gonoscopy (without mydriatic)	



Descriptive comments	15. Other lens opacity:	<input type="checkbox"/> punctata <input type="checkbox"/> suture line tip <input type="checkbox"/> suture line <input type="checkbox"/> nuclear ring <input type="checkbox"/> nuclear fiberglass/pulverulent	8. ICAA : PLA	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
			ICA	<input type="checkbox"/> narrow (moderate) <input type="checkbox"/> closed (severe)

Eye disease no: Severe

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

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).