

Animal

Name **Casa De Filler Blue Bayou Waylon - WAYLON -**

Breed **Australian Shepherd**

Breedclub **ÖKV**

Registration no. **ÖHZZB/ASH 5533**

Microchip no. **040098100616585**

Colour **Blue merle tri w/co.**

Date of birth **28/05/2023**

Sex ☐ Female

☒ Male

Tattoo

Owner/agent

Name **Sabina Achtig DI**

Address **Großreichenbach 17**

Country **AT** Post code **3931** Town **Schweiggrers**

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.

*Sabina Achtig*

Examination

Date **26/08/2025**

Identification

Check microchip/tattoo ☒ Correct ☐ Incorrect/unreadable ☐ Absent

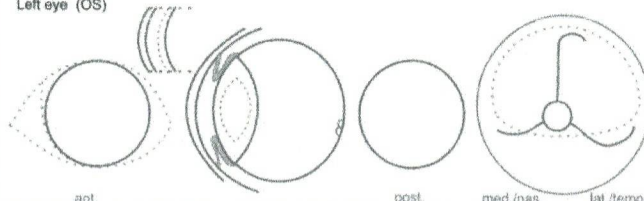
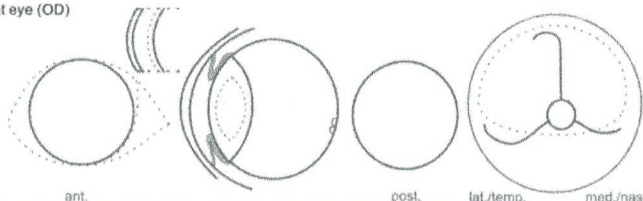
Method minimal Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy  $\geq 10\times$

Other methods and comments: **Direct Ophthalmoscopy**

Optional ☒ Examined before dilatation  
☐ Gonioscopy (without mydriatic)

Right eye (OD)

Left eye (OS)



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
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> iris <input type="checkbox"/> cornea <input type="checkbox"/> lens <input type="checkbox"/> lamina
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
3. Cataract (congenital)	<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 <input type="checkbox"/> geographical <input type="checkbox"/> total
5. Hypoplastic-/Micro-papilla	<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 <input type="checkbox"/> coloboma <input type="checkbox"/> other
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	UNAFFECTED	suspicious/ undetermined	AFFECTED
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macrolidopharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> cortical <input type="checkbox"/> post. pol. <input type="checkbox"/> nuclear
16. Lens luxation (primary)	<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.

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**

Examiner, authorized by ECVO

*Günter Maaß*