

## Animal

Name	Casa De Filler Blue Bayou Waylon - WAYLON -		
Breed	Australian Shepherd		
Registration no.	ÖHZB/ASH 5533		
Microchip no.	040098100616585		
Date of birth	28/05/2023	Sex	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Breedclub	ÖKV		
Colour	Blue merle tri w/co.		
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.

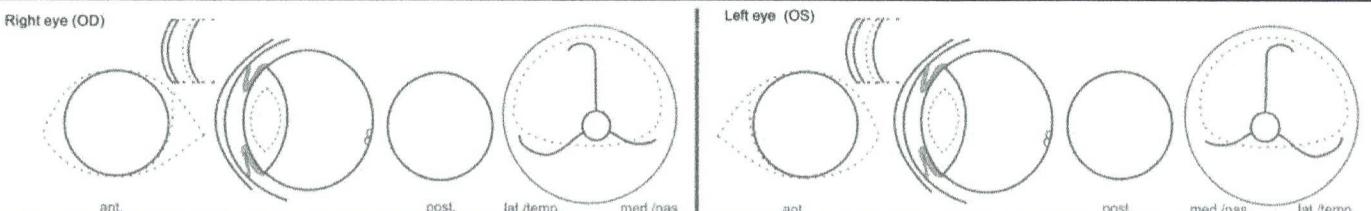


Examination	Identification			
Date	Check microchip/tattoo	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect/unreadable	<input type="checkbox"/> Absent
26/08/2025				

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

Other methods Direct Ophthalmoscopy

and comments:

 Optional  
 Examined before dilatation  
 Gonoscopy (without mydriatic)


Descriptive comments

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

Eye disease no:

 Severe

## Results for the known or presumed hereditary eye diseases

	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
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"/>

## Results valid for 12 months

	UNAFFECTED	suspicious/ undetermined	AFFECTED
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macroblepharon	<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.

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).

