



Animal

Name **Oldvillage Toller's B&R Ray Lemmy (FCI)**

Breed **Nova Scotia Duck Tolling Retriever** Breedclub **Retriever Club Schweiz RCS**

Registration.no. **775507**

Microchip no. **756095310036580** Colour **rot-weiss**

Date of birth **14/07/2020** Sex Female Male Tattoo

Owner/agent

Name **Jana Leuenberger**

Address **Steig 34**

Country **CH** Post code **8222** Town **Beringen**

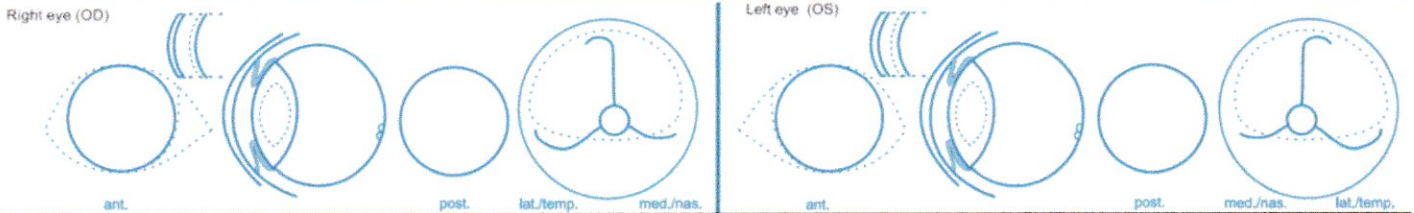
The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication or other ECVO approved use..

Signature owner/agent

Examination Date **18/08/2023** Identification Check microchip/tattoo Correct Incorrect/unreadable Absent

Method minimal **Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x** Other methods and comments:

Optional Examined before dilatation Gonoscopy (without mydriatic)



Descriptive comments **Auge links 1 Distichie Unterlid**

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)

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"/>	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"/>	<input type="checkbox"/>	12. Ectropion / Macoblepharon	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input 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"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Other	<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 **Franziska Matheis**

Place

Signature examiner, authorized by ECVO

