



Certificate of eye examination
European College of Veterinary Ophthalmologists

Registration for Spain

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ECVO reg.no. Examination

O-SP Nº 000422

ECVO reg.no. examiner

HTPES

Animal

Name: BAILEYS DE MANSO PELEGRÍ
Breed: PASTOR AUSTRALIANO Breedclub: _____
Registration no.: LOE 1778589 Colour: AZUL MIRLO
Microchip no.: 981098100935298 Tattoo: _____
Date of birth: 08-09-07 Sex: Female Male Previous examination: No Yes
Yes: Unaffected Undetermined Affected
 Suspicious

If abnormal: date, cert.no.+ reg.no. examin.....

Owner/agent

Name: EVA FARRERAS GALL
Address: _____
Country, Post code: _____ Town: _____

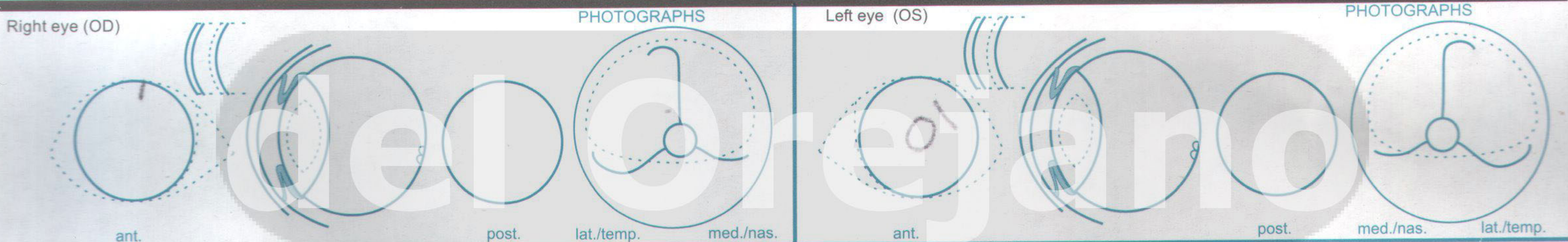
The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication or other ECVO approved use.

Signature owner / agent

Examination

Identification

Date: 12-02-09
Method minimal: Mydriatic, Indirect ophthalmoscopy and Binocular biomicroscopy ≥10x
Optional: Direct Ophthalmoscopy Photography
 Gonioscopy (without mydriatic) Other: _____
 Tonometry (applanation, without mydriatic) If an other method is used, this form only has value with a specifying certificate.
Check tattoo: Correct Partly /Unreadable Incorrect Absent
Check microchip: Correct Incorrect Absent



Descriptive comments: Iris-Iris OS Distichiasis (13)
Eye disease no. 1 mild moderate severe
Note: affected name of disease / Under investigation; not yet proven to be inherited in this breed.

Results for the presumed hereditary eye diseases:

	UNAFFECTED	UNDETERMINED	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
5. Hypoplasia-/Micropapilla	<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"/>
7. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. L. pectinatum abn. (only after gonioscopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conditions valid for 12 months

	UNAFFECTED	SUSPICIOUS	AFFECTED
11. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion/Macrolepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis /Ectopic cilia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (non-congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation

* "Unaffected" signifies that there is no evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.
** The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.
*** The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis. Reexamination in months.

FOR FUTHER 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.

Name: Teresa Peña
Place: Barcelona

- colour / distribution
- 1 white national registry
- 2 pink examiner
- 3 yellow national breed club
- 4 white owner/agent

signature examiner, authorized by ECVO