



Animal

Name: GINO Migoto Inu
Breed: AKITA
Registration no.: PKR. V-21551
Microchip no.: 616 004 900 104 179
Date of birth: 25-05-2014
Sex: Male
Previous examination: No
Colour: CZERWONY
Tattoo: ---
Breedclub: _____
Yes: Unaffected Undetermined
 Suspicious Affected

Owner/agent

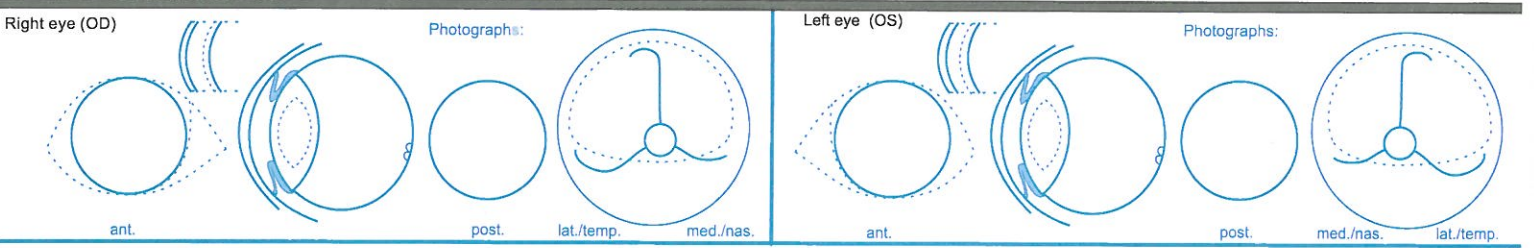
Name: DARIUSZ MIGDAL
Address: POWSTANCÓW WARSZAWY 70
Country, Post code: PL 05-840
Town: BRWINO
DNA-Tests: Yes type+date
 No

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 and other ECVO approved use.

Signature owner / agent

Examination Date: 16-02-16
Method minimal: Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy ≥ 10x
Optional: Examined before dilatation Tonometry (without mydriatic)
 Direct Ophthalmoscopy Other: _____
 Gonioscopy (without mydriatic)
If another method is used, this form only has value with a specifying certificate.

Identification
Check tattoo: Correct Partly /Unreadable Incorrect Absent
Check microchip: Correct Incorrect Absent



Descriptive comments: _____
Eye disease no. mild moderate severe
Note: affected _____ Name of disease / Under investigation; not yet proven to be inherited in this breed.

Results for the presumed inherited eye diseases:

	UNAFFECTED	UNDETERMINED	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<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"/>
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. 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"/>
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. L. pectinatum abn. (only after gonioscopy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results valid for 12 months

	UNAFFECTED	SUSPICIOUS	AFFECTED
11. Entropion/Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion/Macropharon	<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 (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 clinical 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 clinical signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis. Reexamination inmonths.

FOR FUTURE 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: GARNICARZ
Place: WARSZAWA
Signature: JACEK GARNICARZ
LEKARZ WETERYNARIJ
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