

## Animal

Name:	DOKI NO HUASMA		Breedclub:			
Breed:	BULLDOG		Colour:			
Registration no.	DOKI NO HUASMA		Tattoo:			
Microchip no.:	944200000563666		Day:			
Date of birth:	day: 26	month: 10	year: 2005	Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Previous examination No.: <input type="checkbox"/>	Yes: <input type="checkbox"/> Unaffected <input type="checkbox"/> Suspected <input type="checkbox"/> Undetermined <input type="checkbox"/> Affected

## Owner/agent

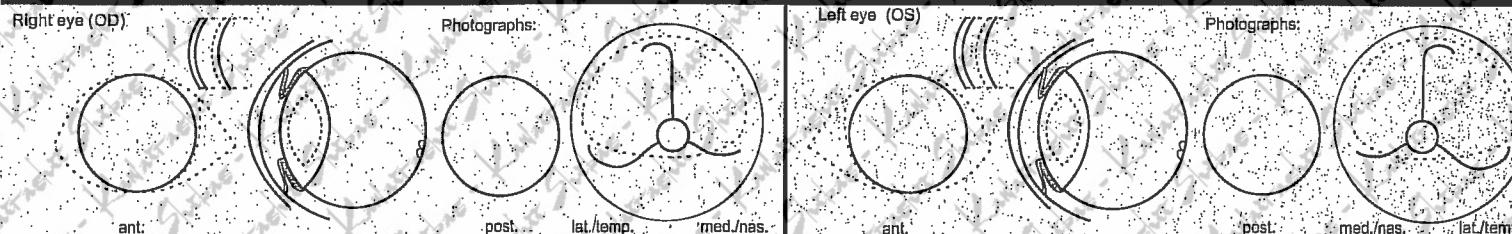
Name:	DIEGO ALARCÓN		DNA-Tests: <input type="checkbox"/> Yes <input type="checkbox"/> type+date <input type="checkbox"/> No
Address:			
Country, Post code:	Spain	Post code:	Town:

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 and other ECVO approved use!

Signature owner / agent

## Examination

Date: day: 17 month: 11 year: 2010	Identification
	<input type="checkbox"/> Check tattoo <input type="checkbox"/> Correct <input type="checkbox"/> Partly/Unreadable <input type="checkbox"/> Incorrect <input type="checkbox"/> Absent
	<input type="checkbox"/> Check microchip <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Absent
Method minimal: Mydriatic/Indirect ophthalmoscopy and binocular biomicroscopy >10x	
Optional: <input checked="" type="checkbox"/> Examined before dilatation <input type="checkbox"/> Tonometry (without mydriatic) <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Direct Ophthalmoscopy <input type="checkbox"/> Gonioscopy (without mydriatic)	If an other method is used, this form only has value with a specifying certificate.



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		UNAFFECTED	SUSPICIOUS	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"/> Irritaria: <input type="checkbox"/>	11. Entropion/Trichiasis	<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"/>	Lens: grade 1 <input type="checkbox"/> grade 2-6 <input type="checkbox"/>	12. Ectropion/Macrolepharon	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal <input type="checkbox"/> geographical <input type="checkbox"/> total <input type="checkbox"/>	13. Distichiasis/Ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	choroid, hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other <input type="checkbox"/>	14. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplasia/Micropapilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fibrae latae <input type="checkbox"/> laminæ <input type="checkbox"/> occlusio <input type="checkbox"/>	15. Cataract (non-congenital)	<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 type="checkbox"/>	<input type="checkbox"/>
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		17. Retinal degeneration (PRA)	<input type="checkbox"/>	<input type="checkbox"/>
8. L. pectinatum abn. (only after gonioscopy)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		18. Other: _____	<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 in: \_\_\_\_\_ months

## 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.

Name: FERNANDO ALARCÓN

Place: SPAIN

3-04-13 © ECVO

## colour / distribution

- 1 white national registry
- 2 pink examiner
- 3 yellow national breed club