

**British Veterinary Association/Kennel Club/International Sheep Dog Society (BVA/KC/ISDS)
CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE**

Pet name NAHIA KC no. N/A Microchip no. 900133000396730
 KC registered name N/A Date of previous examination _____
 Breed Australian Labrador Colour Caramel Sex: M F Date of birth 24/6/20
 Owner's name and address RIDLEY _____
 Owner's telephone number _____ Owner's email address _____
 Vet's name and address NETTY RENT RASHTON _____
 Vet's telephone number _____ Vet's email address _____

I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Canine Health Scheme is the one described above and that the information obtained may be made available for research purposes and may be published. Any appeal against the results specified below must be made to the BVA (for details see EPWP1).

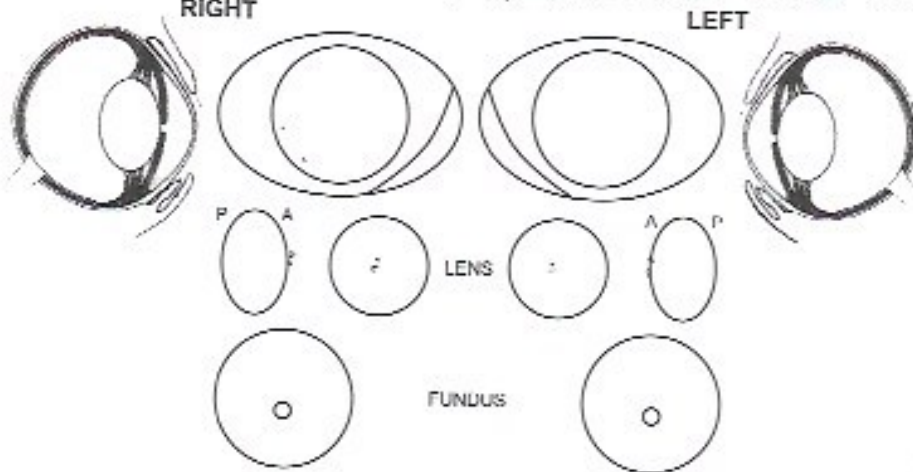
I understand and agree that the use of a mydriatic agent Tropicamide will be used where gonioscopy is required. is necessary to facilitate a complete examination of the eye and that a local anaesthetic will be used where necessary.

I understand that the personal information provided in this form will be used to administer the eye examination service and will be retained for 7 years for accounting purposes on an electronic system. My personal information may be used from time to time to provide me with relevant information relating to BVA services or for other lawful reasons.

Signature of Owner/Agent [Signature] Date 25/1/22

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic Ophthalmoscopy Direct Indirect Biomicroscopy Gonioscopy Tonometry Other _____
 Parts Examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus



Comments **NO BREED RELATED ADNEXAL OR OCULAR CONDITIONS**

Both eyes - mesenchymal remnants on anterior lens capsule in

Robert Lowe BVSc DVOptical MRCVS
 FRCV - Specialist in Veterinary Ophthalmology
 Optimal Referrals Ltd, 3 Downley Road
 Havant, PO9 2XJ 01243 888081

DNA sample taken on this date: Yes No
 I confirm that the scanned microchip number matches the number on the certificate
 Information for owners/Appetite leaflet (EPWP1) issued

INHERITED EYE DISEASE STATUS

This section applies to the known inherited ocular conditions specified in the Procedure Notes. These results will be sent to the KC and/or ISDS as appropriate.

CONGENITAL/NEONATAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL		CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
(CEA) Collie eye anomaly - Choroidal hypoplasia - Coloboma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(TRI) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IOP) Intraocular pressure R _____ mmHg L _____ mmHg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PRA) Progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(PLA) Pectinate ligament abnormality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RPE) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Clinically affected signifies that there is evidence of the inherited disease(s) specified, whereas 'Clinically unaffected' signifies that there is no such evidence.

Grade	0	1	2	3	Result
R					
L					

Gonioscopy Grading Result:
 0 = normal, 1 = mildly affected, 2 = moderately affected, 3 = severely affected.

Clinically affected with ocular conditions not currently specified in the Procedure Notes

Dichroism	<input type="checkbox"/>	Persistent pupillary membrane	<input checked="" type="checkbox"/>	Posterior Cortical Cataract	<input type="checkbox"/>	GPRA like appearance	<input type="checkbox"/>
Ectopic iris	<input type="checkbox"/>	Ocular Melanosis	<input type="checkbox"/>	Posterior Pole Subcapsular Cataract	<input type="checkbox"/>	RPE like appearance	<input type="checkbox"/>
Trichiasis	<input type="checkbox"/>	Pectinate ligament abnormality	<input type="checkbox"/>	Posterior Capsular Cataract	<input type="checkbox"/>	Other conditions (specify)	<input type="checkbox"/>
Entropion	<input type="checkbox"/>	Lens luxation	<input type="checkbox"/>	Ptery	<input type="checkbox"/>		
Ectropion	<input type="checkbox"/>	Anterior Capsular Cataract	<input type="checkbox"/>	Ciliary nerve hypoplasia	<input type="checkbox"/>		
Combined entropion/ectropion	<input type="checkbox"/>	Anterior Cortical Cataract	<input type="checkbox"/>	Posterior segment coloboma	<input type="checkbox"/>		
Multi-ocular defects	<input type="checkbox"/>	Membranous Cataract	<input type="checkbox"/>	Chorioid hypoplasia	<input type="checkbox"/>		
Corneal lipid deposition	<input type="checkbox"/>	Nuclear Cataract	<input type="checkbox"/>	MRD-like appearance	<input type="checkbox"/>		

I have today examined the animal described above under the BVA/KC/ISDS Eye Scheme with the results as shown

Signature of Panelist [Signature] Name R. Lowe Date 25/1/22

This certificate is valid for 12 months from date of signature with the exception of PLA Testing, which is valid for 3 years