

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

Pet name Ripleys Wilbert KC no. Microchip no. 900133000

Registered name _____ Date of previous examination _____
Breed Australian Labradoodle Colour Red Sex M F Date of birth 30/8/23
Owner's name and address Judy Ripley
Owner's telephone number 07789063008 Owner's email address Ripleyslabradoodles@gmail.com
Vet's name and address _____
Vet's telephone number 01276 40200 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 is necessary to facilitate a complete examination of the eye and that a local anaesthetic will be used where gonioscopy is required.

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 CHS services or for other lawful reasons.

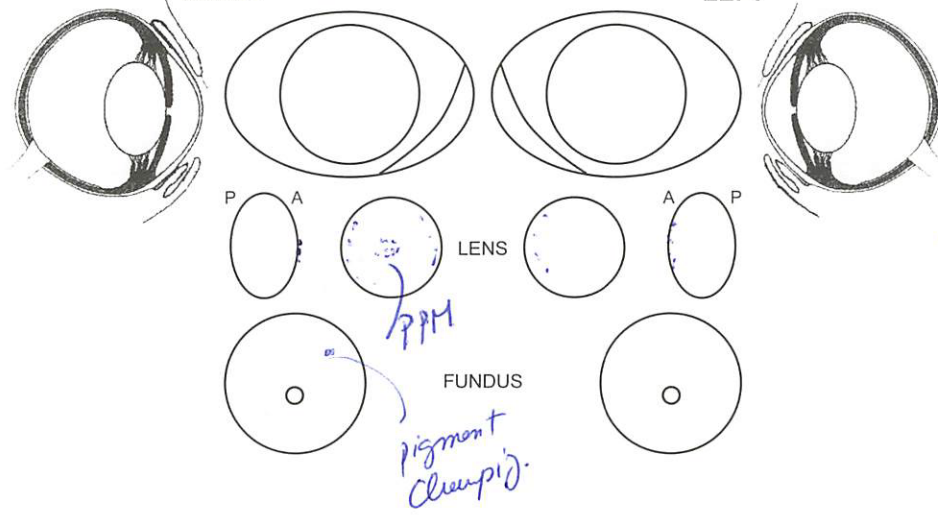
Signature of Owner/Agent _____ Date 16/8/24

EXAMINATION OF THE EYE AND ADNEXA

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

RIGHT

LEFT



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

remnants of persistent pupillary membrane - axially -> anterior lens capsule right eye
bilateral peripheral anterior lens capsule pigment
- remnants of hyaloid body - both eyes - normal
- right eye -> dorsolateral island of pigment
(NO CONCERNS)

DNA sample taken on this date: Yes No
I confirm that the scanned microchip number matches the number on the certificate
Information for owners/Appeals 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 type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract (PLL) Primary lens luxation (POAG) Primary open angle glaucoma (IOP) Intraocular pressure R mmHg L mmHg (PRA) Progressive retinal atrophy (RPED) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia (TRD) Total retinal dysplasia (CHC) Congenital hereditary cataract (PHPV) Persistent hyperplastic primary vitreous (PLA) Pectinate ligament abnormality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

Distichiasis	<input type="checkbox"/>	Persistent pupillary membrane	<input checked="" type="checkbox"/>	Posterior Cortical Cataract	<input type="checkbox"/>	GPRA-like appearance	<input type="checkbox"/>
Ectopic cilia	<input type="checkbox"/>	Ocular Melanosis	<input type="checkbox"/>	Posterior Polar Subcapsular Cataract	<input type="checkbox"/>	RPED-like appearance	<input type="checkbox"/>
Trichiasis	<input type="checkbox"/>	Pectinate ligament abnormality	<input type="checkbox"/>	Posterior Capsular Cataract	<input type="checkbox"/>	Other conditions (specify)	
Entropion	<input type="checkbox"/>	Lens luxation	<input type="checkbox"/>	PHPV	<input type="checkbox"/>		
Ectropion	<input type="checkbox"/>	Anterior Capsular Cataract	<input type="checkbox"/>	Optic 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"/>	Perinuclear Cataract	<input type="checkbox"/>	Choroidal hypoplasia	<input type="checkbox"/>		
Corneal lipid deposition	<input type="checkbox"/>	Nuclear Cataract	<input type="checkbox"/>	MRD-like appearance	<input type="checkbox"/>		

remnants of persistent pupillary membrane - right eye
bilateral anterior lens capsule pigment

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

Signature of Panellist _____ Name STAVINOKHOVA Date 16.08.2024

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