



Dyr animal

Navn Name: **Drumkilty Rumour Has It**

Race Breed: **Golden Retriever** Raceklub Breedclub: **Dansk Retriever Klub**

Stambogsnr. registration number: **DK02438/2020**

Microchip nr. microchip no: **900200000784247** Farve colour: **Golden**

Fødselsdato date of birth: **28/09/2019** Køn sex: Hun female Han male Tatovering tattoo: _____

Ejer owner/agent

Navn Name: **Marianne Skøtt Jespersen**

Adresse address: **Lerbjergvej 74, Vejlbj Mark**

Land country: **DK** Postnr. zip code: **5500** Sted town: **Middelfart**

Hermed bekræftes at det undersøgte dyr er identisk med ovenstående signalement. Kopi af denne attest må indsendes til registrering og offentliggørelse..

By registering the animal mentioned above on the ECVO HED platform for the ECVO eye examination, the relevant person (owner/breeder) has accepted terms & conditions and privacy policy on the ECVO HED platform.

Undersøgelse examination

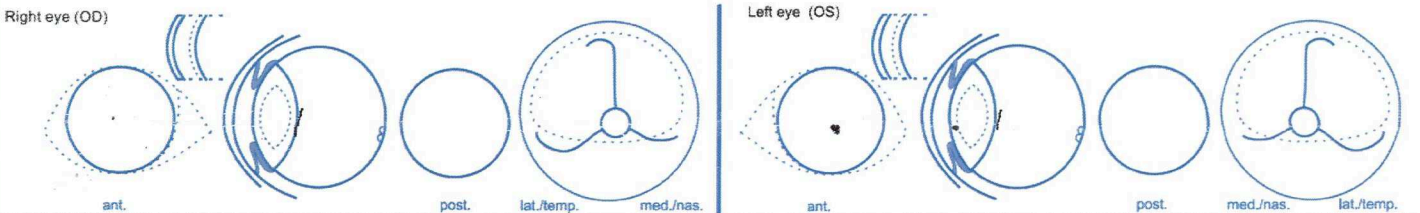
Dato date: **20/11/2024**

Identifikation identification

Kontrol microchip/tatovering Check microchip/tattoo: Korrekt/correct Forkert/Ulæselig incorrect/unreadable Mangler/absent

Metode minimum Mydriaticum, indirekte oftalmoskopi og spaltlampe-biomikroskopi >=10x Andre metoder: _____

Andet optional: Undersøgt før dilatation Gonioskopi (uden mydr.)



Beskrivelse descriptive comments: **minor whitish irregularity on post. lens capsule**

15. Other lens opacity: punctata suture line tip suture line nuclear ring nuclear fibreglass/pulverulent

8. ICAA : PLA mild moderate severe

ICA narrow (moderate) closed (severe)

Øjensygdom nr.: eye disease no. Udtalt severe

Resultater/results for the known or presumed hereditary eye diseases (KP-HED)

Nedenstående gælder i 12 måneder

Results valid for 12 months

	UNAFFECTED	suspicious/undetermined	AFFECTED		UNAFFECTED	suspicious/undetermined	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iris lens cornea lamina	<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"/>	grade 1 grade 2-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(multi)focal geographical total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	choroid, hypoplasia coloboma other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macrodactylonychia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	cortical post. pol. nuclear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Forklaring Interpretation

- * "UNAFFECTED" / "FRI" Der er ingen kliniske tegn på den kendte eller formodede arvelige øjensygdom (KP-HED). "AFFECTED": Der er tydelige kliniske tegn på den nævnte sygdom. "Unaffected" signifies that there is no clinical evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.
- ** "Undetermined" / "Tvilsom" Dyret viser kliniske tegn på den kendt eller formodet arvelige øjensygdom, men forandringerne er ikke sikre nok. "Undetermined" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.
- *** "Suspicious" / "Mistænkt" Dyret viser mindre, men tydelige kliniske tegn på den kendt eller formodet arvelige øjensygdom. Yderligere udvikling vil kunne bekræfte diagnosen. "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

Undersøger Examiner

Undertegnede dyrlæge har dags dato undersøgt ovennævnte dyr for arvelige øjensygdomme efter gældende retningslinier med det viste resultat.

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

Ecvo attesten er gyldig uden dyrlægens underskrift. The certificate is valid without signature of the examiner.

Gyldigheden af ECVO attesten kan undersøges ved brug af QR koden. The authenticity and validity of the certificate can be checked by scanning the QR code

Navn Name: **Gitte Uhd Sørensen**

ECVO autoriseret Undersøger Examiner, authorized by ECVO

