



2300 E. Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.ofa.org, A not-for-profit organization

Tealove

Companion Animal Eye Registry (CAER)

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos keratoconjunctivitis sicca

glaucoma

EYELIDS

entropion ectropion

distichiasis

ectopic cilia

imperforate lacrimal punctum

NICTITANS

cartilage anomaly/eversion

gland prolapse

CORNEA

dystrophy — epithelial/stromal

dystrophy — endothelial

pannus

pigmentary keratitis/keratopathy

UVEA

uveal cyst

iris coloboma

iris hypoplasia

iris sphincter dysplasia

pigmentary uveitis

uveal melanoma

persistent pupillary membranes

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to lens

iris to Iris

free floating

single

multiple

multiple

single

free floating

Ophthalmologist Name: _____
 Ophthalmologist Address: **Rebecca Burwell, DVM, DACVO**
 City: _____ State: **EC252** Zip/postal code: _____
 Eye Care for Animals
 (707) 571-8442
 Phone: _____
 Email: _____

Registered name: **Nebraska Tealove Waters** Sex: **M**
 Breed: **New Welsh Grey**
 ID Number (if any): Tattoo Microchip
 Registration Number: **5449877408** Other
 Date of Birth: **04/19/17** Date of Exam: **01/09/18**

Owner Name: **Thomas Mathiesell** Phone: **7077942375**
 Co-Owner Name: _____
 Owner Address: **1345 Airport Rd**
 City: **DOTATI** State: **GA** Zip/postal code: **30423**
 E-Mail (use both lines if needed): **THOMAS.MATHIESL@DOTATI.GA**

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Thomas Mathiesell

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

- OFA Eye Clearance Database**
- Initial submission: \$12.00
 - Resubmits: \$ 8.00
 - Liter of 3 or more submitted together: \$30.00
 - Kennel Rate - Minimum of 5 individuals submitted as a group, owned/co-owned by same person: \$ 7.50
 - Submission of non-passing results in the open database: NO CHARGE

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

To pay by Credit Card, see the back of the WHITE sheet.



351550

WHITE = Owner/OFA Registration copy; YELLOW = ACVO Research copy; PINK = ACVO Diplomat copy

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CATARACT</p> <p><input type="checkbox"/> ant. chamber syneresis</p> <p><input type="checkbox"/> subluxation/luxation</p> <p>VITREOUS</p> <p><input type="checkbox"/> PHPV/PHTVL</p> <p><input type="checkbox"/> persistent hyaloid artery</p> <p><input type="checkbox"/> degeneration</p> <p><input type="checkbox"/> syneresis</p> <p><input type="checkbox"/> ant. chamber</p> | <p>RIGHT EYE</p> <p><input type="checkbox"/> anterior cortex</p> <p><input type="checkbox"/> posterior cortex</p> <p><input type="checkbox"/> equatorial cortex</p> <p><input type="checkbox"/> anterior sutures</p> <p><input type="checkbox"/> posterior sutures</p> <p><input type="checkbox"/> nucleus</p> <p><input type="checkbox"/> capsular</p> <p><input type="checkbox"/> generalized/complete</p> <p><input type="checkbox"/> resorbing/hypermature</p> | <p>LEFT EYE</p> <p><input type="checkbox"/> anterior cortex</p> <p><input type="checkbox"/> posterior cortex</p> <p><input type="checkbox"/> equatorial cortex</p> <p><input type="checkbox"/> anterior sutures</p> <p><input type="checkbox"/> posterior sutures</p> <p><input type="checkbox"/> nucleus</p> <p><input type="checkbox"/> capsular</p> <p><input type="checkbox"/> generalized/complete</p> <p><input type="checkbox"/> resorbing/hypermature</p> |
| | <p>CATARACT</p> <p><input type="checkbox"/> ant. chamber syneresis</p> <p><input type="checkbox"/> subluxation/luxation</p> <p>VITREOUS</p> <p><input type="checkbox"/> PHPV/PHTVL</p> <p><input type="checkbox"/> persistent hyaloid artery</p> <p><input type="checkbox"/> degeneration</p> <p><input type="checkbox"/> syneresis</p> <p><input type="checkbox"/> ant. chamber</p> | <p>RIGHT EYE</p> <p><input type="checkbox"/> anterior cortex</p> <p><input type="checkbox"/> posterior cortex</p> <p><input type="checkbox"/> equatorial cortex</p> <p><input type="checkbox"/> anterior sutures</p> <p><input type="checkbox"/> posterior sutures</p> <p><input type="checkbox"/> nucleus</p> <p><input type="checkbox"/> capsular</p> <p><input type="checkbox"/> generalized/complete</p> <p><input type="checkbox"/> resorbing/hypermature</p> |

RIGHT EYE **FUNDUS** **LEFT EYE**

detached

geographic

folds

retinal detachment

retinal atrophy—generalized

retinopathy

retinal dysplasia

folds

geographic

detached

choroidal hypoplasia

coloboma

optic nerve coloboma

optic nerve hypoplasia

micropapilla

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments

Unlisted conditions suspected as not inherited

NORMAL

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: *Rebecca Burwell* ACVO # _____ Date: **252 1/9/18**

Diplomate, American College of Veterinary Ophthalmologists

Comments: _____

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



NEBRIOWA JOHNNIE WALKER
registered name

DN49877402
registration no.

PEMBROKE WELSH CORGI
breed

M
sex

4/19/2017
date of birth

985112009352188
tattoo/microchip/DNA profile

25
age at evaluation in months



A Not-For-Profit Organization

1963855
application number

WCP-10872E25M-VPI
O.F.A. NUMBER

5/31/2019
date of report

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

EXCELLENT

G.G. Keller, D.V.M.

G.G. KELLER, D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

owner

THOMAS MATHIESEN
THOMAS DEDINI
1345 AIRPORT RD
COTATI, CA 94931

www.ofa.org



CERTIFICATE OF RESULTS

OWNERS NAME: THOMAS MATHIESEN
PET'S NAME**: CH NEBRIOWA JOHNNIE WALKER

PET'S REGISTRATION #: DN49877402
PET'S BREED: PEMBROKE WELSH CORGI
TEST: VON WILLEBRAND'S DISEASE TYPE 1 (VWD1)
DATE: 10/23/2018

Test Score Explanation Based on Inheritance:

| <u>SCORE</u> | <u>RECESSIVE</u> | <u>DOMINANT</u> |
|--------------|----------------------|------------------|
| A | Clear/Normal | Clear/Normal |
| B | Carrier/Not Affected | Carrier/Affected |
| C | At Risk/Affected | At Risk/Affected |

TEST SCORE*:

A

SAMPLE ID #:

126017

For detailed result explanation
please visit our website:

www.GenSolDx.com

*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

**GenSol warrants its test results to be accurate for the sample obtained from the above dog. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GEN SOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

**Please consult a licensed veterinarian
to discuss the implications of the above test results.**

125 North Main Street Unit 1846, Clayton, GA 30525

1-844-369-3686 - info@Gensoldx.com

WWW.GENSOLDX.COM



CERTIFICATE OF RESULTS

OWNERS NAME: THOMAS MATHIESEN
PET'S NAME:** CH NEBRIOWA JOHNNIE WALKER

PET'S REGISTRATION #: DN49877402
PET'S BREED: PEMBROKE WELSH CORGI
TEST: DEGENERATIVE MYELOPATHY (DM)
DATE: 10/23/2018

Test Score Explanation Based on Inheritance:

| <u>SCORE</u> | <u>RECESSIVE</u> | <u>DOMINANT</u> |
|--------------|----------------------|------------------|
| A | Clear/Normal | Clear/Normal |
| B | Carrier/Not Affected | Carrier/Affected |
| C | At Risk/Affected | At Risk/Affected |

TEST SCORE*:

B

SAMPLE ID #:

126016

For detailed result explanation
please visit our website:

www.GenSolDx.com

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