


GOLDEN ROAD FLY ME TO THE MOON

Registration:	DN58170401 (AKC)	Sire:	DN48010801	 Add a photo to your dog's record. Click here to learn more.
Breed:	PEMBROKE WELSH CORGI	Dam:	DN37208201	
Sex:	M	Titles:		
Color:	RED	CHIC #:	N/A	
Birthdate:	Jun 3 2019	Addtl. Reg. #		
DNA Profile:				

TEST RESULTS					
OFA Number	Registry	Test Date	Report Date	Age (mos)	Final Conclusion
WCP-11687G25M-VPI	HIPS	Jul 26 2021	Aug 4 2021	25	GOOD

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Laboratory Report

Laboratory #:	138141	Call Name:	Flyer
Order #:	61054	Registered Name:	Golden Road Fly Me To The Moon
Ordered By:	Christine Johnson	Breed:	Pembroke Welsh Corgi
Ordered:	June 4, 2019	Sex:	Male
Received:	June 24, 2019	DOB:	June 2019
Reported:	July 1, 2019	Registration #:	DN58170401

Results:

Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	SOD1	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

Interpretation:

Molecular genetic analysis was performed for a specific mutation reported to be associated with Degenerative Myelopathy in dogs. We identified two normal copies of the DNA sequences in the mutation tested.

Recommendations:

No mutations were identified. Thus, this dog is not at an increased risk for the disease caused by or associated with the mutation tested. Because this dog is "clear" of this mutation, this dog will only pass the normal gene on to its offspring. Normal results do not exclude inherited mutations not tested in this gene or other genes that may cause medical problems or may be passed on to offspring. Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

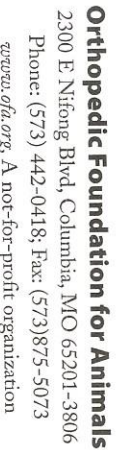


Helen F Smith, PhD
Assistant Laboratory Director



Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. These tests were developed and their performance determined by Paw Print Genetics®. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results.



RIGHT EYE

GLOBE

LEFT EYE

SYSTEM	GLAUCOMA	ENTROPION
OPHTHALM	microphthalmos	
	keratoconjunctivitis sicca	
	glaucoma	
	EYELIDS	
	entropion	

Ophthalmologist Name:	
Ophthalmologist Address: Dr. Lana Linton EC167	
City:	Animal Eye Center, Inc.
Phone:	Rocklin, CA 916-624-4364
Email:	
	Zip/postal code:

Owner Name: Christine Johnson
Co-Owner Name: ~~XXXXXXXXXXXX~~ Phone: ~~XXXXXXXXXXXX~~

Owner Address: ~~XX~~
City: *Auburn*
State: *GA*
Zip/postal code: *95603*

E-mail (use both lines if needed):
charisti@.jo.hnsr
.990@gmail.com

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) _____

<input checked="" type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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





Signature	ACVO #	Date
<i>Don Henderson</i>	167	1/5/22

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY

CORNEA		CORNEA	
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	
NICTITANS			
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	
CORNEA			
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>	

[illegible]

LENS					
CATARACT					
Incomp.	<input type="checkbox"/>	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
Incip.	<input type="checkbox"/>	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>
Punc.	<input type="checkbox"/>	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>
CATARACT					

<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis	<input type="checkbox"/> Significance Unknown/Suspect Not inherited	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/>
<input type="checkbox"/>	VITREOUS	
<input type="checkbox"/>	<input type="checkbox"/> PHPV/PTVL	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis	<input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber	

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached			
<input type="checkbox"/> geographic			
<input type="checkbox"/> folds			
	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
	<input type="checkbox"/>	retinal atrophy— generalized	<input type="checkbox"/>
	<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
	<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
		retinal dysplasia	
<input type="checkbox"/> folds			
<input type="checkbox"/> geographic			
<input type="checkbox"/> detached			

<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	microcapilla	<input type="checkbox"/>

OTHER CONDITIONS	
<input type="checkbox"/> Unlisted conditions suspected as inherited . Describe in comments	<input type="checkbox"/>
<input type="checkbox"/> Unlisted conditions suspected as not inherited	<input type="checkbox"/>

	NORMAL	
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[illegible]