



Certificate of eye examination

European College of Veterinary Ophthalmologists

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ECVO reg.no. Examination

AT-101007

ECVO reg.no. examiner

AT-1006

Animal

Name	Kings of Joy Guinness Extra		
Breed	Parson Russell Terrier	Breedclub	Parson und Jack Russell Terrier Club
Registration no.	ÖHZB/PRT 3328/R		
Microchip no.	040097200019520		
Date of birth	11/09/2021	Sex	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
		Colour	Weiß/Schwarz
		Tattoo	

Owner/agent

Name			
Address			
Country	AT	Post code	
		Town	

The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication or other ECVO approved use.

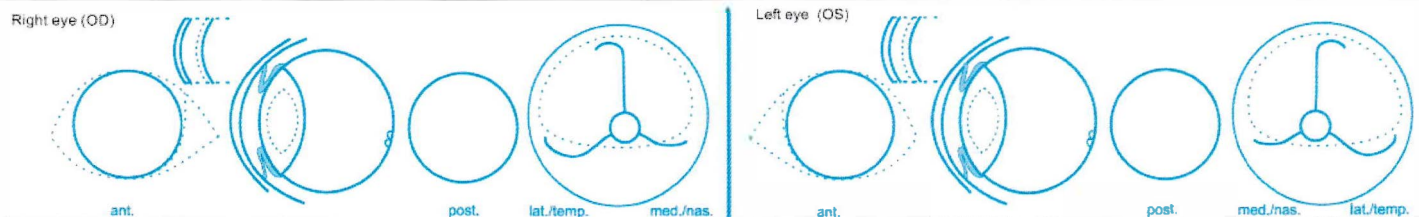
Signature owner/agent

Examination

Date	14/02/2024	
Method minimal	Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x	
Optional	<input checked="" type="checkbox"/> Examined before dilatation <input type="checkbox"/> Gonioscopy (without mydriatic)	
Other methods and comments:		

Identification

Check microchip/tattoo ☒ Correct ☐ Incorrect/unreadable ☐ Absent



Descriptive comments

15. Other lens opacity:	<input type="checkbox"/> punctata <input type="checkbox"/> suture line tip <input type="checkbox"/> suture line <input type="checkbox"/> nuclear ring <input type="checkbox"/> nuclear fiberglass/pulverulent	8. ICAA : PLA	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe
		ICA	<input type="checkbox"/> narrow (moderate) <input type="checkbox"/> closed (severe)

Eye disease no. ☐ Severe

Results for the known or presumed hereditary eye diseases

	UNAFFECTED	suspicious undetermined	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<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"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic-/Micro-papilla	<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"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results valid for 12 months

	UNAFFECTED	suspicious undetermined	AFFECTED
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macroblepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpretation

* "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" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.
*** "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

FOR FURTHER INFORMATION: P.T.O.

Examiner

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

The certificate is valid without signature of the examiner.

The authenticity and validity of the certificate can be checked by scanning the QR code (left side).

Name **Marion Kerschbaumer**

Place

Signature examiner, authorized by ECVO

