

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S WHEN SPARKS FLY  
*registered name*

SR83864001  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

7/7/2014  
*date of birth*

900164000654294  
*tattoo/microchip/DNA profile*

30  
*age at evaluation in months*



A Not-For-Profit Organization

1777520  
*application number*

LR-224848G30F-VPI  
*O.F.A. NUMBER*

2/1/2017  
*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:

GOOD

owner

ANDRY STEELMAN  
17390 WISE LANE  
HODGEN, OK 74939

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

www.offa.org

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BLACKFORK'S WHEN SPARKS FLY  
*registered name*

SR83864001  
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LABRADOR RETRIEVER  
*breed*

F  
*sex*

7/7/2014  
*date of birth*

900164000654294  
*tattoo/microchip/DNA profile*

30  
*age at evaluation in months*



A Not-For-Profit Organization

1777520  
*application number*

LR-EL76320F30-VPI  
*O.F.A. NUMBER*

2/1/2017  
*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 elbow dysplasia was recognized.

NORMAL

owner

ANDRY STEELMAN  
17390 WISE LANE  
HODGEN, OK 74939

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

www.offa.org



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573)875-5073

www.ofa.org. A not-for-profit organization

# Companion Animal Eye Registry (CAER)

Spark

Registered name: Blackford's Whim Sparks Fly  
 Breed: Yel Lab Sex: F

ID Number (any):  Tattoo  Microchip  
900164000654294  
 Registration Number:  AKC  Other

Date of Birth: 070714 Date of Exam: 102916

Owner/Co-owner Name: Audrey Steadman  
 Co-Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: 17390 Wise Ln  
 City: Hodgson State: OK Zip/postal code: 74939

E-Mail (use both lines if needed):  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public.

*[Handwritten Signature]*

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
- Litter 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 ea.
- 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.

165657

	RIGHT EYE	GLOBE	LEFT EYE
	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
		<b>EYELIDS</b>	
	<input type="checkbox"/>	entropion	<input type="checkbox"/>
	<input type="checkbox"/>	ectropion	<input type="checkbox"/>
	<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
	<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
	<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
		<b>NICTITANS</b>	
	<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"/>
		<b>CORNEA</b>	
	<input type="checkbox"/>	dystrophy—epithelial/stromal	<input type="checkbox"/>
	<input type="checkbox"/>	dystrophy—endothelial	<input type="checkbox"/>
	<input type="checkbox"/>	pannus	<input type="checkbox"/>
	<input type="checkbox"/>	exposure/pigmentary keratitis	<input type="checkbox"/>
		<b>UVEA</b>	
	<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
	<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
	<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
	<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
	<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
	<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>
		<b>persistent pupillary membranes</b>	
	<input type="checkbox"/>		<input type="checkbox"/>
		<b>LENS</b>	
	<input type="checkbox"/>	Incomp. Incip. Punc.	<input type="checkbox"/>
	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
	<input type="checkbox"/>	nucleus	<input type="checkbox"/>
	<input type="checkbox"/>	capsular	<input type="checkbox"/>
	<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
	<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
		<b>significance of cataract unknown</b>	
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
		<b>VITREOUS</b>	
	<input type="checkbox"/>	PHPV/PTVL	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
		<b>degeneration</b>	
	<input type="checkbox"/>		<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: \_\_\_\_\_  
 City: Dr. Art J. Quinn EC57 State: OK Zip/postal code: \_\_\_\_\_  
Sand Springs, OK  
 Phone: 918-865-3419 ASVA #: \_\_\_\_\_  
 Email: \_\_\_\_\_

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
		<b>retinal dysplasia</b>	
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	micropapilla	<input type="checkbox"/>

**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: A. J. Quinn ACVO # 57 Date: 10-29-16

Diplomate, American College of Veterinary Ophthalmologists

Comments  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Exercise Induced Collapse DNA Test

Case Number: 88313

Owner: Audry Steelman  
17390 Wise Ln  
Hodgen OK 74939

### Canine Information

DNA ID Number: **130785**

Call Name: **Spark**

Sex: **Female**

Birthdate: **07/07/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's When Sparks Fly**

Registration Number: **SR83864001**

Microchip/Tattoo: **900164000654294**

Report Date: 2/28/2017

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.

  
\_\_\_\_\_  
Matt Shaunessy, Senior Scientist



## PRA-prcd DNA Test

Case Number: 88314

Owner: Audry Steelman  
17390 Wise Ln  
Hodgen OK 74939

### Canine Information

DNA ID Number: **130785**

Call Name: **Spark**

Sex: **Female**

Birthdate: **07/07/2014**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's When Sparks Fly**

Registration Number: **SR83864001**

Microchip/Tattoo: **900164000654294**

Report Date: 2/28/2017

DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.

  
Matt Shaunessy, Senior Scientist



## Hereditary Nasal Parakeratosis DNA Test

Case Number: 88312  
Owner: Audry Steelman  
17390 Wise Ln  
Hodgen OK 74939

### Canine Information

DNA ID Number: **130785**  
Call Name: **Spark**  
Sex: **Female**  
Birthdate: **07/07/2014**  
Breed: **Labrador Retriever**  
Coat Color: **Yellow**  
Registered Name: **Blackfork's When Sparks Fly**  
Registration Number: **SR83864001**  
Microchip/Tattoo: **900164000654294**  
Report Date: 2/28/2017  
DNA Result: **Carrier (1 normal allele/1 H mutation)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.

  
Matt Shaunessy, Senior Scientist