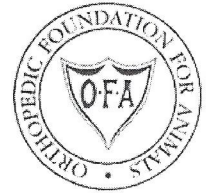


Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

BLACKFORK'S ESPRESSO AT THE CENTRAL PARK
registered name

LABRADOR RETRIEVER
breed

900164001357984
tattoo/microchip/DNA profile

1938031
application number

film/case no(s)

SR94950502
registration number

M
sex

9/7/2016
date of birth

14
age at evaluation in months

1/2/2018
date of report

Owner
AUDRY STEELMAN

Veterinarian
POTEAU VALLEY VET HOSPITAL
115 CIRCLE DR
POTEAU, OK 74953

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

EXCELLENT HIP JOINT CONFORMATION*

superior hip joint conformation as compared with other
individuals of the same breed and age

✓

GOOD HIP JOINT CONFORMATION*

well formed hip joint conformation as compared with other
individuals of the same breed and age

FAIR HIP JOINT CONFORMATION*

minor irregularities of the hip joint conformation as compared
with other individuals of the same breed and age

BORDERLINE HIP JOINT CONFORMATION

marginal hip joint conformation of indeterminate status with
respect to hip dysplasia at this time – Repeat study in six
months

MILD HIP DYSPLASIA

radiographic evidence of minor dysplastic changes of the hip
joints

MODERATE HIP DYSPLASIA

well defined radiographic evidence of dysplastic changes of
the hip joints

SEVERE HIP DYSPLASIA

radiographic evidence of marked dysplastic changes of the
hip joints

RADIOGRAPHIC FINDINGS

HIP JOINTS - STANDARD VD VIEW

_____ subluxation
_____ remodeling of femoral head/neck
_____ osteoarthritis/degenerative joint disease
_____ shallow acetabula
_____ acetabular rim/edge change
_____ unilateral pathology _____ left _____ right
_____ transitional vertebra
_____ spondylosis
_____ panosteitis
_____ other

ELBOW JOINTS – FLEXED LATERAL VIEW

_____ negative for elbow dysplasia _____ L _____ R

ELBOW DYSPLASIA

Grade I L _____ R _____
Grade II L _____ R _____
Grade III L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) L _____ R _____
united anconeal process (UAP) L _____ R _____
fragmented coronoid process (FCP) L _____ R _____
osteochondrosis L _____ R _____

Consultation by:

G.G. Keller DVM

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

www.offa.org, A not-for-profit organization

Registered name: Blackfoot Express

Breed: Yel Lab Sex: M

ID Number (if any): ☐ Tattoo ☒ Microchip

Registration Number: 900164001357984

Date of Birth: 090716 Date of Exam: 042418

Owner Name: Audrey Steelman

Co-Owner Name: _____ Phone: _____

E-mail (use both lines if needed): _____

Companion Animal Eye Registry (CAER)

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"/>
EYELIDS		
<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"/>
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"/>
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
UVEA		
<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"/>
LENS		
<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"/>
CATARACT		
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Dr. Art J. Quinn EC057
210 Cedar Lane
Sand Springs, OK 74063

p/postal code:

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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"/>	micropapilla	<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**

- ☒ 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: Art J. Quinn ACVO # 57 Date: 04-24-18

Diplomate, American College of Veterinary Ophthalmologists

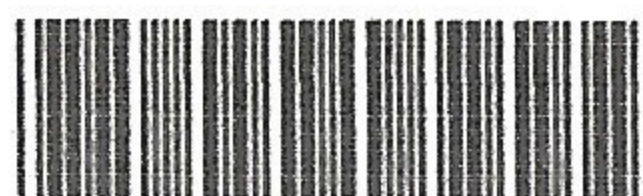
Comments

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
- 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.



340670

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

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AMERICAN
KENNEL CLUB®

February 7, 2019

AUDRY STEELMAN

Letter of DNA Analysis

Breed: **Labrador Retriever**

Sex: **Male**

Date of Birth: **07-SEP-16**

ID #: **900164001357984**

Date of Analysis: **05-FEB-19**

AKC #: **SR94950502**

AKC Name: **Blackfork's Espresso At The Central Perk**

Owner(s): **Audry Steelman**

DNA Profile #: **V874640**

The following genotype uniquely represents the Neogen Corporation genetic identity of the dog named herein:

Neogen #: **874640**

E	E	C	K	C	D	E	F	C	E	F	F	E	F	B	D	A	C	C	C	F	H	A	E	E	E	X	Y
PEZ 1	PEZ 3	PEZ 5	PEZ 6	PEZ 8	PEZ 12	PEZ 20	UCB 2010	UCB 2054	UCB 2079	PEZ 16	PEZ 17	PEZ 21	GEN														

Mark Dunn, AVP, Registration Development
American Kennel Club

Stewart Bauck, General Manager GeneSeek
Neogen Corporation



DNA Certificate Order Form



DR1AA

AKC Name: **Blackfork's Espresso At The Central Perk**

AKC #: **SR94950502** DNA Profile #: **V874640**

Owner(s): **Audry Steelman**

Mail order form to

AKC DNA Operations
PO Box 900065
Raleigh NC 27675-9065

Number of DNA certificates _____ @ \$10 each = \$ _____ total amount included

Check or money order ☐ MasterCard ☐ Visa ☐ AmEx ☐

Account Number: _____ Exp. Date: _____

Name on Card: _____

ODNA08



Exercise Induced Collapse DNA Test

Case Number: 100556

Owner: Audry Steelman

Canine Information

DNA ID Number: **145914**

Call Name: **Gunther**

Sex: **Male**

Birthdate: **09/17/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Espresso at the Central Perk**

Registration Number: **SR94950502**

Microchip/Tattoo: **900164001357984**

Report Date: 12/8/2017

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: 100557

Owner: Audry Steelman

Canine Information

DNA ID Number: **145914**

Call Name: **Gunther**

Sex: **Male**

Birthdate: **09/17/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Espresso at the Central Perk**

Registration Number: **SR94950502**

Microchip/Tattoo: **900164001357984**

Report Date: 12/8/2017

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



Coat Length DNA Test

Case Number: 100558

Owner: Audry Steelman

Canine Information

DNA ID Number: **145914**

Call Name: **Gunther**

Sex: **Male**

Birthdate: **09/17/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Espresso at the Central Perk**

Registration Number: **SR94950502**

Microchip/Tattoo: **900164001357984**

Report Date: 12/8/2017

DNA Result: **Clear (FGF5:c284G>T -/-; those having 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: 100555

Owner: Audry Steelman

Canine Information

DNA ID Number: **145914**

Call Name: **Gunther**

Sex: **Male**

Birthdate: **09/17/2016**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Espresso at the Central Perk**

Registration Number: **SR94950502**

Microchip/Tattoo: **900164001357984**

Report Date: 12/8/2017

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