

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



BLACKFORK'S ROAD LESS TRAVELED
registered name

SR89413202
registration no.



LABRADOR RETRIEVER
breed

F
sex

9/4/2015
date of birth

30
age at evaluation in months

A Not-For-Profit Organization

900164001169314
tattoo/microchip/DNA profile

1846615
application number

LR-232718E30F-VPI
O.F.A. NUMBER

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

4/4/2018
date of report

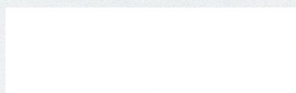
RESULTS:

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., M.S., DACVR
CHIEF OF VETERINARY SERVICES

owner



www.ofa.org

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LABRADOR RETRIEVER
breed

F
sex

9/4/2015
date of birth

30
age at evaluation in months

A Not-For-Profit Organization

900164001169314
tattoo/microchip/DNA profile

1846615
application number

LR-EL83115F30-VPI
O.F.A. NUMBER

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

4/4/2018
date of report

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

NORMAL

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

owner



www.ofa.org



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

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

Companion Animal Eye Registry (CAER)

Kara

Registered name: Blackfort's Road Lass Traveled

Breed: Yel Lab Sex: F

ID Number (if any): Tattoo Microchip

900764001169314

Registration Number: AKC Other

SR19413202

Date of Birth: 090615 Date of Exam: 042418

Owner Name: Andu Steelman

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.

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.

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
- 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.



340644

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

Op
Op
Cit
Ph
Em.

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

postal code:

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"/>	
<input type="checkbox"/>	persistent pupillary membranes			<input type="checkbox"/>
LENS				
<input type="checkbox"/>	Incomp. Incip. Punc.		Punc. Incip. Incomp.	
<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"/>	
<input type="checkbox"/>	suspect not inherited			<input type="checkbox"/>
<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"/>

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

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

Diplomate, American College of Veterinary Ophthalmologists

Comments



Exercise Induced Collapse DNA Test

Case Number: 118396

Owner: Audry Steelman

Canine Information

DNA ID Number: **165219**

Call Name: **Kara**

Sex: **Female**

Birthdate: **09/06/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Road Less Traveled**

Registration Number: **SR89413202**

Microchip/Tattoo: **900164001169314**

Report Date: 11/27/2018

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: 118397

Owner: Audry Steelman

Canine Information

DNA ID Number: **165219**

Call Name: **Kara**

Sex: **Female**

Birthdate: **09/06/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Road Less Traveled**

Registration Number: **SR89413202**

Microchip/Tattoo: **900164001169314**

Report Date: 11/27/2018

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: 118398

Owner: Audry Steelman

Canine Information

DNA ID Number: **165219**

Call Name: **Kara**

Sex: **Female**

Birthdate: **09/06/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Road Less Traveled**

Registration Number: **SR89413202**

Microchip/Tattoo: **900164001169314**

Report Date: 11/27/2018

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