

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

BLACKFORK'S IT'S TIME TO RIDE
registered name

LABRADOR RETRIEVER
breed

9001+4001169269
tattoo/microchip/DNA profile

1843803
application number

film/case no(s)

SR90397105
registration number

M
sex

10/31/2015
date of birth

11
age at evaluation in months

11/2/2016
date of report

Owner **AUDRY STEELMAN**

Veterinarian
**ADVANCED CARE VETERINARY HOSPITAL
12226 HEYWOOD HILL ROAD
SAPULPA, OK 74066**

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.

- | | |
|--|---|
| <p><input checked="" type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> FAIR HIP JOINT CONFORMATION*
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p><input type="checkbox"/> BORDERLINE HIP JOINT CONFORMATION
marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time – Repeat study in six months</p> <p><input type="checkbox"/> MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic changes of the hip joints</p> <p><input type="checkbox"/> MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic changes of the hip joints</p> <p><input type="checkbox"/> SEVERE HIP DYSPLASIA
radiographic evidence of marked dysplastic changes of the hip joints</p> |
|--|---|

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 <input type="checkbox"/>	R <input type="checkbox"/>
Grade II	L <input type="checkbox"/>	R <input type="checkbox"/>
Grade III	L <input type="checkbox"/>	R <input type="checkbox"/>

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD)	L <input type="checkbox"/>	R <input type="checkbox"/>
united anconeal process (UAP)	L <input type="checkbox"/>	R <input type="checkbox"/>
fragmented coronoid process (FCP)	L <input type="checkbox"/>	R <input type="checkbox"/>
osteochondrosis	L <input type="checkbox"/>	R <input type="checkbox"/>

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: Blackford's 9th June Jo Ride
 Breed: Yel Lab Sex: M
 ID Number (if any): Tattoo Microchip
900164001169269
 Registration Number: AKC Other
5R90397105
 Date of Birth: 10/3/15 Date of Exam: 04/24/18
 Owner Name: Audrey Steelman
 Co-Owner Name: _____ Phone: _____

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.



340668

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

Pistol

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"/>
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 # _____ Date: 5/7/18

Diplomate, American College of Veterinary Ophthalmologists
 Comments: _____



AMERICAN KENNEL CLUB®

November 26, 2018

AUDRY STEELMAN

Letter of DNA Analysis

Breed: Labrador Retriever

DNA Profile #: V868333

Sex: Male

Date of Birth: 31-OCT-15

ID #: 900164001169269

Date of Analysis: 20-NOV-18

AKC #: SR90397105

AKC Name: Blackfork's It's Time To Ride

Owner(s): Audry Steelman

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

Neogen #: 868333

E	E	C	D	C	C	F	F	E	F	F	F	C	E	B	B	B	B	C	C	D	F	B	C	C	D	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 It's Time To Ride

AKC #: SR90397105 DNA Profile #: V868333

Owner(s): Audry Steelman

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

Mail order form to

Check or money order MasterCard Visa AmEx

AKC DNA Operations
PO Box 900065
Raleigh NC 27675-9065

Account Number: _____ Exp. Date: _____

Name on Card: _____

ODNA08



Exercise Induced Collapse DNA Test

Case Number: 89767

Owner: Audry Steelman

Canine Information

DNA ID Number: **132506**

Call Name: **Pistol**

Sex: **Male**

Birthdate: **10/31/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's It's Time To Ride**

Registration Number: **SR90397105**

Microchip/Tattoo: **900164001169269**

Report Date: 3/29/2017

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: 89766

Owner: Audry Steelman

Canine Information

DNA ID Number: **132506**

Call Name: **Pistol**

Sex: **Male**

Birthdate: **10/31/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's It's Time To Ride**

Registration Number: **SR90397105**

Microchip/Tattoo: **900164001169269**

Report Date: 3/29/2017

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: 8976

Owner: Audry Steelman

Canine Information

DNA ID Number: **132506**

Call Name: **Pistol**

Sex: **Male**

Birthdate: **10/31/2015**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's It's Time To Ride**

Registration Number: **SR90397105**

Microchip/Tattoo: **900164001169269**

Report Date: 3/28/2017

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