

# Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit  
Organization

BLACKFORK'S JUSTIFY MY LOVE  
registered name

SR98868801  
registration number

LABRADOR RETRIEVER  
breed

F  
sex

4/19/2017  
date of birth

900164001503919  
tattoo/microchip/DNA profile

23  
age at evaluation in months

2045189  
application number

4/11/2019  
date of report

film/case no(s)

Owner  
AUDRY STEELMAN

Veterinarian  
ADVANCED CARE VETERINARY HOSPITAL  
12226 HEYWOOD HILL RD  
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.

\_\_\_\_\_ EXCELLENT HIP JOINT CONFORMATION\*  
superior 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

✓ \_\_\_\_\_ GOOD HIP JOINT CONFORMATION\*  
well formed hip joint conformation as compared with other  
individuals of the same breed and age

\_\_\_\_\_ MILD HIP DYSPLASIA  
radiographic evidence of minor dysplastic changes of the hip  
joints

\_\_\_\_\_ FAIR HIP JOINT CONFORMATION\*  
minor irregularities of the hip joint conformation as compared  
with other individuals of the same breed and age

\_\_\_\_\_ 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

### HIP JOINTS - STANDARD VD VIEW RADIOGRAPHIC FINDINGS

\_\_\_\_\_ 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: Greg Keller DVM  
G.G. KELLER/DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES

2300 E Nifong Blvd  
Columbia MO 65201

Tele: (573) 442-0418  
Fax: (573) 875-5073

Email: ofa@offa.org  
Website: https://www.ofa.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

Registered name: Blackfork is Justify My Love  
 Breed: Labrador Sex: F  
 ID Number (if any):  Tattoo  Microchip  
900164001503919  
 Registration Number:  AKC  Other  
SR 98868801  
 Date of Birth (mm/dd/yy): 04/19/17 Date of Exam (mm/dd/yy): 04/09/19  
 Owner Name: Audry 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.

*[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) \_\_\_\_\_

I DID verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog  
 NO MICROCHIP / TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: *[Signature]* ACVO #: 507 Date: 8/4/19  
 Diplomat, American College of Veterinary Ophthalmologists

FEEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



586500

# 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"/>
<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"/>	pigmentary keratitis/keratopathy	<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>LENS</b>		
<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>VITREOUS</b>		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: Dr. Jonathan Pucket EC507  
Oklahoma Veterinary Specialists  
 City: Tulsa, OK State: OK Zip/postal code: 74104  
 Phone: 918-299-4900  
 Email: \_\_\_\_\_

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"/>
<b>retinal dysplasia</b>		
<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"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>	<input type="checkbox"/>

**NORMAL**

Comments

---

---

---

---

---

---

---

---

---

---



## Hereditary Nasal Parakeratosis DNA Test

Case Number: 129895

Owner: Audry Steelman

### Canine Information

DNA ID Number: **177555**

Call Name: **Letty**

Sex: **Female**

Birthdate: **04/19/2017**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Justify My Love**

Registration Number: **SR98868801**

Microchip/Tattoo: **90016400150391**

Report Date: 7/26/2019

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: 129897

Owner: Audry Steelman

### Canine Information

DNA ID Number: **177555**

Call Name: **Letty**

Sex: **Female**

Birthdate: **04/19/2017**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Justify My Love**

Registration Number: **SR98868801**

Microchip/Tattoo: **90016400150391**

Report Date: 7/26/2019

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



## Exercise Induced Collapse DNA Test

Case Number: 129896

Owner: Audry Steelman

### Canine Information

DNA ID Number: **177555**

Call Name: **Letty**

Sex: **Female**

Birthdate: **04/19/2017**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Justify My Love**

Registration Number: **SR98868801**

Microchip/Tattoo: **90016400150391**

Report Date: 7/26/2019

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 Color DNA Test

Case Number: 129898

Owner: Audry Steelman

### Canine Information

DNA ID Number: **177555**

Call Name: **Letty**

Sex: **Female**

Birthdate: **04/19/2017**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Blackfork's Justify My Love**

Registration Number: **SR98868801**

Microchip/Tattoo: **90016400150391**

Report Date: 7/26/2019

DNA Result: **DD C.22G>A -/-**

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