

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

ARCH VIEW AMAZING GRACE
registered name

LABRADOODLE
breed

985112003163746
tattoo/microchip/DNA profile

1643613
application number

ALAA035135
registration number

F
sex

11/11/2013
date of birth

4
age at evaluation in months

4/8/2014
date of report

film/case no(s)

Owner
DARAH GESTES
470 BARKWOOD LN
GLEN CARBON, IL 62034

Veterinarian
W. R. BOILLAT, DVM
17709 EDISON AVE
CHESTERFIELD, MO 63005

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>_____ EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age</p> <p>✓ _____ GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p>_____ FAIR HIP JOINT CONFORMATION*
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p>_____ 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>_____ MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic changes of the hip joints</p> <p>_____ MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic changes of the hip joints</p> <p>_____ 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 _____ 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





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: Arch View Amazing Grace
 Breed: Australian Labradoodle Sex: f
 ID Number (if any): 98511203163746 Tattoo Microchip
 Registration Number: AKC Other
 Date of Birth: 11/11/13 Date of Exam: 04/28/14

Owner name: DARAH Gestes
 Owner Address: 470 BARKWOOD LANE
 City: Glen Carbon State: IL Zip/postal code: 62304
 E-Mail (use both lines if needed):
archLABRADoodles@gmail.com

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. (signature of owner or authorized 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
- 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.

Visa/Master Card Number _____

Name on card _____

Expiration Date _____ CVV _____

9/12/12

070770

Application for Eye Database

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"/>	exposure/pigmentary keratitis		<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"/>	
persistent pupillary membranes				
LENS				
CATARACT		Incomp. Incip. Punc.	Punc. Incip. Incomp.	CATARACT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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VITREOUS				
<input type="checkbox"/>	PHPV/PTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
degeneration				

Veterinarian: _____
 Veterinarian: Dr. Juri Ota EC353
 City: Midwest Veterinary Referral Center
17497 N. Outer 40 Rd
 Chesterfield, MO 63005
 Phone: _____
 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"/>	
retinal dysplasia				
<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: _____ Date: 4-28-14
 Diplomat, American College of Veterinary Ophthalmologists
 Comments: _____