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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

Office Use Only

Application for Congenital Cardiac Database

Please type or print legibly. To ensure accuracy please enclose copy of the dog's registration papers

Previous application number (if any): <i>Shelane Fly By Knight</i>		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CXC <i>SR 27438110</i>	Other registry name: Other registry #: Color: <i>Black</i>
Registered name: <i>Labrador</i>		Sex: <i>Male</i>	Date of Birth (month-day-year): <i>6-6-05</i>
Breed:		Registration number of sire: <i>SN65154306</i>	Registration number of dam: <i>SN68115501</i>
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip	Owner name: <i>Deborah Lewis</i>	Co-Owner name: Examining veterinarian's name or veterinary hospital: <i>Franklin Animal Clinic - Dr Andrew R. Mills</i>	
Mailing address: <i>14198 County HWY 119</i>	City: <i>Upper Sandusky</i>	State: <i>OH</i>	Zip/postal code: <i>43351</i>
Phone: <i>419-294-2729</i>	E-mail:	City: <i>Franklin</i>	State: <i>IN</i>
		Phone: <i>317-736-9246</i>	Zip/postal code: <i>46131</i>
		E-mail: <i>franklinacc@comcast.net</i>	

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 abnormal results to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner).

Veterinary Instructions

- Clinical findings based on cardiac auscultation is required.** (see page 2)
- Auscultation is within normal limits. Additional diagnostic studies not indicated.
 - Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
 - Auscultation reveals a moderate to loud heart murmur.
 - Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

- Timings: systolic diastolic continuous
- Point of maximal intensity:
- Mitral valve area Aortic or subaortic area
 - Pulmonary valve area Tricuspid valve area
 - Other location: _____
 - Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

- pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—congenital heart disease is not evident
- Equivocal cardiovascular examination—congenital heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below: _____

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature: *[Signature]* Specialty: Practitioner, Specialist, Cardiologist Date: *4-22-07*

- Fees**
- Animals Over 12 Months \$15.00
 - Litter of 3 or more submitted together \$30.00

- Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
- Minimum of 5 individuals \$7.50 per study

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 _____ Exp Date _____ CVV (security code) _____

Affected Animals and Resubmits at No Charge

University of Minnesota

Veterinary Diagnostic Laboratory
College of Veterinary Medicine
1333 Gortner Avenue
St. Paul, MN 55108

1-800-605-8787
612-625-8787
Fax: 612-624-8707
e-mail: vdl@umn.edu
www.vdl.umn.edu

Accession Number: D10-041111

Owner: LEWIS, DEBORAH S
14198 COUNTY HIGHWAY 119
UPPER SANDUSKY, OH 43351

Veterinarian:
North Central Veterinary Service
PO Box 369
Sycamore, OH 44882

Site:
Received: 09/08/2010
Reference:
Species: Canine
Breed: Labrador Retriever
Age: 6/6/05 Sex: Intact Male
Weight:

Diagnostic Report: Genetic Test for Canine Exercise Induced Collapse (EIC)

Specimen From: CH. Shalane Fly By Knight

With Identification: 474 411 0233

With Registration Number: SR27438110

ID Verified by Veterinarian: No

*Result: Clear

See following page for interpretation.

Orthopedic Foundation for Animals (OFA) International DNA Based Genetic Database: To register your result with the OFA, make a copy of this result page, sign below, and mail WITH FEE to:

Orthopedic Foundation for Animals
2300 E Nifong Blvd
Columbia, MO 65201-3806
or FAX to: 573-875-5073

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative: _____

Fees

- Submission fee/individual.....\$15.00
- A litter of 3 or more submitted together.....\$30.00 total
- Kennel rate:** Individuals submitted as a group, owned/co-owned by the same person
- 5 or more individuals.....\$7.50 each

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.

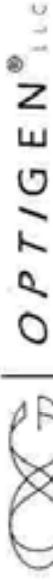
Visa/MasterCard Number Name on Card Exp Date CVV (security code)

Affected dogs at any age are no charge

Interpretation

*Clear: Your dog is clear of the DNM1 gene mutation highly associated with EIC. This means that your dog has two copies of the normal gene and therefore is highly unlikely to be susceptible to the classic syndrome of EIC. However, this result does not rule out the possibility that your dog could have a collapse condition that is different from the condition most Labrador Retrievers have.

D10-041111 - LEWIS, DEBORAH S



Certificate of prcd Mutation Test for PRA

This certifies that

**Labrador Retriever
Shalane Fly By Knight
SR27438110**

owned by

Deborah S Lewis

Tested Genetically Normal

officially reported on

March 14, 2006




J. Felix
J. Felix, Ph.D.
President

Cornell Business & Technology Park – 767 Warren Road, Suite 300 – Ithaca, New York 14850

THE AMERICAN KENNEL CLUB CHAMPIONSHIP CERTIFICATE

This certifies that

RETRIEVER (LABRADOR)

SHALANE FLY BY KNIGHT SR27438110

bred by

DEBORAH LEWIS

owned by

DEBORAH LEWIS

having completed the requirements on
MARCH 20, 2008

has been officially recorded a

CHAMPION

by The American Kennel Club



AMERICAN
KENNEL CLUBSM

James P. Crowley
Executive Secretary

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SHALANE FLY BY KNIGHT
registered name

LABRADOR RETRIEVER
breed

BLACK
color

4744110233
tattoo/microchip/DNA profile

1231968
application number

2/4/2008
date of report

SR27438110
registration no.

M
sex

6/6/2005
date of birth

31
age at evaluation in months

LR-EL37940M31-PI
O.F.A. NUMBER

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



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

NORMAL

OWNER

DEBORAH S. LEWIS
14198 COUNTY RD 119
UPPER SANDUSKY, OH 43351


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

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

SHALANE FLY BY KNIGHT

registered name

LABRADOR RETRIEVER

breed

BLACK

color

4744110233

tattoo/microchip/DNA profile

1231968

application number

7/26/2007

date of report

SR27438110

registration no.

M

sex

6/6/2005

date of birth

24

age at evaluation in months

LR-169274G24M-P1

O.F.A. NUMBER

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



A Not-For-Profit Organization

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

The hip joint conformation was evaluated as: **GOOD**

0071117

DEBORAH S. LEWIS
14198 COUNTY RD 119
UPPER SANDUSKY, OH 43351

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

Orthopedic Foundation for Animals Preliminary (Consultation) Report



SHALANE FLY BY KNIGHT
registered name

SR27438110
registration number

LABRADOR RETRIEVER
breed

M
sex

BLACK
color

6/6/2005
date of birth

4744110233
tattoo/microchip/DNA profile

14
age at evaluation in months

1231968
application number

8/30/2006
date of report

213
firm/case no(s)

Owner
DEBORAH S. LEWIS
14196 COUNTY RD 119
UPPER SANDUSKY, OH 43351

Veterinarian
ANIMAL HOSPITAL OF WORTHINGTON
5756 N HIGH ST
WORTHINGTON, OH 43085

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 type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input checked="" 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 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



DUPLICATE COPY 4/30/2007

ADDRESS: Green & H. Co. City, Zip Code: 14148 2117 119 Upper Sandusky

Original Registered Name: A.H. Spalding M.D. by Knight
Breed/Variety: Golden Retriever
Call Number: Permanent US



CANINE EYE REGISTRATION FOUNDATION

Assoc. Germanic Member, DVM, MS, Diplomate ACVO
Clinical Associate Professor - Ophthalmology
Dept. of Veterinary Clinical Sciences
The Ohio State University
Columbus, OH 43210
614 292-3931
medvet.134@osu.edu

I hereby declare that my animal adheres to the American Standard above and I declare myself owner or agent of the animal.

Signature: [Handwritten Signature]

REGISTRATION NO. table with columns for digits 0-9 and letters A-Z.

Form with fields: SEX (Male/Female), BIRTH DATE (Month/Day/Year), EXAM DATE (Day/Month/Year), BREED, COLOR, FDR CERF USE ONLY, and GLOBE (Microphthalmos, dry eye, glaucoma, EYELEDS).

Form with diagrams of the eye and fields for CORNEA, THIRD EYELID, UVEA, LENS, and CATARACT. Includes checkboxes for various conditions like dystrophy, dysplasia, and melanoma.

Form with fields for FUNDOUS (retinal atrophy, generalization, etc.), DUPLICATE FORM, and COMMENTS. Includes a signature and date field.