

Office Use Only  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



# 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>SR27438110</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>SN45154306</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

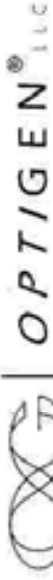
Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or MasterCard, payable to the Orthopedic Foundation for Animals.

\_\_\_\_\_  
 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.



**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 CLUB<sup>SM</sup>

*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.*



A Not-For-Profit Organization

*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](http://www.offa.org)

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

**SHALANE FLY BY KNIGHT**

*registered name*

**LABRADOR RETRIEVER**

*breed*

**BLACK**

*color*

**4744110233**

*isotope/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"/> <b>EXCELLENT HIP JOINT CONFORMATION*</b><br/>superior hip joint conformation as compared with other individuals of the same breed and age</p> <p><input checked="" type="checkbox"/> <b>GOOD HIP JOINT CONFORMATION*</b><br/>well formed hip joint conformation as compared with other individuals of the same breed and age</p> <p><input type="checkbox"/> <b>FAIR HIP JOINT CONFORMATION*</b><br/>minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age</p> | <p><input type="checkbox"/> <b>BORDERLINE HIP JOINT CONFORMATION</b><br/>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"/> <b>MILD HIP DYSPLASIA</b><br/>radiographic evidence of minor dysplastic changes of the hip joints</p> <p><input type="checkbox"/> <b>MODERATE HIP DYSPLASIA</b><br/>well defined radiographic evidence of dysplastic changes of the hip joints</p> <p><input type="checkbox"/> <b>SEVERE HIP DYSPLASIA</b><br/>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   
 ununited 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

1407 FM Coates Street 44709  
1948-2011 Upper Sandusky

Original Registered Name  
AHS Spitzack Vets by Knight  
Breed/Variety  
Call Number  
Permitting US

REGISTRATION NO. 1407

I hereby declare that my animal adopted  
the name of the animal specified above  
and I declare that I am the owner or  
agent of the owner of this animal.

Signature  
AHS Spitzack Vets

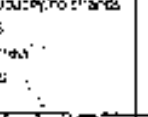
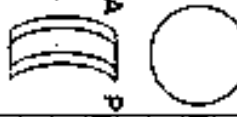
PRESS FINALLY  
FILL COMPLETELY

SEX  
Male  Female

BIRTH DATE  
Jan DAY YEAR  
Feb 05 05  
Mar 05 05  
Apr 05 05  
May 05 05  
Jun 05 05  
Jul 05 05  
Aug 05 05  
Sep 05 05  
Oct 05 05  
Nov 05 05  
Dec 05 05

EXAM DATE  
Jan DAY YEAR  
Feb 05 05  
Mar 05 05  
Apr 05 05  
May 05 05  
Jun 05 05  
Jul 05 05  
Aug 05 05  
Sep 05 05  
Oct 05 05  
Nov 05 05  
Dec 05 05

FDR CERF USE ONLY  
BREED  
COLOR



CANINE EYE  
REGISTRATION  
FOUNDATION



226  
Aussie Germany Mentor, DVM, MS, Diplomate ACVD  
Clinical Associate Professor - Ophthalmology  
Dept. of Veterinary Clinical Sciences  
The Ohio State University  
Columbus, OH 43210  
614 292-3951  
mentor.134@osu.edu

RIGHT EYE

- GLOBE  
microphthalmos 0  
dry eye 0  
glaucoma 0  
EYEIDS  
entropion 0  
ectropion 0  
distichiasis 0  
ectopic cilia 0  
enury/macio 0  
THIRD EYELID  
cartilage anomaly/eversion 0  
gland prolapse 0  
CORNEA  
dystrophy - epithelial/stromal 0  
dystrophy - endothelial 0  
inherited pannus 0  
exposure/pigmentary keratitis 0  
UVEA  
iris/ciliary body cyst 0  
iris coloboma 0  
iris hypoplasia/sphincter dysplasia 0  
pigmentary uveitis 0  
uveal melanoma 0  
persistent pupillary membranes 0

LEFT EYE

- GLOBE  
microphthalmos 0  
dry eye 0  
glaucoma 0  
EYEIDS  
entropion 0  
ectropion 0  
distichiasis 0  
ectopic cilia 0  
enury/macio 0  
THIRD EYELID  
cartilage anomaly/eversion 0  
gland prolapse 0  
CORNEA  
dystrophy - epithelial/stromal 0  
dystrophy - endothelial 0  
inherited pannus 0  
exposure/pigmentary keratitis 0  
UVEA  
iris/ciliary body cyst 0  
iris coloboma 0  
iris hypoplasia/sphincter dysplasia 0  
pigmentary uveitis 0  
uveal melanoma 0  
persistent pupillary membranes 0

RIGHT EYE

- FUNDUS  
retinal atrophy - generalized 0  
retinal atrophy - suspicious 0  
retinal dysplasia/retinopathy 0  
choroidal hypoplasia 0  
staphyloma/coloboma 0  
retinal detachment 0  
optic nerve coloboma 0  
optic nerve hypoplasia 0  
microdopia 0  
OTHER UNLISTED CONDITIONS  
OTHER

LEFT EYE

- FUNDUS  
retinal atrophy - generalized 0  
retinal atrophy - suspicious 0  
retinal dysplasia/retinopathy 0  
choroidal hypoplasia 0  
staphyloma/coloboma 0  
retinal detachment 0  
optic nerve coloboma 0  
optic nerve hypoplasia 0  
microdopia 0  
OTHER UNLISTED CONDITIONS  
OTHER

DUPLICATE FORM

Signature  
Date 3/8/09  
Diplomate, American College of Veterinary Ophthalmologists

COMMENTS

ANTERIOR LENS  
anterior cortex 0  
posterior cortex 0  
equatorial cortex 0  
anterior sutures 0  
posterior sutures 0  
nucleus 0  
capsular 0  
generalized 0  
VITREOUS  
PHPP/PTVL  
degeneration

ANTERIOR LENS  
anterior cortex 0  
posterior cortex 0  
equatorial cortex 0  
anterior sutures 0  
posterior sutures 0  
nucleus 0  
capsular 0  
generalized 0  
VITREOUS  
PHPP/PTVL  
degeneration

ACVD # 226  
Owner Copy