



**Animal**

Name: Casa De Filler Hot Nightfall - BANTU -

Breed: Australian Shepherd

Breedclub: Anderer Österreichischer Zuchtverband

Registration no.: ÖHZB/ASH 4096

Microchip no.: 040098100587433

Colour: Black tri w/co.

Date of birth: 09/12/2019

Sex:  Female  Male

Tattoo:

**Owner/agent**

Name: Sabina Achtig DI

Address: Großreichenbach 17

Country: AT Post code: 3931 Town: Schweiggers

By registering the animal mentioned above on the ECVO HED platform for the ECVO eye examination, the relevant person (owner/breeder) has accepted terms & conditions and privacy policy on the ECVO HED platform.

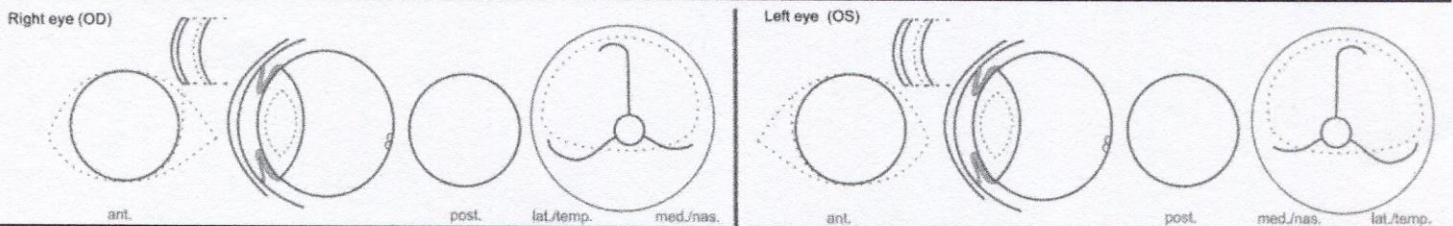
**Examination** Date: 14/10/2024

**Identification** Check microchip/tattoo:  Correct  Incorrect/unreadable  Absent

Method minimal: Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x

Other methods and comments: **Direct Ophthalmoscopy**

Optional:  Examined before dilatation  Gonoscopy (without mydriatic)



Descriptive comments:

15. Other lens opacity:  punctata  suture line tip  suture line  nuclear ring  nuclear fiberglass/pulverulent

8. ICAA : PLA:  mild  moderate  severe

ICA:  narrow (moderate)  closed (severe)

Eye disease no.:  Severe

Results for the known or presumed hereditary eye diseases				Results valid for 12 months			
	UNAFFECTED	suspicious/ undetermined	AFFECTED		UNAFFECTED	suspicious/ undetermined	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentis/ Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Ectropion / Macoblepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic/Micro-papilla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				18. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interpretation**

\* "Unaffected" signifies that there is no clinical evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.  
 \*\* "Undetermined" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.  
 \*\*\* "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

FOR FURTHER INFORMATION: P.T.O. Examiner

The examiner indicated examined the above-mentioned animal according to the ECVO hereditary eye disease scheme with the results as shown.

Name: **Günter Maaß**  
Examiner, authorized by ECVO

The certificate is valid without signature of the examiner.

The authenticity and validity of the certificate can be checked by scanning the QR code (left side).

