



**Animal**

Name **Casa De Filler Idol OfMovie Maggie - MAGGIE -**

Breed **Australian Shepherd** Breedclub **Anderer Österreichischer Zuchtverband**

Registration no. **ÖHZB/ASH 4134**

Microchip no. **040098100538240** Colour **black bi**

Date of birth **17/12/2019** Sex  Female  Male Tattoo

**Owner/agent**

Name **Sabina Achtig DI**

Address **Großreichenbach 17**

Country **AT** Post code **3931** Town **Schweiggrers**

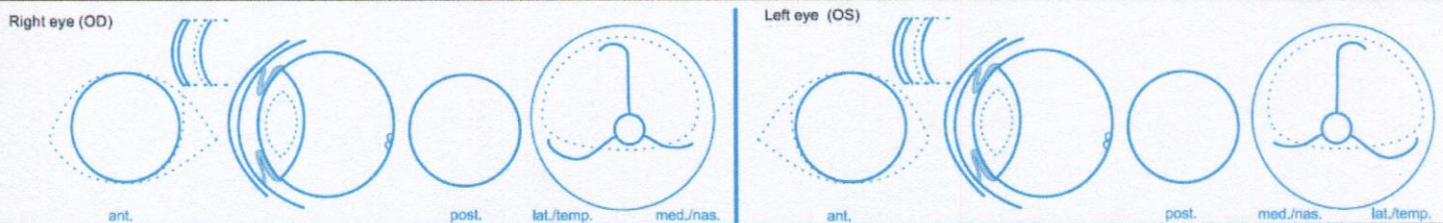
The undersigned agrees to the rules of the national scheme and confirms that the animal submitted for examination is the one described above. Signature also means that the results are available for official publication or other ECVO approved use.

*Sabina Achtig*  
Signature owner/agent

**Examination** Date **10/11/2023** **Identification** Check microchip/tattoo  Correct  Incorrect/unreadable  Absent

Method minimal **Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x** Other methods **Direct Ophthalmoscopy** and comments:

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"/> iris <input type="checkbox"/> cornea <input type="checkbox"/> lamina	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"/> grade 1 <input type="checkbox"/> grade 2-6	12. Ectropion / Macrolepharon	<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"/> (multi)focal <input type="checkbox"/> geographical <input type="checkbox"/> total	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"/> cortical <input type="checkbox"/> post. pol. <input type="checkbox"/> nuclear <input type="checkbox"/> other lens opacity
6. Collie Eye Anomaly (CEA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> choroid, hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other	16. Lens luxation (primary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Retinal degeneration (PRA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe	18. Other	<input 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 undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

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).

Name **Günter Maaß**  
Place

*Günter Maaß*  
Signature examiner, authorized by ECVO