

**Animal**

Name: **Diamond Aire's Make My Day**

Breed: **Australian Shepherd** Breedclub: **ÖKV**

Registration no.: **ASH 2355**

Microchip no.: **981020009810962** Colour: **bluemerle**

Date of birth: **09/12/2013** Sex:  Female  Male

Tattoo: \_\_\_\_\_

**Owner/agent**

Name: **Fries Neukirchner Achtig**

Address: **Unterbergern 207**

Country: **AT** Post code: **3512** Town: **Unterbergern**

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.

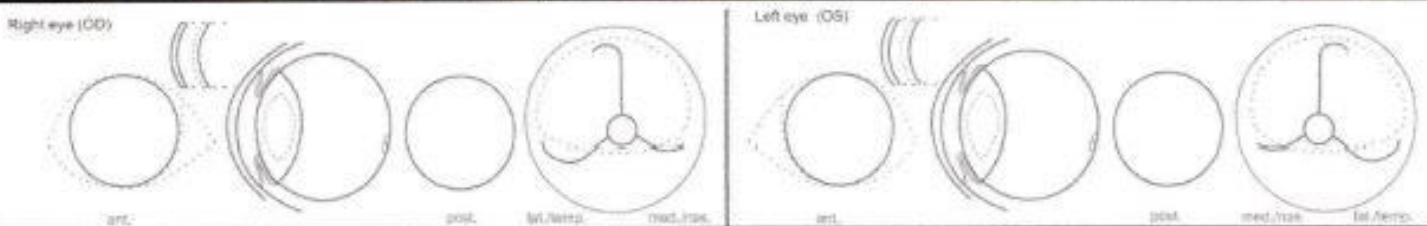
*[Signature]*  
Signature owner/agent

**Examination** Date: **29/04/2024**

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

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

Optional:  Examined before dilatation  Gonioscopy (without mydriatic)



Descriptive comments

15. Other lens opacity:  punctata  suture line tip  suture line  nuclear ring  nuclear fibreglass/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
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperplastic Tunica Vasculosa Lentis/ Primary Vitreous (PHTVL/PHPV)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic/Micro-papilla	<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"/>
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IndoCorneal Angle Abnormality (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macoblepharon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lens luxation (primary)	<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 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(s) 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: \_\_\_\_\_

*[Signature]*  
Signature examiner, authorized by ECVO

