

**Animal**

Name: Casa De Filler Viper's Red Whisper -VIPER -

Breed: Australian Shepherd

Breedclub: ÖKV

Registration no.: ÖHZB/ASH 5159

Microchip no.: 040098100616608

Colour: red bi

Date of birth: 28/05/2022

Sex:  Female  
 Male

Tattoo:

**Owner/agent**

Name: Sabina Achtig DI

Address: Großreichenbach 17

Country: AT Post code: 3931 Town: Schweigergers

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.

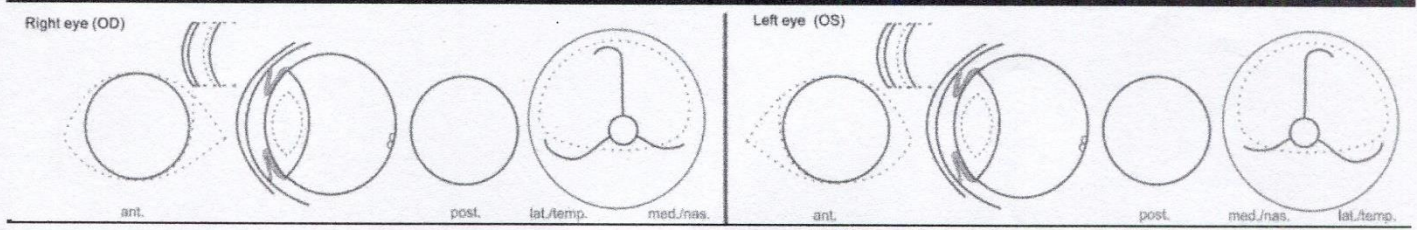
**Examination** Date: 14/10/2024

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

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

Optional:  Examined before dilatation  
 Gonioscopy (without mydriatic)

Other methods and comments:



Descriptive comments:

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

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 / 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"/>	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** Name: **Günter Maaß**  
Examiner, authorized by ECVO

The examiner indicated examined the above-mentioned animal according to the ECVO 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).

