

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

PATHWAY'S SIMPLY IZ-ADORABLE  
*registered name*

LABRADOR RETRIEVER  
*breed*

069264624  
*tattoo/microchip/DNA profile*

1630559  
*application number*

2/12/2014  
*date of report*

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

SR69104101  
*registration no.*

F  
*sex*

7/15/2011  
*date of birth*

30  
*age at evaluation in months*

LR-EL61789F30-VPI  
*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

NORMAL

owner

PATRICIA WAYNE  
9684 NORMAN RD  
CLARKSTON, MI 48348

*G.G. Keller, D.V.M.*

G.G. KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.offa.org

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PATHWAY'S SIMPLY IZ-ADORABLE  
*registered name*

LABRADOR RETRIEVER  
*breed*

069264624  
*tattoo/microchip/DNA profile*

1630559  
*application number*

2/12/2014  
*date of report*

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SR69104101  
*registration no.*

F  
*sex*

7/15/2011  
*date of birth*

30  
*age at evaluation in months*

LR-207119G30F-VPI  
*O.F.A. NUMBER*

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A Not-For-Profit Organization

GOOD

owner

PATRICIA WAYNE  
9684 NORMAN RD  
CLARKSTON, MI 48348

*G.G. Keller, D.V.M.*

G.G. KELLER, D.V.M., M.S., DACVR  
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**Orthopedic Foundation for Animals**  
 2300 E Nifong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573)875-5073  
 www.ofa.org. A not-for-profit organization

Registered name: Pathway's Simply Ir-Adorable Sex: F  
 Breed: Labrador Retriever  
 ID Number (if any):  Tattoo  Microchip  
069 269 624  
 Registration Number:  AKC  Other  
SR69104101  
 Date of Birth: 7/15/11 Date of Exam: 9/27/2014

Owner/Co-owner Name: Patricia's Wag Phone: \_\_\_\_\_  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: 9669 Norman  
 City: Clarkston State: MI Zip/postal code: 48398  
 E-Mail (use both lines if needed): \_\_\_\_\_

PATTY@PATHWAYLAB  
RADORS.COM

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 non-passing results to the public.

Jack S. Weyers  
 Signature of owner or authorized agent/representative

I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) \_\_\_\_\_

- OFA Eye Clearance Database**
- Initial submission ..... \$12.00
  - Resubmits: ..... \$8.00
  - Litter of 3 or more submitted together ..... \$30.00
  - Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. .... \$7.50 ea.
  - Submission of non-passing results in the open database: NO CHARGE

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.

To pay by Credit Card, see the back of the WHITE sheet.

# Companion Animal Eye Registry (CAER)

Dr. Patricia Gearhart EC282  
 North Houston Veterinary Ophthalmology  
 Spring, TX  
 832-616-5000  
 Zip/postal code: \_\_\_\_\_  
 Email: \_\_\_\_\_

**RIGHT EYE** **GLOBE** **LEFT EYE**

microphthalmos  
 keratoconjunctivitis sicca  
 glaucoma

**EYELIDS**

entropion  
 ectropion

distichiasis  
 ectopic cilia  
 imperforate lacrimal punctum

**NICTITANS**

cartilage anomaly/eversion  
 gland prolapse  
 plasmoma/atypical pannus

**CORNEA**

dystrophy—epithelial/stromal  
 dystrophy—endothelial  
 pannus  
 exposure/pigmentary keratitis

**UVEA**

uveal cyst  
 iris coloboma  
 iris hypoplasia  
 iris sphincter dysplasia  
 pigmentary uveitis  
 uveal melanoma

persistent pupillary membranes

**CORNEA**

T N A P

endothelial opacity/no strands   
 lens pigment foci/no strands   
 iris sheets   
 iris to lens   
 iris to cornea   
 ciliary body   
 iris   
 ant. chamber

**LENS**

Incomp.  Punc.  Incomp.

anterior cortex  
 posterior cortex  
 equatorial cortex  
 anterior sutures  
 posterior sutures  
 nucleus  
 capsular  
 generalized/complete  
 resorbing/hypermature

**CATARACT**

T N A P

endothelial opacity/no strands   
 lens pigment foci/no strands   
 iris sheets   
 iris to lens   
 iris to cornea   
 ciliary body   
 iris   
 ant. chamber

**RIGHT EYE** **FUNDUS** **LEFT EYE**

detached  geographic  folds

retinal detachment  
 retinal atrophy—generalized  
 retinopathy  
 retinal dysplasia

choroidal hypoplasia  
 coloboma  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla

**OTHER CONDITIONS**

Unlisted conditions suspected as inherited. Describe in comments \_\_\_\_\_

Unlisted conditions suspected as not inherited \_\_\_\_\_

**NORMAL**

I DID verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: Patricia Gearhart Date: 9-27-14  
 ACV# \_\_\_\_\_

Diplomate, American College of Veterinary Ophthalmologists

Comments



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



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## Application for Congenital Cardiac Database

Registered name: <b>Pathways Simply II - Adorable</b>		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC <b>SR69104101</b>	Other registry name: Other registry #:
Breed: <b>Labrador Retriever</b>	Sex: <b>F</b>	Date of Birth (month-day-year): <b>7/15/11</b>	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip <b>069 * 264 * 624</b>	Registration number of sire: <b>SR35929603</b>	Registration number of dam: <b>SR16159601</b>	
Owner name: <b>Patricia Wayne</b>	Co-Owner name:	Examining veterinarian's name or veterinary hospital: <b>Veterinary Cardiology Consultants</b>	Date of Evaluation (mm/dd/yy):
Mailing address: <b>9684 Norman Rd</b>		Mailing Address: <b>24360 Novi Road Suite A</b>	
City: <b>Clarkston</b>	State: <b>MI</b>	Zip/postal code: <b>48375</b>	City: <b>Novi</b>
State: <b>MI</b>	Zip/postal code: <b>48375</b>	Phone: <b>248-946-4322</b>	State: <b>MI</b>
City: <b>Novi</b>	State: <b>MI</b>	Zip/postal code: <b>48375</b>	City: <b>Novi</b>
Phone: <b>248-625-9247</b>	E-mail: <b>Pathy@PathwayLabrador.com</b>	Phone: <b>248-946-4322</b>	E-mail: <b>info@cardiologyconsultants.c</b>

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes. The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public.
INITIAL <input type="checkbox"/>	INITIAL <input type="checkbox"/>

### 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** \_\_\_\_\_ Specialty:  Practitioner,  Specialist,  Cardiologist Date **9-27-14**

**Fees** Animals Over 12 Months..... \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.  
 Litter of 3 or more submitted together ..... \$30.00 Minimum of 5 individuals ..... \$7.50 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

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, Statistical Data Submission and Resubmissions at No Charge

pd