

CANINE HEALTH SCHEMES EYE EXAMINATION CERTIFICATE

Pet name Lochan KC no A214050902 Microchip no 9156000006717270
 KC registered name THISTLEGUN GARDOLF Date of previous examination 9/8/22
 Breed FINISH LAPPHUND Colour BROWN TAN + WHITE Sex M F Date of birth 9/07/2022
 Owner's name and address MR DK MATTHEWSON 18 HORSBROUGH AVE KILSYTH G85 9BZ
 Owner's telephone number 01236 825237 Owner's email address K.MATTHEWSON@GMAIL.COM
 Vet's name and address APEX VETS WINCHESTA AVE DANNY FK6 6Q15
 Vet's telephone number 01236 829489 Vet's email address INFO@APEXVETS.COM

I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Canine Health Scheme is the one described above and that the information obtained may be made available for research purposes and may be published. Any appeal against the results specified below must be made to the BVA (for details see EPWP).

I understand and agree that the use of a mydriatic agent Equisil will be used where gonioscopy is required. It is necessary to facilitate a complete examination of the eye and that a local anaesthetic will be used where appropriate.

I understand that the personal information provided in this form will be used to administer the eye examination service and will be retained for 7 years for accounting purposes on an electronic system. My personal information may be used from time to time to provide me with relevant information relating to CHS services or for other lawful reasons.

Signature of Examiner/Vet D. Matthews Date 8 Aug 2023

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic Ophthalmoscopy Direct Indirect Biomicroscopy Gonioscopy Tonometry Other
 Parts Examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus

RIGHT LEFT

Comments **NO BREED RELATED ADNEAL OR OCULAR CONDITIONS**

DNR sample taken on this date: Yes No
 I confirm that the scanned microchip number matches the number on the certificate.
 Information for owners/Appeal fees (EPWP) issued:

INHERITED EYE DISEASE STATUS

This section applies to the known inherited ocular conditions specified in the Procedure Notes. These results will be sent to the KC and/or ISDS as appropriate.

CONGENITAL/NEONATAL	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
ICSA) Collie eye anomaly - Choroidal hypoplasia - Coloboma	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(PL) Primary lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(PAG) Primary angle glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	(IOP) Intraocular pressure R mmHg L mmHg	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(RNFV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	(PRA) Progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>
(PLA) Pectinate ligament abnormality	<input type="checkbox"/>	<input type="checkbox"/>	(RPEB) Retinal pigment epithelial dystrophy	<input type="checkbox"/>	<input type="checkbox"/>

Grade 1 1 2 3 Result
 R
 L

Ophthalmoscopy Grading Result:
 0 = normal, 1 = mildly affected, 2 = moderately affected, 3 = severely affected

Clinically affected signifies that there is evidence of the inherited disease(s) specified whereas *Clinically unaffected* signifies that there is no such evidence.

Clinically affected with ocular conditions not currently specified in the Procedure Notes

Dystocion	<input type="checkbox"/>	Persistent pupillary membranes	<input type="checkbox"/>	Posterior Cortical Cataract	<input type="checkbox"/>	GPRA-like appearance	<input type="checkbox"/>
Ectopic iris	<input type="checkbox"/>	Color Miosis	<input type="checkbox"/>	Posterior Polar Subcapsular Cataract	<input type="checkbox"/>	RPED-like appearance	<input type="checkbox"/>
Thickness	<input type="checkbox"/>	Pectinate ligament abnormality	<input type="checkbox"/>	Posterior Capsular Cataract	<input type="checkbox"/>	Other conditions (specify)	<input type="checkbox"/>
Ectropion	<input type="checkbox"/>	Lens luxation	<input type="checkbox"/>	PPV	<input type="checkbox"/>		
Ectropion	<input type="checkbox"/>	Anterior Capsular Cataract	<input type="checkbox"/>	Optic nerve hypoplasia	<input type="checkbox"/>		
Combined entropion/ectropion	<input type="checkbox"/>	Anterior Cortical Cataract	<input type="checkbox"/>	Posterior segment coloboma	<input type="checkbox"/>		
Multi-ocular defects	<input type="checkbox"/>	Petiolecular Cataract	<input type="checkbox"/>	Chorioid hypoplasia	<input type="checkbox"/>		
Corneal lipid-deposition	<input type="checkbox"/>	Nuclear Cataract	<input type="checkbox"/>	MRD-like appearance	<input type="checkbox"/>		

I have today examined the animal described above under the BVA/KC/ISDS Eye Scheme with the results as shown.

Signature of Panelist D. Matthews Name D. Matthews Date 8-8-23

This certificate is valid for 12 months from date of signature with the exception of PLA Testing, which is valid for 3 years