



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

Companion Animal Eye Registry (CAER)

Ophthalmologist: **DR NATHAN KICE**
 Clinic Name: **SUMMIT VETERINARY REFERRAL CENTER**
 ACVO #: **360**
 Phone: **253-983-1114**

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
 pigmentary keratitis/keratopathy
 uvea
 uveal cyst

iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma
 persistent pupillary membranes

LENS

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

Significance Unknown/Suspect/Not Inherited

posterior Y-suture tip opacities
 subluxation/luxation

VITREOUS

PHPV/PHTVL
 persistent hyaloid artery
 degeneration

ant. chamber
 synechias

CORNEA **T** **N** **A** **P**

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 persistent pupillary membranes

CATARACT **T** **N** **A** **P**

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
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Call Name: _____
 Registered Name: **VALOR**
 Sex/Breed: **M LABRADOR RETRIEVER**
 Microchip/Tattoo: **956000012363058**
 Registration No: **SS15382302**
 Date of Birth: **11/07/2019**
 Owner Name: **DAVID GASTON**
 Co-owner Name: _____
 Owner Address: **PO BOX 31**
 City/State/Postal: **LITTLE ROCK WA 98556**
 Email: **fauxel@hotmail.com**
 Telephone: **360-480-1870**

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining ophthalmologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Signature of owner or authorized agent/representative

 Date of Exam (mm/dd/yyyy) **02/14/2022**

I DID verify the microchip/tattoo on this dog.
 I DID NOT verify the microchip/tattoo on this dog.
 NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.
DR NATHAN KICE 360

Signature/ACVO#/Date _____

Exam registration number: _____

21PZUK

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

detached
 geographic
 folds

retinal detachment
 retinal atrophy—generalized
 CMR/CMR-like retinopathy
 other presumed inherited 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

Comments
 1. Few faint medial iris-iris persistent pupillary membranes in the right eye, more obvious medial iris-iris PPMs in the left eye. Minor finding only and will pass OFA.