



Animal

Name: CEZARY CEZARY Fungi Bulls (FCI)
Breed: STAFFORDSHIRE BULL TERRIER FCI 76
Registration no.: PKR. III-93697
Microchip no.: 616094501025195
Date of birth: 24-11-2021
Sex: Female Male

Breedclub: _____
Colour: CZARNY Z BIAŁYMI ZN.
Tattoo: _____

Owner/agent

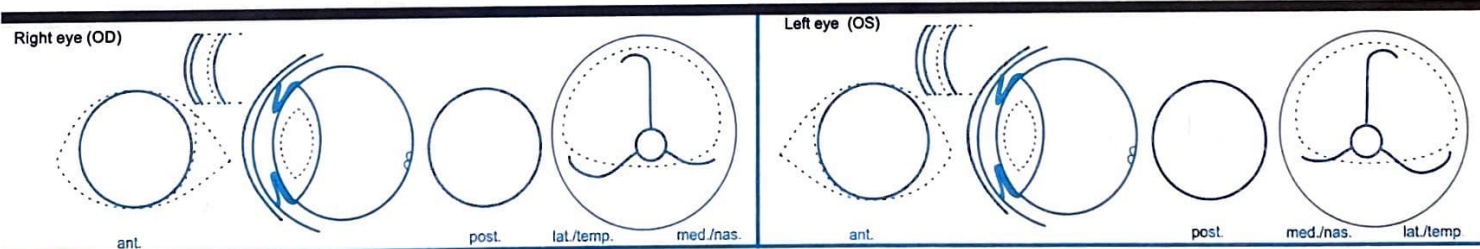
Name: ELŻBIETA LASKOWSKA
Address: _____
Country, Post code: PL _____ Town: _____

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 and other ECVO approved use.

Signature owner / agent _____

Examination Identification

Date: 13-09-23
Method minimal: Mydriatic, Indirect ophthalmoscopy and binocular biomicroscopy ≥10x
Optional: Examined before dilatation Gonioscopy (without mydriatic) Other: _____
Check microchip / tattoo: Correct



Descriptive comments: _____
15. Other lens opacity: punctata suture line tip suture line nuclear ring nuclear fiberglass/pulverulent
8. ICAA: PLA mild moderate severe
ICA (width) narrow (moderate) closed (severe)

Results for the known or presumed hereditary eye diseases (KP-HED):

	UNAFFECTED	suspicious / undetermined	AFFECTED
1. Persistent Pupillary Membrane (PPM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent Hyperpl. Tunica Vasculosa Lentis/Primary Vitreous (PHTVL/PHPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cataract (congenital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Retinal Dysplasia (RD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Hypoplastic/Micro-papilla	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Collie Eye Anomaly (CEA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IridoCorneal Angle Abnormality. (ICAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Results valid for 12 months

	UNAFFECTED	suspicious / undetermined	AFFECTED
11. Entropion / Trichiasis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ectropion / Macrolepharon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Distichiasis / Ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corneal dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cataract (later onset)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lens luxation (primary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retinal degeneration (PRA)	<input 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 known or presumed hereditary eye diseases (KP-HED) specified, whereas "AFFECTED": signifies that there is such evidence.
"Undetermined": The animal displays clinical features that could possibly fit the KP-HED mentioned, but the changes are inconclusive.
"Suspicious": The animal displays minor, but specific clinical signs of the KP-HED mentioned. Further development will confirm the diagnosis.

FOR FUTURE INFORMATION: P.T.O.

Examiner

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

Name: GARNCARZ
Place: WARSZAWA
LEKARZ WETERYNARIJ
ESE ECVO

- colour / distribution: if not online
1 white national registry
2 pink examiner
3 yellow national breed club
4 white owner/agent

07634
2023-01-05 © ECVO
ul. Grupy AK "Polnoc" 26/170
tel. 601 308 080
signature examiner, authorized by ECVO _____