

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

EATONLANES MYSTICAL WIZARD

registered name

LABRADOR RETRIEVER

breed

1513558081A

tattoo/microchip/DNA profile

1584381

application number

7/3/2013

date of report

RESULTS:

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

SR67982403

registration no.

M

sex

5/24/2011

date of birth

24

age at evaluation in months

LR-EL59464M24-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

GG Keller DVM

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

owner

LYNN WHITE
KAY WHITE
6000 S EATON LANE
LITTLETON, CO 80123

www.offa.org

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7/3/2013

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RESULTS:

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

GOOD

GG Keller DVM

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

owner

LYNN WHITE
KAY WHITE
6000 S EATON LANE
LITTLETON, CO 80123

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Office Use Only
APPL _____
RAD _____
CK _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

www.offa.org

A Not-For-Profit Organization

Office
Use
Only

Application for Congenital Cardiac Database

Registered name: Eatonlanes Mystical Wizard	Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC SR67982403	Other registry name: Other registry #:			
Breed: Labrador Retriever	Sex: Male	Date of Birth (month-day-year): 05/24/2011			
ID Number (if any): 151358081A	<input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	Registration number of sire: Registration number of dam:			
Owner name: Kay White	Co-Owner name:	Examining veterinarian's name or veterinary hospital: Carroll Loyer			
Mailing address: 6000 S. Eaton Lane		Date of Evaluation (mm/dd/yy): 06/27/2013			
City: Littleton	State: CO	Zip/postal code: 80123	City: Englewood	State: CO	Zip/postal code: 80110
Phone:	E-mail:	Phone: 303-874-2094	E-mail: cardiology@vrcc.com		

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

I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.

INITIAL

Authorization to Collect Statistical Data

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

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

Fees Animals Over 12 Months \$15.00
 Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.
 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

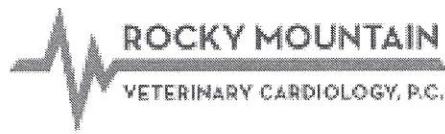
Name on Card

Exp Date

CVV (security code)

Affected Animals, Statistical Data Submission and Resubmissions at No Charge

4/13/12



3550 S. Jason St. Englewood, CO 80110
(303) 874-2094 or (303) 874-7387 Fax (303) 874-2040

Congenital Heart Disease Clearance Certificate

Owner: Kay White

Address: 6000 S. Eaton Lane
Littleton, CO 80123

Registered Name: Eatlonlanes Mystical Wizard

Age: 2 years & 1 month

Sex: intact male

Breed: Labrador Retriever

AKC #: SR67982403

This letter certifies that the above animal has been examined by myself and found to be free from any evidence of congenital heart disease, including subaortic stenosis.

Carroll Loyer, DVM, DACVIM Cardiology
06/27/13



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:

EATON LANES MYSTICAL WIZARD

Breed:

LABRADOR

Sex:

MALE

ID Number (if any):

151358081A

Microchip

Registration Number:

SR67982403

AKC

Date of Birth:

05/24/11

Date of Exam

Owner name:

Lynne Kay White

Owner Address:

6000 S. Eaton Ln

City: **Littleton**

State: **CO**

Zip/postal code: **80123**

E-Mail (use both lines if needed):

eatonlanes@comcast.net

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. (Signature of owner or authorized representative)

Lynne Kay White

Application for Eye Database

RIGHT EYE

GLOBE

LEFT EYE

microphthalmos

keratoconjunctivitis sicca

glaucoma

Veterinarian name: **Dr. Matthew Chavkin** EC166

Veterinarian Address: **Animal Eye Specialists, Inc.**

3550 S Jason St

Englewood, CO 80110

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

RIGHT EYE

FUNDUS

LEFT EYE

retinal detachment

retinal atrophy—

generalized

retinopathy

retinal dysplasia

choroidal hypoplasia

coloboma

optic nerve coloboma

optic nerve hypoplasia

micropapilla

folds

geographic

detached

geographic

detached

RIGHT EYE

FUNDUS

LEFT EYE

retinal detachment

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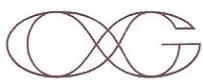
micropapilla

folds

geographic

detached

RIGHT EYE

**Test Report**

Kay D. White
6000 S. Eaton Lane
Littleton, CO 80123
USA

Optigen Accession #: **12-5149**
Report issued for: **Merlin**

OptiGen Test Certificate

Optigen Accession #: **12-5149**

Test Completed: **06/20/2012**
Report Issued: **06/21/2012**

Test Performed: **prcd Mutation Test for PRA**

Result: **Carrier**
Sample Type: **Blood**

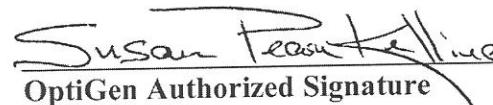
Registered Name: **Eatonlanes Mystical Wizard**

Reg#: **SR67982401**

Breed: **Labrador Retriever**

ID#: **011*575*263**

Sex: **Male**


Susan Pearson White
OptiGen Authorized Signature

Date of Birth: **May 24, 2011**

Owner(s):

Kay D. White
Lynn E White

www.optigen.com

Test Results: Genotype of your dog is **CARRIER**.

Risk for developing PRA: This dog will never develop the prcd form of PRA (progressive rod-cone degeneration form of Progressive Retinal Atrophy). So far, the only inherited PRA disease known in dogs of your breed is the prcd form of PRA.

Significance for breeding: Carrier dogs should be bred only to a mate of Normal/Clear genotype to avoid producing pups affected with the prcd form of PRA.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing the prcd form of PRA in Labrador Retrievers as of the date on this report.

For further information, please consult the OptiGen website at www.optigen.com.

Note: The use of this test is patent protected and licensed to OptiGen. See http://www.optigen.com/opt9_patent.html for details.

International DNA Based Genetic Database: To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. www.offa.org

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative:

Cornell Business & Technology Park

tel: 607.257.0301

fax: 607.257.0353

767 Warren Road, Suite 300, Ithaca, NY 14850

email: genetest@optigen.com

web: www.optigen.com



Exercise Induced Collapse DNA Test

Case Number: 29844

Owner: Kay White
6000 S Eaton Ln
Littleton CO 80123

Canine Information

DNA ID Number: **50148**

Call Name: **Rose**

Sex: **Female**

Birthdate: **11/15/2006**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Pendragon Wild Rose On Eatonlane**

Registration Number: **SR39854601**

Microchip/Tattoo: **1357053**

Report Date: 3/28/2011

DNA Result: **Clear (2 copies of the normal allele)**

A handwritten signature in black ink that reads 'Matt Shaunessey'.

Matt Shaunessey, Senior Scientist

University of Minnesota

Veterinary Diagnostic Laboratory
 College of Veterinary Medicine
 1333 Gortner Avenue
 St. Paul, MN 55108

1-800-605-8787
 612-625-8787
 Fax: 612-624-8707
 e-mail: vdl@umn.edu
 www.vdl.umn.edu

Accession Number: D10-041111

Owner: LEWIS, DEBORAH S
 14198 COUNTY HIGHWAY 119
 UPPER SANDUSKY, OH 43351

Veterinarian:
 North Central Veterinary Service
 PO Box 369
 Sycamore, OH 44882

Site:
 Received: 09/08/2010
 Reference:
 Species: Canine
 Breed: Labrador Retriever
 Age: 6/6/05 Sex: Intact Male
 Weight:

Diagnostic Report: Genetic Test for Canine Exercise Induced Collapse (EIC)

Specimen From: CH. Shalane Fly By Knight
 With Registration Number: SR27438110

With Identification: 474 411 0233
 ID Verified by Veterinarian: No

Result: Clear

See following page for interpretation.

Orthopedic Foundation for Animals (OFA) International DNA Based Genetic Database: To register your result with the OFA, make a copy of this result page, sign below, and mail WITH FEE to:

Orthopedic Foundation for Animals
 2300 E Nifong Blvd
 Columbia, MO 65201-3806
 or FAX to: 573-875-5073

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of this information.

Signature of owner or authorized representative:

Fees	* Submission fee/individual	\$15.00
	* A litter of 3 or more submitted together	\$30.00 total
	Kennel rate: Individuals submitted as a group, owned/co-owned by the same person	
	* 5 or more individuals	\$7.50 each

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/MasterCard Number

Name on Card

Exp Date

CVV (security code)

Affected dogs at any age are no charge

Interpretation

Clear: Your dog is clear of the DNM1 gene mutation highly associated with EIC. This means that your dog has two copies of the normal gene and therefore is highly unlikely to be susceptible to the classic syndrome of EIC. However, this result does not rule out the possibility that your dog could have a collapse condition that is different from the condition most Labrador Retrievers have.

09/13/2010

D10-041111 - LEWIS, DEBORAH S

-1-