

# 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

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

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](http://www.offa.org)

# 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 hip dysplasia was recognized. The hip joint conformation was evaluated as:

SR67982403  
*registration no.*

M  
*sex*

5/24/2011  
*date of birth*

24  
*age at evaluation in months*

LR-204194G24M-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



GOOD

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

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](http://www.offa.org)

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

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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): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 151358081A		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		Mailing Address: 3550 S. Jason St.		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

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

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

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)
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Affected Animals, Statistical Data Submission and Resubmissions at No Charge

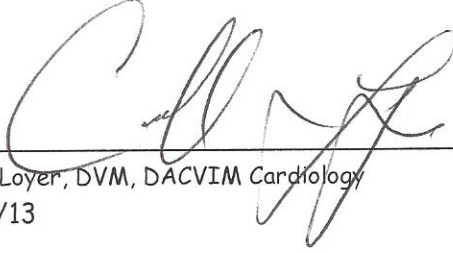


3550 S. Jason St. Englewood, CO 80110  
(303) 874-2094 or (303) 874-7387 Fax (303) 874-2040

## Congenital Heart Disease Clearance Certificate

Owner: Kay White  
Address: 6000 S. Eaton Lane  
Littleton, CO 80123  
Registered Name: Eatonlanes 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](http://www.ofa.org), A not-for-profit organization

**Application for Eye Database**

Registered name: **EATON LANE'S MYSTICAL WIZARD**  
Breed: **LABRADOR** Sex: **MALE**

ID Number (if any): ☐ Tattoo ☒ Microchip  
**151358081A**  
Registration Number: ☒ ANC ☐ Other  
**SR67982463**  
Date of Birth: **052411** Date of Exam: **052411**

Owner name: **Lynna Kay White**  
Owner address: **6000 S. Eaton Ln**  
City: **Littleton** State: **CO** Zip/postal code: **80123**  
E-Mail (use both lines if needed):  
**eatonlane@aol.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 nonpassing results to the public. (signature of owner or authorized representative)

*Lynna Kay White*

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
- 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.

Visa/Master Card Number \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration Date \_\_\_\_\_ CV \_\_\_\_\_

9/12/12

084019

**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

**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  
☐ ciliary body  
☐ iris  
☐ ant. chamber  
☐ ant. chamber  
☐ iris  
☐ ciliary body

**LENS**  
Incomp. Incip. Punc. Incip. Incomp.  
☐ anterior cortex  
☐ posterior cortex  
☐ equatorial cortex  
☐ anterior sutures  
☐ posterior sutures  
☐ nucleus  
☐ capsular  
☐ generalized/complete  
☐ resorbing/hypermature  
☐ significance of cataract unknown  
☐ subluxation/luxation  
**VITREOUS**  
☐ PHPV/PTVL  
☐ persistent hyaloid artery  
☐ degeneration  
☐ ant. chamber  
☐ syneresis

**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  
☐ ciliary body  
☐ iris  
☐ ant. chamber  
☐ ant. chamber  
☐ iris  
☐ ciliary body

Veterinarian name: **Dr. Matthew Chavkin EC166**  
Veterinarian Address: **Animal Eye Specialists, Inc.**  
City: **3550 S Jason St**  
Phone: **Englewood, CO 80110**  
Email: \_\_\_\_\_

**RIGHT EYE** **FUNDUS** **LEFT EYE**  
☐ detached  
☐ geographic  
☐ folds  
☐ retinal detachment  
☐ retinal atrophy — generalized  
☐ retinopathy  
☐ retinal dysplasia  
☐ folds  
☐ geographic  
☐ detached

☐ 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: *[Signature]* Date: **7/2/13**  
Diplomate, American College of Veterinary Ophthalmologists

Comments: **Healthy Eyes!**

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomate copy



**OPTIGEN**® LLC

for the genetic advantage

## 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**

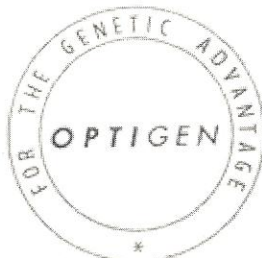
Sex: **Male**

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

Owner(s):

**Kay D. White**

**Lynn E White**



*Susan Pearson Kelling*  
OptiGen Authorized Signature

[www.optigen.com](http://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](http://www.optigen.com).

*Note: The use of this test is patent protected and licensed to OptiGen. See [http://www.optigen.com/opt9\\_patent.html](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](http://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](mailto:genetest@optigen.com)

web: [www.optigen.com](http://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, reading 'Matt Shaunessy', is positioned above a horizontal line.

Matt Shaunessy, 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: [vdll@umn.edu](mailto:vdll@umn.edu)  
[www.vdll.umn.edu](http://www.vdll.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 Identification: 474 411 0233

With Registration Number: SR27438110

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 test information.*

Signature of owner or authorized representative: \_\_\_\_\_

<b>Fees</b>	• Submission fee/individual	\$15.00
	• A litter of 3 or more submitted together	\$30.00 total
	<b>Kennel rate:</b> 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)
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*Affected dogs at any age are no charge*

## Interpretation

★ Clear: Your dog is clear of the DNMT1 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.

D10-041111 - LEWIS, DEBORAH S