ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

HIQ LEKO
registered name

BORDER COLLIE
breed

900128000769345
tattoo/microchip/DNA profile

1721341
application number

7/15/2015
date of report

CBCA9517
registration no.

F
sex

5/10/2011
date of birth

42
age at evaluation in months

A Not-For-Profit Organization

BCO-11002G42F-VPI
O.F.A. NUMBER

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

RESULTS:

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

GOOD

owner

CAROLYN KUTCHYERA

ERRINGTON, BC V0R1V0
CANADA

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

www.offa.org

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1721341
application number

7/15/2015
date of report

CBCA9517
registration no.

F
sex

5/10/2011
date of birth

47
age at evaluation in months

A Not-For-Profit Organization

BCO-EL3039F47-VPI
O.F.A. NUMBER

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

RESULTS:

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

NORMAL

owner

CAROLYN KUTCHYERA

ERRINGTON, BC V0R1V0
CANADA

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

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OPTIGEN® LLC

for the genetic advantage

Test Report

Carolyn T Kutchyera

Errington, British Columbia V0R 1V0
Canada

Optigen Accession #: **14-9678**
Report issued for: **Leko**

OptiGen Test Certificate

Optigen Accession #: 14-9678

Test Performed: **CEA/CH test**

Registered Name: **HiQ Leko**

Breed: **Border Collie**
Sex: **Female**
Date of Birth: **May 10, 2011**

Owner(s):
Carolyn T Kutchyera

Test Completed: 10/28/2014
Report Issued: 10/28/2014

Result: **Normal**
Sample Type: **Blood**

Reg#: **9517**

ID#: **900128000769345**

FOR THE GENETIC ADVANTAGE
OPTIGEN

OptiGen Authorized Signature

www.optigen.com

Test Results: Genotype of your dog is **NORMAL/CLEAR**.
Risk for developing Collie Eye Anomaly/Choroidal Hypoplasia (CEA/CH): This dog will never develop CEA/CH.
Significance for breeding: This dog can be bred to any mate and will produce no pups affected with CEA/CH.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing CEA/CH in Border Collies 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

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

Application for Eye Database

Registered name: HiQ LEKO
Breed: BORDER COLLIE Sex: F
ID Number (if any): ☐ Tattoo ☒ Microchip: 900128000076934 5
Registration Number: ☐ AKC ☐ Other
Date of Birth: D/M/Y 10 05 11 Date of Exam 27 09 14

Owner name: CAROLYN KUTCHERA
City: ERRINGTON State: BC Zip/postal code: V0R 1V0
E-Mail (use both lines if needed):

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) Carolyn Kutchera

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_____ CVV_____

9/12/12 067850

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	☐
☐	persistent pupillary membranes	☐

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

	Incomp.	Incip.	Punc.		Punc.	Incip.	Incomp.
CATARACT	☐	☐	☐	anterior cortex	☐	☐	☐
	☐	☐	☐	posterior cortex	☐	☐	☐
	☐	☐	☐	equatorial cortex	☐	☐	☐
	☐	☐	☐	anterior sutures	☐	☐	☐
	☐	☐	☐	posterior sutures	☐	☐	☐
	☐	☐	☐	nucleus	☐	☐	☐
	☐	☐	☐	capsular	☐	☐	☐
	☐			generalized/complete			☐
	☐			resorbing/hypermature			☐
	☐			significance of cataract unknown			☐
	☐			subluxation/luxation			☐

CATARACT (T, N, A, P)

	VITREOUS	
☐	PHPV/PTVL	☐
☐	persistent hyaloid artery degeneration	☐

ant. chamber; syneresis

Veterinarian name:
Veterinarian Address: Dr. Charlotte B. Keller, DACVO EC 127
City: Western Canada Veterinary Eye Specialists State: Zip/postal code:
Phone: 604-549-4944 ACVO #: 127
Email:

RIGHT EYE	FUNDUS	LEFT EYE
☐	retinal detachment	☐
☐	retinal atrophy—generalized	☐
☐	retinopathy	☐
	retinal dysplasia	
☐	choroidal hypoplasia	☐
☐	coloboma	☐
☐	optic nerve coloboma	☐
☐	optic nerve hypoplasia	☐
☐	micropapilla	☐

retinal dysplasia: ☐ detached ☐ geographic ☐ folds

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 _____ Date 9/27/14

Diplomate, American College of Veterinary Ophthalmologists

Comments

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

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