



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

Call Name:	ECLIPSE
Registered Name:	GDF'S ECLIPSE
Sex/Breed:	F GOLDENDOODLE
Microchip/Tattoo:	977200009699862
Registration No:	
Date of Birth:	10/25/2019
Owner Name:	CALLIE BROWN
Co-owner Name:	
Owner Address:	14987 BUDD RD.
City/State/Postal:	DUBUQUE IA 52002
Email:	calliebrown@goldendoodlesforever.com
Telephone:	563-580-3319

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

03/05/2021

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmological examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

J. SETH EATON, VMD , DACVO 359 03/05/2021

Signature/ACVO#/Date

Exam registration number: **212FS8**



Companion Animal Eye Registry (CAER)

RIGHT EYE				LEFT EYE			
GLOBE							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
microphthalmos							
keratoconjunctivitis sicca							
glaucoma							
EYELIDS							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
entropion							
ectropion							
distichiasis							
ectopic cilia							
imperforate lacrimal punctum							
NICITANS							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cartilage anomaly/eversion							
gland prolapse							
plasmoma/atypical pannus							
CORNEA							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dystrophy - epithelial/stromal							
dystrophy - endothelial							
pannus							
pigmentary keratitis/keratopathy							
UVEA							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uveal cyst							
iris coloboma							
iris hypoplasia							
iris sphincter dysplasia							
pigmentary uveitis							
uveal melanoma							
persistent pupillary membranes							
LENS							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
anterior cortex							
posterior cortex							
equatorial cortex							
anterior sutures							
posterior sutures							
nucleus							
capsular				<input checked="" type="checkbox"/>			
generalized/incomplete							
resorbing/hypermature							
Significance Unknown/Suspect Not Inherited				<input checked="" type="checkbox"/>			
subluxation/luxation							
VITREOUS							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHPV/PHTVL							
persistent hyaloid artery							
degeneration							

Ophthalmologist:	J. SETH EATON, VMD , DACVO
Clinic Name:	UW VETERINARY CARE (UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF VETERINARY MEDICINE)
ACVO #:	359
Phone:	

RIGHT EYE				LEFT EYE			
FUNDUS							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
retinal detachment							
retinal atrophy - generalized							
retinopathy							
retinal dysplasia							
choroidal hypoplasia							
coloboma							
optic nerve coloboma							
optic nerve hypoplasia							
micropapillia							

OTHER CONDITIONS	
<input type="checkbox"/>	Unlisted conditions suspected as Inherited . Describe in comments
<input type="checkbox"/>	Unlisted conditions suspected as not inherited .

<input checked="" type="checkbox"/>	NORMAL	<input type="checkbox"/>
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Comments

Faint multifocal punctate capsular opacities OS - predominantly temporal paraxial
N/A