



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:	BARNEY
Registered Name:	GDF'S BERNARDO WALDO WIESE
Sex/Breed:	M HYBRID GOLDEDOOD
Microchip/Tattoo:	95600007765359
Registration No:	TLM05089858
Date of Birth:	01/13/2018
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

10/12/2022

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 ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

J. SETH EATON, DVM , DACVO 359

Signature/ACVO#/Date

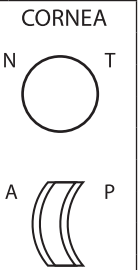
Exam registration number:



225K62

Companion Animal Eye Registry (CAER)

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
EYELIDS		
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
NICTITANS		
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
CORNEA		
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
UVEA		
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>
persistent pupillary membranes		
LENS		
CATARACT		
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>



endothelial opacity/no strands
lens pigment foci/no strands
iris sheets
iris to cornea
iris to lens
iris to iris

free floating
single
multiple

endothelial opacity/no strands
lens pigment foci/no strands
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Ophthalmologist: **J. SETH EATON, VMD , DACVO**

Clinic Name: **UW VETERINARY CARE (UNIVERSITY OF WISCONSIN-MADISON SCHOOL OF VETERINARY MEDICINE)**

ACVO #: **359**

Phone:

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
retinal dysplasia		
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>

OTHER CONDITIONS

Unlisted conditions suspected as **inherited**. Describe in comments

Unlisted conditions suspected as **not inherited**

NORMAL

Comments

Minor focal area of dulled tapetal reflectivity at dorsal periphery. Solitary finding and not consistent with retinal dysplasia or other heritable disease. Significance unknown.