



# Certificate of eye examination

European College of Veterinary Ophthalmologists

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ECVO reg.no. Examination

**AT-106597**

ECVO reg.no. examiner

**AT-1013**

## Animal

|                  |                            |           |                                                                             |
|------------------|----------------------------|-----------|-----------------------------------------------------------------------------|
| Name             | Aria Aussis vom Enknachtal |           |                                                                             |
| Breed            | Australian Shepherd        | Breedclub | ÖKV                                                                         |
| Registration no. | 5653                       | Colour    | black tri                                                                   |
| Microchip no.    | 040098100674731            | Tattoo    |                                                                             |
| Date of birth    | 14/12/2023                 | Sex       | <input checked="" type="checkbox"/> Female<br><input type="checkbox"/> Male |

## Owner/agent

|         |                |           |      |
|---------|----------------|-----------|------|
| Name    | Riepler Birgit |           |      |
| Address | Höring 13      |           |      |
| Country | AT             | Post code | 5224 |
| Town    | Auerbach       |           |      |

By registering the animal mentioned above on the ECVO HED platform for the ECVO eye examination, the relevant person (owner/breeder) has accepted terms & conditions and privacy policy on the ECVO HED platform.

## Examination

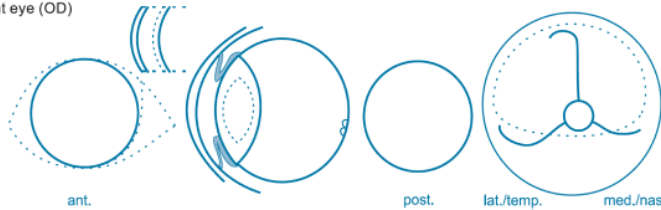
|                |                                                                                                                          |
|----------------|--------------------------------------------------------------------------------------------------------------------------|
| Date           | 22/06/2026                                                                                                               |
| Method minimal | Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x                                                    |
| Optional       | <input checked="" type="checkbox"/> Examined before dilatation<br><input type="checkbox"/> Gonoscopy (without mydriatic) |

Other methods and comments:

## Identification

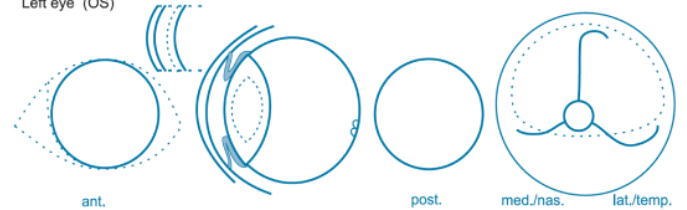
Check microchip/tattoo ☒ Correct ☐ Incorrect/unreadable ☐ Absent

## Right eye (OD)



Descriptive comments

## Left eye (OS)



15. Other lens opacity:

- ☐ punctata
- ☐ suture line tip
- ☐ suture line
- ☐ nuclear ring
- ☐ nuclear fibreglass/pulverulent

8. ICAA : PLA

- ☐ mild
- ☐ moderate
- ☐ severe
- ICA
  - ☐ narrow (moderate)
  - ☐ closed (severe)

Eye disease no: ☐ Severe

## Results for the known or presumed hereditary eye diseases

|                                                                               | UNAFFECTED                          | suspicious/undetermined  | AFFECTED                 |
|-------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Persistent Pupillary Membrane (PPM)                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Persistent Hyperpl. Tunica Vasculosa Lentis/ Primary Vitreous (PHTVL/PHPV) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cataract (congenital)                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Retinal Dysplasia (RD)                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hypoplastic-/Micro-papilla                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Collie Eye Anomaly (CEA)                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Results valid for 12 months

|                                  | UNAFFECTED                          | suspicious/undetermined  | AFFECTED                 |
|----------------------------------|-------------------------------------|--------------------------|--------------------------|
| 11. Entropion / Trichiasis       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ectropion / Macrophthalmos   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Distichiasis / Ectopic cilia | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Corneal dystrophy            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Cataract (later onset)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Lens luxation (primary)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Retinal degeneration (PRA)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Other                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Interpretation

\* "Unaffected" signifies that there is no clinical evidence of the presumed inherited eye disease(s) specified, whereas "affected" signifies that there is such evidence.  
\*\* "Undetermined" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.  
\*\*\* "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

FOR FURTHER INFORMATION: P.T.O.

## Examiner

The examiner indicated examined the above-mentioned animal according to the ECVO hereditary eye disease scheme with the results as shown.

Name **Petra Benz**

Examiner, authorized by ECVO

The certificate is valid without signature of the examiner.

The authenticity and validity of the certificate can be checked by scanning the QR code (left side).

