

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



CEDARWOOD'S SANDSTORM

registered name

LABRADOR RETRIEVER

breed

985121011392871

tattoo/microchip/DNA profile

1628939

application number

4/24/2015

date of report

RESULTS:

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

SR77811801

registration no.

M

sex

4/5/2013

date of birth

24

age at evaluation in months

LR-EL67418M24-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

owner

NANCY BRANDOW

1117 MAIN RD

BRADFORD, ME 04410

G.G. Keller DVM

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

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



CEDARWOOD'S SANDSTORM

registered name

LABRADOR RETRIEVER

breed

985121011392871

tattoo/microchip/DNA profile

1628939

application number

4/24/2015

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:

SR77811801

registration no.

M

sex

4/5/2013

date of birth

24

age at evaluation in months

LR-214130G24M-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

owner

NANCY BRANDOW

1117 MAIN RD

BRADFORD, ME 04410

G.G. Keller DVM

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

www.offa.org



Reference #: 919698
Practice #: 16460AZ

Radiography Date: 4/17/2015
Date Received: 4/17/2015

PennHIP Member:
DR. DAVID A. CLOUTIER
VEAZIE VETERINARY CLINIC
1522 STATE ST
VEAZIE, ME 04401
UNITED STATES

Owner:
NANCY BRANDOW
1117 MAIN RD
BRADFORD, ME 04410
UNITED STATES

Table with 2 columns: ANIMAL information (Cedarwoods Sandstorm SR77811801) and registration details (Reg. #, Microchip, Tattoo).

Table with 2 main sections: LEFT and RIGHT hip results. Each section includes Distraction Index (DI), Degenerative Joint Disease (DJD), Cavitation, and Other Findings.

Please note that the PennHIP DI is a measure of hip joint laxity, it does not allude to a "passing" or "failing" hip score.

LAXITY PROFILE RANKING section containing a percentile chart and explanatory text about the ranking of the animal's passive hip laxity (DI).

PennHIP does not make specific breeding recommendations. Selection of sire and dam for mating is the decision of the breeder. NOTE: As a minimum breeding criterion, we propose that breeding stock be selected from the population of animals having hip laxity in the tighter half of the breed...

By implementing selection based on passive hip laxity, we expect the breed average DI over the years to move toward tighter hip configuration, meaning lower hip dysplasia susceptibility. The PennHIP database permits scientific adjustment of criteria to reflect these shifts...



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

Registered name: CEDARWOOD'S SANDSTORM
 Breed: LABRADOR sex: M
 ID Number (if any): Tattoo Microchip
 985121011392871
 Registration Number: OFA Other
 SR77811801
 Date of Birth (mm/dd/yy): 041513 Date of Exam (mm/dd/yy): 042719
 Owner Name: NANCY BRANDOW Phone: PATRICIA GAEDNE 807-356-1353
 Co-Owner Name: 1117 MAIN RD
 Owner Address: BRADFORD State: ME Zip/postal code: 04410
 City: E-Mail (use both lines if needed): nbrandow@myfairpoint.net

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.

Nancy R. Brandon
 Signature of owner or authorized agent/representative

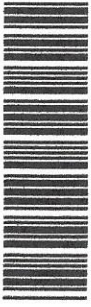
I hereby authorize the OFA to release the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials) _____

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: *M. Mai* Date: 203 4/27/19
 ACVO #
 Diplomat, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



475454

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: Dr. Ruth Marrion EC203
 Ophthalmologist Address: Bulger Veterinary Hospital
 N. Andover, MA Zip/postal code: 97826-5544
 City: N. Andover, MA
 Phone: 978-265-5544
 Email:

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached	<input type="checkbox"/> retinal detachment	<input type="checkbox"/> detached
<input type="checkbox"/> geographic	<input type="checkbox"/> retinal atrophy—generalized	<input type="checkbox"/> geographic
<input type="checkbox"/> folds	<input type="checkbox"/> retinopathy	<input type="checkbox"/> folds
<input type="checkbox"/> choroidal hypoplasia	<input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> choroidal hypoplasia
<input type="checkbox"/> coloboma	<input type="checkbox"/> coloboma	<input type="checkbox"/> coloboma
<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/> optic nerve coloboma	<input type="checkbox"/> optic nerve coloboma
<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> optic nerve hypoplasia	<input type="checkbox"/> optic nerve hypoplasia
<input type="checkbox"/> micropapilla	<input type="checkbox"/> micropapilla	<input type="checkbox"/> micropapilla

OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments

RIGHT EYE	LENS	LEFT EYE
<input type="checkbox"/> endothelial opacity/no strands	<input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> endothelial opacity/no strands
<input type="checkbox"/> lens pigment foci/no strands	<input type="checkbox"/> iris to iris	<input type="checkbox"/> lens pigment foci/no strands
<input type="checkbox"/> iris sheets	<input type="checkbox"/> iris to lens	<input type="checkbox"/> iris sheets
<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to cornea	<input type="checkbox"/> iris to cornea
<input type="checkbox"/> free floating	<input type="checkbox"/> free floating	<input type="checkbox"/> free floating
<input type="checkbox"/> multiple	<input type="checkbox"/> multiple	<input type="checkbox"/> multiple
<input type="checkbox"/> single	<input type="checkbox"/> single	<input type="checkbox"/> single
<input type="checkbox"/> pigmentary keratitis/keratopathy	<input type="checkbox"/> pigmentary keratitis/keratopathy	<input type="checkbox"/> pigmentary keratitis/keratopathy
<input type="checkbox"/> uvea	<input type="checkbox"/> uvea	<input type="checkbox"/> uvea
<input type="checkbox"/> uveal cyst	<input type="checkbox"/> uveal cyst	<input type="checkbox"/> uveal cyst
<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris coloboma	<input type="checkbox"/> iris coloboma
<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris hypoplasia	<input type="checkbox"/> iris hypoplasia
<input type="checkbox"/> iris sphincter dysplasia	<input type="checkbox"/> iris sphincter dysplasia	<input type="checkbox"/> iris sphincter dysplasia
<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> pigmentary uveitis	<input type="checkbox"/> pigmentary uveitis
<input type="checkbox"/> uveal melanoma	<input type="checkbox"/> uveal melanoma	<input type="checkbox"/> uveal melanoma

RIGHT EYE	LENS	LEFT EYE
<input type="checkbox"/> anterior cortex	<input type="checkbox"/> anterior cortex	<input type="checkbox"/> anterior cortex
<input type="checkbox"/> posterior cortex	<input type="checkbox"/> posterior cortex	<input type="checkbox"/> posterior cortex
<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> equatorial cortex	<input type="checkbox"/> equatorial cortex
<input type="checkbox"/> anterior sutures	<input type="checkbox"/> anterior sutures	<input type="checkbox"/> anterior sutures
<input type="checkbox"/> posterior sutures	<input type="checkbox"/> posterior sutures	<input type="checkbox"/> posterior sutures
<input type="checkbox"/> nucleus	<input type="checkbox"/> nucleus	<input type="checkbox"/> nucleus
<input type="checkbox"/> capsular	<input type="checkbox"/> capsular	<input type="checkbox"/> capsular
<input type="checkbox"/> generalized/complete	<input type="checkbox"/> generalized/complete	<input type="checkbox"/> generalized/complete
<input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> resorbing/hypermature	<input type="checkbox"/> resorbing/hypermature
<input type="checkbox"/> suspect not inherited	<input type="checkbox"/> suspect not inherited	<input type="checkbox"/> suspect not inherited
<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> subluxation/luxation
<input type="checkbox"/> vitreous	<input type="checkbox"/> vitreous	<input type="checkbox"/> vitreous
<input type="checkbox"/> PHPV/PHTVL	<input type="checkbox"/> PHPV/PHTVL	<input type="checkbox"/> PHPV/PHTVL
<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> persistent hyaloid artery	<input type="checkbox"/> persistent hyaloid artery
<input type="checkbox"/> degeneration	<input type="checkbox"/> degeneration	<input type="checkbox"/> degeneration
<input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber	<input type="checkbox"/> ant. chamber
<input type="checkbox"/> synchysis	<input type="checkbox"/> synchysis	<input type="checkbox"/> synchysis



PRA-prcd DNA Test


Case Number: 108330

Owner: Nancy R Brandow
1117 Main Rd
Bradford ME 04410

Canine Information

DNA ID Number: **154208**
Call Name: **Dustin**
Sex: **Male**
Birthdate: **04/15/2013**
Breed: **Labrador Retriever**
Coat Color: **Yellow**
Registered Name: **Cedarwood's Sandstorm**
Registration Number: **SR77811801**
Microchip/Tattoo: **985121010392871**
Report Date: 5/1/2018
DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Coat Length DNA Test

Case Number: 108311

Owner: Nancy R Brandow
1117 Main Rd
Bradford ME 04410

Canine Information

DNA ID Number: **154208**

Call Name: **Dustin**

Sex: **Male**

Birthdate: **04/15/2013**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Cedarwood's Sandstorm**

Registration Number: **SR77811801**

Microchip/Tattoo: **985121010392871**

Report Date: 5/1/2018

DNA Result: **Clear (FGF5:c284G>T -/-; those having 2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Hereditary Nasal Parakeratosis DNA Test


Case Number: 108313

Owner: Nancy R Brandow
1117 Main Rd
Bradford ME 04410

Canine Information

DNA ID Number: **154208**
Call Name: **Dustin**
Sex: **Male**
Birthdate: **04/15/2013**
Breed: **Labrador Retriever**
Coat Color: **Yellow**
Registered Name: **Cedarwood's Sandstorm**
Registration Number: **SR77811801**
Microchip/Tattoo: **985121010392871**
Report Date: 5/1/2018
DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.



Matt Shaunessy, Senior Scientist



Exercise Induced Collapse DNA Test


Case Number: 108312

Owner: Nancy R Brandow
1117 Main Rd
Bradford ME 04410

Canine Information

DNA ID Number: **154208**
Call Name: **Dustin**
Sex: **Male**
Birthdate: **04/15/2013**
Breed: **Labrador Retriever**
Coat Color: **Yellow**
Registered Name: **Cedarwood's Sandstorm**
Registration Number: **SR77811801**
Microchip/Tattoo: **985121010392871**
Report Date: 5/1/2018
DNA Result: **Clear (2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist

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: Cedarwood's Sandstorm	Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC SR77811801	Other registry name: Other registry #:
Breed: Labrador Retriever	Sex: Male	Date of Birth (month-day-year): 04/15/2013
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 985121011392871	Registration number of sire: SR55874002	Registration number of dam: SR41784301
Owner name: Nancy R Brandow	Co-Owner name:	Examining veterinarian's name or veterinary hospital: John MacGregor, DVM Cardiologist
Mailing address: 1117 Main Road	City: Bradford	Date of Evaluation (mm/dd/yy): 04/19/2015
State: Maine	Zip/postal code: 04410	Mailing Address: 20 Cabot Road
City: Bradford	State: Maine	City: Woburn
Phone: 207-327-1322	E-mail: cedarwood@myfairpoint.net	State: MA
		Zip/postal code: 01801
		Phone: 603-948-3068
		E-mail: NEVcardio@hotmail.com
		781-932-5802

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 *Nancy R. Brandow*

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

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 *[Signature]* Specialty: Practitioner, Specialist, Cardiologist Date *4/19/15*

Fees Animals Over 12 Months..... \$15.00 **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.
 Litter of 3 or more submitted together \$30.00 Minimum of 5 individuals\$7.50 per study

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.

4688 9600 3515 5629 **Nancy Renee Brandow** **03/2017** **533**
 Visa/Master Card Number Name on Card Exp Date CVV (security code)

Affected Animals, Statistical Data Submission and Resubmissions at No Charge



Centronuclear Myopathy DNA Test

Case Number: 50968

Owner: Nancy R Brandow
1117 Main Rd
Bradford ME 04410

Canine Information

DNA ID Number: **92258**

Call Name: **Dustin**

Sex: **Male**

Birthdate: **04/15/2013**

Breed: **Labrador Retriever**

Coat Color: **Yellow**

Registered Name: **Cedardwood's Sandstorm**

Registration Number: **SR77811801**

Microchip/Tattoo: **985121011392871**

Report Date: 11/26/2014

DNA Result: **Clear (2 copies of the normal allele)**


Matt Shaunessy, Senior Scientist



Coat Color DNA Test

Case Number: 50967

Owner: Nancy R Brandow
1117 Main Rd
Bradford ME 04410

Canine Information

DNA ID Number: **92258**
Call Name: **Dustin**
Sex: **Male**
Birthdate: **04/15/2013**
Breed: **Labrador Retriever**
Coat Color: **Yellow**
Registered Name: **Cedardwood's Sandstorm**
Registration Number: **SR77811801**
Microchip/Tattoo: **985121011392871**

Report Date: 11/25/2014

DNA Result: **Bb S41C -/-, Q331X +/-, 345delP -/-**
DD C.22G>A -/-
K^BK^B G23del +/+


Matt Shaunessy, Senior Scientist



AMERICAN KENNEL CLUB

October 5, 2015

NANCY R BRANDOW
1117 MAIN RD
BRADFORD ME 04410

Letter of DNA Analysis

Breed: **Labrador Retriever**
Sex: **Male**
Date of Birth: **15-APR-2013**
ID #: **985121011392871**
Date of Analysis: **11-SEP-2015**
AKC #: **SR77811801**
AKC Name: **Cedarwood's Sandstorm**
Owner(s): **Nancy Brandow**

DNA Profile #: **V766679**

The following genotype uniquely represents the Neogen Corporation genetic identity of the dog named herein:

Neogen #: **C0907367**

E	E	C	C	B	C	E	F	E	E	E	F	C	E	B	D	B	C	C	F	F	K	A	D	D	E	X	Y
PEZ 1	PEZ 3	PEZ 5	PEZ 6	PEZ 8	PEZ 12	PEZ 20	UCB 2010	UCB 2054	UCB 2079	PEZ 16	PEZ 17	PEZ 21	GEN														

Mark Dunn, AVP, Registration Development
American Kennel Club

Stewart Bauck, General Manager GeneSeek
Neogen Corporation



DNA Certificate Order Form



DR1AA

AKC Name: **Cedarwood's Sandstorm**
AKC #: **SR77811801** DNA Profile #: **V766679**
Owner(s): **Nancy Brandow**

Mail order form to

AKC DNA Operations
PO Box 900065
Raleigh NC 27675-9065

Number of DNA certificates _____ @ \$10 each = \$ _____ total amount included

Check or money order MasterCard Visa AmEx

Account Number: _____ Exp. Date: _____

Name on Card: _____