



## BAR-KL WIGGLEBUTT KONA

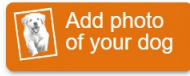
DN64122605

M BLUE MERLE MINIATURE AMERICAN SHEPHERD

Born Sep 4 2020

Sire: BRASSY ACRES EASY AS U GO @ BAR-KL DN40974401

Dam: ENERGIE-S A LITTLE TOUCH OF CLASS BAR-KL DN47604203



Registry	Test Date	Report Date	Age(m)	Conclusion	OFA Number
EYES	Mar 14 2022	Mar 16 2022	18	NORMAL	MAS-EYE1571/18M-PI
PATELLA	May 13 2022	May 20 2022	20	NORMAL	MAS-PA1714/20M/P-VPI
DENTITION	May 13 2022	May 20 2022	20	FULL	MAS-DE303/20M-VPI



## CERTIFICATE OF RESULTS

**OWNERS NAME:** ANGELA OGLE  
**PET'S NAME\*\*:** BAR-KL WIGGLEBUTT KONA

**PET'S REGISTRATION #:** DN 64122605  
**PET'S BREED:** MINIATURE AMERICAN SHEPHERD  
**TEST:** CHONDRODYSTROPHY AND IVDD RISK (CDDY-IVDD)  
**DATE:** 11/2/2021

### Test Score Explanation:

(CLEAR/NORMAL): These dogs have two copies of the normal gene and do not possess the mutation that leads to shortened legs and increased risk for intervertebral disc disease.

### TEST SCORE\*:

**A**

**SAMPLE ID #:**

**296399**

For detailed result explanation  
please visit our website:

[www.GenSolDx.com](http://www.GenSolDx.com)

\*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

\*\*GenSol warrants its test results to be accurate for the sample obtained from the above dog. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GEN SOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

**Please consult a licensed veterinarian  
to discuss the implications of the above test results.**

125 North Main Street Unit 1846, Clayton, GA 30525

1-844-369-3686 - [info@Gensoldx.com](mailto:info@Gensoldx.com)

**WWW.GENSOLDX.COM**



## CERTIFICATE OF RESULTS

**OWNERS NAME:** ANGELA OGLE  
**PET'S NAME\*\*:** BAR-KL WIGGLEBUTT KONA

**PET'S REGISTRATION #:** DN 64122605  
**PET'S BREED:** MINIATURE AMERICAN SHEPHERD  
**TEST:** CHONDRODYSPLASIA (CDPA)  
**DATE:** 11/1/2021

### Test Score Explanation:

(CLEAR/NORMAL): These dogs have two copies of the normal gene and do not possess the mutation that leads to shortened legs.

### TEST SCORE\*:

**A**

**SAMPLE ID #:**

**296398**

For detailed result explanation  
please visit our website:

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# 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:	<b>KONA</b>
Registered Name:	<b>BAR-KL WIGGLEBUTT KONA</b>
Sex/Breed:	<b>M MINIATURE AMERICAN SHEPHERD</b>
Microchip/Tattoo:	
Registration No:	<b>DN64122605</b>
Date of Birth:	<b>09/30/2020</b>
Owner Name:	<b>ANGELA OGLE</b>
Co-owner Name:	<b>KATHY FRANK</b>
Owner Address:	<b>404 BROOKWOOD COURT</b>
City/State/Postal:	<b>VALPARAISO IN 46385</b>
Email:	<b>minis@wiggleb.com</b>
Telephone:	<b>219-465-1624</b>

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

**04/24/2021**

Date of Exam (mm/dd/yyyy)

<input 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.

Signature/ACVO#/Date

Exam registration number:



**217LNV**

# 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"/>
<b>EYELIDS</b>		
<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"/>
<b>NICTITANS</b>		
<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"/>
<b>CORNEA</b>		
<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"/>
<b>UVEA</b>		
<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"/>
<b>persistent pupillary membranes</b>		
<b>LENS</b>		
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"/>
<b>Significance Unknown/Suspect Not Inherited</b>		
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<b>VITREOUS</b>		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

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

Ophthalmologist: **DR. WENDY TOWNSEND**

Clinic Name:

ACVO #: **254**

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"/>
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<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments	<input type="checkbox"/>
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>	<input type="checkbox"/>
<b>NORMAL</b>		

Comments

Large empty box for comments.

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

BAR-KL WIGGLEBUTT KONA  
*registered name*

MINIATURE AMERICAN SHEPHERD  
*sex/breed*

*film/test/lab #*

977200010224868  
*tattoo/microchip/DNA profile*

2246537  
*application number*

05/20/2022  
*date of report*

**RESULTS:**

The results of the examination submitted to OFA indicate that no evidence of patellar luxation was recognized.

**owner**  
ANGELA OGLE  
KATHY FRANK  
404 BROOKWOOD COURT  
VALPARAISO IN 46385

OFA eCert



Verify QR scan

DN64122605  
*registration no.*

M

09/04/2020  
*date of birth*

20  
*age at evaluation in months*



A Not-For-Profit Organization

MAS-PA1714/20M/P-VPI  
*O.F.A. NUMBER*

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

NORMAL - PRACTITIONER

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

[www.ofa.org](http://www.ofa.org)

This electronic OFA certificate was generated on: 05/20/2022

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email [CORRECTIONS@OFFA.ORG](mailto:CORRECTIONS@OFFA.ORG) to request a correction.

Orthopedic Foundation for Animals, Inc.  
2300 E. Nifong Blvd.  
Columbia, MO 65201-3806

OFA website: [www.ofa.org](http://www.ofa.org)  
E-mail address: [ofa@offa.org](mailto:ofa@offa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073

**Orthopedic Foundation for Animals**  
**Hip Dysplasia Evaluation Report**



A Not-for-Profit  
Organization

BAR-KL WIGGLEBUTT KONA  
*registered name*

DN64122605  
*registration no.*

MINIATURE AMERICAN SHEPHERD  
*breed*

M  
*sex*

*film/test/lab #*

09/04/2020  
*date of birth*

977200010224868  
*tattoo/microchip/DNA profile*

20  
*age at evaluation in months*

2246537  
*application number*

05/23/2022  
*date of report*

**Owner**

ANGELA OGLE  
KATHY FRANK  
404 BROOKWOOD COURT  
VALPARAISO IN 46385

**Veterinarian**

VALE PARK ANIMAL HOSPITAL  
3515 LAKE MEADE CIRCLE  
VALPARAISO IN 46383

Preliminary Hip Dysplasia Evaluation Report

**EXCELLENT HIP JOINT CONFORMATION**  
superior hip joint conformation as compared with  
other individuals of the same breed and age

**BORDERLINE HIP JOINT CONFORMATION**  
marginal hip joint conformation of indeterminate  
status with respect to hip dysplasia at this time --  
Repeat study in six months

**GOOD HIP JOINT CONFORMATION**  
well formed hip joint conformation as compared  
with other individuals of the same breed and age

**MILD HIP DYSPLASIA**  
radiographic evidence of minor dysplastic  
changes of the hip joints

**FAIR HIP JOINT CONFORMATION**  
minor irregularities of the hip joint conformation as  
compared with other individuals of the same  
breed and age

**MODERATE HIP DYSPLASIA**  
well defined radiographic evidence of dysplastic  
changes of the hip joints

**SEVERE HIP DYSPLASIA**  
radiographic evidence of marked dysplastic  
changes of the hip joints

**RADIOGRAPHIC FINDINGS**

- subluxation  
 remodeling of femoral head/neck  
 osteoarthritis/degenerative joint disease  
 shallow acetabula  
 acetabular rim/edge change

- unilateral pathology  left  right  
 transitional vertebra  
 spondylosis  
 panosteitis

G.G. KELLER, DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BAR-KL WIGGLEBUTT KONA  
*registered name*

MINIATURE AMERICAN SHEPHERD  
*sex/breed*

217LNV  
*film/test/lab #*

*tattoo/microchip/DNA profile*

2246537  
*application number*

03/16/2022  
*date of report*

RESULTS:

Based upon the exam dated 03/14/2022, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

DN64122605  
*registration no.*

M

09/04/2020  
*date of birth*

17  
*age at evaluation in months*



A Not-For-Profit Organization



MAS-EYE1571/17M-NOPI  
*O.F.A. NUMBER*

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

NORMAL

owner  
ANGELA OGLE  
KATHY FRANK  
404 BROOKWOOD COURT  
VALPARAISO IN 46385

OFA eCert



with QR scan

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

[www.ofa.org](http://www.ofa.org)

This electronic OFA certificate was generated on: 03/16/2022

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Phone number: 573-442-0418  
Fax number: 573-875-5073

**Orthopedic Foundation for Animals**  
**Elbow Dysplasia Evaluation Report**



A Not-for-Profit  
Organization

BAR-KL WIGGLEBUTT KONA  
*registered name*

DN64122605  
*registration no.*

MINIATURE AMERICAN SHEPHERD  
*breed*

M  
*sex*

*film/test/lab #*

09/04/2020  
*date of birth*

977200010224868  
*tattoo/microchip/DNA profile*

20  
*age at evaluation in months*

2246537  
*application number*

05/23/2022  
*date of report*

**Owner**

ANGELA OGLE  
KATHY FRANK  
404 BROOKWOOD COURT  
VALPARAISO IN 46385

**Veterinarian**

VALE PARK ANIMAL HOSPITAL  
3515 LAKE MEADE CIRCLE  
VALPARAISO IN 46383

Preliminary Elbow Dysplasia Evaluation Report

**ELBOW JOINTS -- FLEXED LATERAL VIEW**

  √   negative for elbow dysplasia      L   √        R   √  

**ELBOW DYSPLASIA**

GRADE I                                      L \_\_\_\_\_ R \_\_\_\_\_  
GRADE II                                      L \_\_\_\_\_ R \_\_\_\_\_  
GRADE III                                      L \_\_\_\_\_ R \_\_\_\_\_

**RADIOGRAPHIC FINDINGS**

degenerative joint disease (DJD)                                      L \_\_\_\_\_ R \_\_\_\_\_  
united anconeal process (UAP)                                      L \_\_\_\_\_ R \_\_\_\_\_  
fragmented coronoid process (FCP)                                      L \_\_\_\_\_ R \_\_\_\_\_  
osteochondrosis                                      L \_\_\_\_\_ R \_\_\_\_\_

*G.G. Keller, DVM*

G.G. KELLER, DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BAR-KL WIGGLEBUTT KONA  
*registered name*

MINIATURE AMERICAN SHEPHERD  
*sex/breed*

*film/test/lab #*

977200010224868  
*tattoo/microchip/DNA profile*

2246537  
*application number*

05/20/2022  
*date of report*

RESULTS:

Based on the veterinary dental examination, this dog has full dentition with all adult teeth fully erupted.

DN64122605  
*registration no.*

M

09/04/2020  
*date of birth*

20  
*age at evaluation in months*



A Not-For-Profit Organization



MAS-DE303/20M-VPI  
*O.F.A. NUMBER*

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FULL DENTITION

owner

ANGELA OGLE  
KATHY FRANK  
404 BROOKWOOD COURT  
VALPARAISO IN 46385

OFA eCert



Verify QR scan

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

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