

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

DISCOVERY TAILS ABIGAIL
registered name

AUSTRALIAN LABRADOODLE
breed

602612873
tattoo/microchip/DNA profile

2129008
application number

film/case no(s)

ALAA082166
registration number

F
sex

5/28/2019
date of birth

8
age at evaluation in months

2/28/2020
date of report

Owner: VICKI MCCORMACK
PO BOX 2375
SEQUIM, WA 98382

Veterinarian: HURRICANE RIDGE VETERINARY HOSPITAL
660 N 7TH AVE
SEQUIM, WA 98382

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

- | | |
|---|---|
| <input checked="" type="checkbox"/> EXCELLENT HIP JOINT CONFORMATION*
superior hip joint conformation as compared with other individuals of the same breed and age | <input type="checkbox"/> BORDERLINE HIP JOINT CONFORMATION*
marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time - Repeat study in six months |
| <input type="checkbox"/> GOOD HIP JOINT CONFORMATION*
well formed hip joint conformation as compared with other individuals of the same breed and age | <input type="checkbox"/> MILD HIP DYSPLASIA*
radiographic evidence of minor dysplastic changes of the hip joints |
| <input type="checkbox"/> FAIR HIP JOINT CONFORMATION*
minor irregularities of the hip joint conformation as compared with other individuals of the same breed and age | <input type="checkbox"/> MODERATE HIP DYSPLASIA*
well defined radiographic evidence of dysplastic changes of the hip joints |
| | <input type="checkbox"/> SEVERE HIP DYSPLASIA*
radiographic evidence of marked dysplastic changes of the hip joints |

HIP JOINTS - STANDARD VD VIEW 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
- other

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
- ununited anconeal process (UAP) L R
- fragmented coronoid process (FCP) L R
- osteochondrosis L R

Consultation by:

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

2300 E Nifong Blvd
Columbia MO 65201

Tele: (573) 442-0418
Fax: (573) 875-5073

Email: ofa@ofa.org
Website: https://www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

DISCOVERY TAILS ABIGAIL
registered name

AUSTRALIAN LABRADOODLE
breed

682140
film/test/lab #

602612873
tattoo/microchip/DNA profile

2129008
application number

06/15/2020
date of report

RESULTS:

Based upon the exam dated 06/07/2020, this dog has been found to be free of significant 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. The following breeder option codes were noted: D3a: Persistent Pupillary Membranes - Iris to Iris
Breeder Options are clinical observations that may be inherited but do not represent current potential compromise of ocular comfort, vision or other ocular functions.

WALA00018236
registration no.

F
sex

05/28/2019
date of birth

12
age at evaluation in months

LD-EYE2637/12F-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



owner

VICKI MCCORMACK
PO BOX 2375
SEQUIM WA 98382

OFA eCert



Verify certificate
with QR scan

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

www.ofa.org

This electronic OFA certificate was generated on: 06/15/2020

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. Please allow 2 days from the report date for the results to update the dog's web page.

If there are any errors on this certificate, please email 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
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073



OFA
 2300 E Nisong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Fax: (573)875-5073
 www.ofa.org, A not-for-profit organization

Call name: **Abigail**
 Registered name: **Discovery Tails Abigail**
 Breed: **Labradoodle** Sex: **F**
 ID Number (if any): Tattoo Microchip
602612873
 Registration Number: ABC Other
WALA 00018236
 Date of Birth (mm/dd/yy): **052819** Date of Exam (mm/dd/yy):

Owner Name: **Vicki McCormack**
 Co-Owner Name: _____ Phone: **360-808-9800**
 Owner Address: **81 Eastgate PL**
 City: **Sequim** State: **WA** Zip/postal code: **98382**
 E-Mail (use both lines if needed):

discoverytails@gmail.com

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.

Vicki McCormack

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) **vm**

I DID verify microchip/tattoo on this dog
 I DID NOT verify microchip/tattoo on this dog
 NO MICROCHIP/TATTOO PRESENT

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

Signature: **[Signature]** ACVO # **178** Date **6-7-20**
 Diplomat, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD

OFA Health Clinic Discount
 Clinic Rate: \$7.50
 Club: Cavaliers of the West
 Date: 6/7/20
 Valid on: OFA Eye & Canine Exams

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"/>
CORNEA	<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	CORNEA
	<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		
		<input type="checkbox"/>		<input type="checkbox"/>
		LENS		
CATARACT	Incomp.	<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
	Incip.	<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
CATARACT	Pair.	<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
	Incip.	<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
CATARACT	Incomp.	<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
	Incip.	<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"/>
		<input type="checkbox"/> Significance Unknown/Suspect Not Inherited <input type="checkbox"/>		
		<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
		VITREOUS		
		<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
		<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
		degeneration		
		<input type="checkbox"/>		<input type="checkbox"/>

Ophthalmologist Name: **[Signature]**
 Ophthalmologist Address: _____
 City: **JOL PL** State: _____ Zip/postal code: _____
 Phone: **541 7456344** ACVO #: **178**
 Email: _____

		RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached
	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>	
	<input type="checkbox"/>	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				
<input type="checkbox"/> Unlisted conditions suspected as inherited . Describe in comments <input type="checkbox"/>				
<input type="checkbox"/> Unlisted conditions suspected as not inherited <input type="checkbox"/>				

NORMAL

Comments

THE BACK

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomat copy; YELLOW = ACVO Research copy

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02/27/19

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 APPL _____
 RAD _____
 CR _____



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
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Application for Congenital Cardiac Database

Registered name: DISCOVERY TAILS ABIGAIL		AKC registration number:	Other registry name: ALAA	
Breed: AUSTRALIAN LABRADOODLE		Sex: F	Other registry #: 082166	
Date of birth (MM/DD/YY): 05/28/2019		Registration number of dog: ALAA-060009	Registration number of dam: ALAA-061362	
Microchip/tattoo: 602612873		Examining veterinary clinic: HURRICANE RIDGE VETERINARY HOSPITAL	Date of evaluation (MM/DD/YY): 02/21/2020	
Owner name: VICKI MCCORMACK	Co-Owner name: DISCOVERY TAILS LABRADOODLES	Mailing address: 660 N 7TH AVE		City: SEQUIM
Mailing address: PO BOX 2375		State: WA	Zip/postal code: 98382	City: SEQUIM
City: SEQUIM	State: WA	Zip/postal code: 98382	City: SEQUIM	State: WA
Phone: (360) 808-9800	Email: DISCOVERYTAILS@GMAIL.COM	Phone: (360) 681-0117	E-mail: TECHNICIAN@HURRICANERIDGEVET.COM	

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

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 → <input type="checkbox"/>	INITIAL → <input type="checkbox"/>

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 microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature: _____ Specialty: Practitioner, Specialist, Cardiologist Date: **02/21/2020**

Fees Animals Over 12 Months: \$15.00
 Litter of 3 or more submitted together: \$30.00
Kennel Rate—individuals submitted as a group, owned/co.-owned by same person. 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 Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number _____ Cardholder name _____ Exp. date MM/YY _____ CW _____

01/2020 CASE: 2063RQ Affected animals, statistical data submission and resubmissions at no charge

Canine Genetic Health Certificate™

Call Name:	Abigail	Laboratory #:	137915
Registered Name:	Discovery Tails Abigail	Registration #:	-
Breed:	Australian Labradoodle	Certificate Date:	July 26, 2019
Sex:	Female		
DOB:	May 2019		

This canine's DNA showed the following genotype(s):

Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Neonatal Encephalopathy with Seizures	<i>ATF2</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Cone-Rod Dystrophy 4	<i>RPGRIP1</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	<i>COL9A3</i>	WT/WT	Normal (clear)
Von Willebrand Disease I	<i>VWF</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)



Christina J Ramirez, PhD, DVM, DACVP
 Medical Director



Casey R Carl, DVM
 Associate Medical Director

Paw Print Genetics® performed the tests listed on this dog. See the Laboratory Report for interpretation and recommendations based on these findings. The genes/diseases reported here were selected by the client. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. These tests were developed and their performance determined by Paw Print Genetics. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results. Genetic counseling is available at Paw Print Genetics.

Coat Color and Trait Certificate

Call Name:	Abigail	Laboratory #:	137915
Registered Name:	Discovery Tails Abigail	Registration #:	-
Breed:	Australian Labradoodle	Certificate Date:	July 26, 2019
Sex:	Female		
DOB:	May 2019		

This canine's DNA showed the following genotype(s):

Coat Color/Trait Test	Gene	Genotype	Interpretation
B Locus (Brown)	<i>TYRP1</i>	b/b	Brown coat, nose and foot pads
IC Locus (Improper Coat/Furnishings)	<i>RSPO2</i>	F/F	Furnishings
S Locus (White Spotting, Parti, or Piebald)	<i>MITF</i>	S/s ^P	Limited white spotting, flash, parti, or piebald (carrier)

Interpretation:

This dog carries two copies of **b** at the b^c, b^d or b^s locus making the overall B locus genotype of this dog **b/b**. The overall B locus genotype for a dog is determined by the combination of the genotypes at the b^c, b^d, and b^s loci. The b^c, b^d, and b^s variants confer brown coat, nose, and foot pads when at least one of these DNA changes is present on both genes of the dog at the B locus. If the dog has one or no copies of **b** then the dog will have a black coat, nose, and foot pads. However, this dog's coat color is also dependent on the E, K, and A genes. This dog will pass on **b** to 100% of its offspring.

This dog does not carry the mutation for improper coat and will therefore have furnishings (proper coat). However, the overall coat type of this dog is dependent on the combination of this dog's genotypes at the L, Cu, and IC loci. This dog will pass **F** (furnishings, proper coat) on to 100% of its offspring.

This dog carries one copy of **S** and one copy of **s^P** which results in limited white spotting, flash, parti, or piebald coat color due to the co-dominance of **S** and **s^P**. This dog will pass on one copy of **S** to 50% of its offspring and one copy of **s^P** to 50% of its offspring.

Paw Print Genetics[®] has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.

**Note: At the client's request, this certificate was amended on July 26, 2019 to update the call name and registered name for this dog.*

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 RAD _____
 CK _____
 2063RQ



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201
 Phone (573) 442-0418; Fax (573) 875-5073
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Application for Patellar Luxation Database

Registered name: DISCOVERY TAILS ABIGAIL			AKC registration number:			Other registry name: ALAA					
Breed: AUSTRALIAN LABRADOODLE			Sex: F			Date of birth (MM/DD/YY): 05/28/2019					
Microchip/tattoo: 602612873			Registration number of sire: ALAA-060009			Registration number of dam: ALAA-061362					
Owner name: VICKI MCCORMACK			Date of evaluation (MM/DD/YY): 02/21/2020								
Co-owner name: DISCOVERY TAILS LABRADOODLES			Examining veterinary clinic: HURRICANE RIDGE VETERINARY HOSPITAL								
Mailing address: PO BOX 2375			Mailing address: 660 N 7TH AVE								
City: SEQUIM		State: WA		Zip/postal code: 98382		City: SEQUIM		State: WA		Zip/postal code: 98382	
Phone: (360) 808-9800			E-mail: DISCOVERYTAILS@GMAIL.COM			Phone: (360) 681-0117			E-mail: TECHNICIANS@HURRICANERIDGEVET.COM		

I hereby certify that the information submitted is of the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release abnormal results to the public.

Signature of owner or authorized representative

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner or authorized representative).

Patellar Examination Results

1. Normal

right left

2. Patellar Luxation

bilateral
 unilateral: right left
 luxated: medial lateral
luxation is: intermittent permanent
age of onset: < 2 months 2-6 months
 6-12 months > 12 months

3. Classification of luxation:

- Grade 1**—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- Grade 2**—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- Grade 3**—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- Grade 4**—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

I certify that the examination was performed according to the OFA procedure.
 I DID verify microchip/tattoo on this dog I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature: _____ Specialty: Practitioner Specialist Date: **02/21/2020**

Fees: Animals over 12 months \$15.00 each
 A litter of 3 or more submitted together \$30.00 total
 Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Kennel rates: Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 3 individuals \$7.50 each

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number: _____ Cardholder name: _____ Exp MMYY: _____ CV: _____

CASE: 2063RQ
 Affected dogs and resubmits are no charge

