



## Certificate of eye examination

European College of Veterinary Ophthalmologists

© ECVO 1998

ECVO reg.no. Examination

AT-105662

ECVO reg.no. examiner

AT-1001

## Animal

|                  |                    |           |                                                                             |
|------------------|--------------------|-----------|-----------------------------------------------------------------------------|
| Name             | Blackthorn Neo     |           |                                                                             |
| Breed            | Labrador Retriever | Breedclub |                                                                             |
| Registration no. | Met.Labr. 2346/20  |           |                                                                             |
| Microchip no.    | 941000024380887    |           |                                                                             |
| Date of birth    | 30/07/2020         | Sex       | <input type="checkbox"/> Female<br><input checked="" type="checkbox"/> Male |
|                  |                    | Colour    | Black                                                                       |
|                  |                    | Tattoo    |                                                                             |

## Owner/agent

|         |                     |           |         |
|---------|---------------------|-----------|---------|
| Name    | Szecső Attila Csaba |           |         |
| Address | Fodros utca 21/a    |           |         |
| Country | HU                  | Post code | 2040    |
|         |                     | Town      | Budaörs |

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.

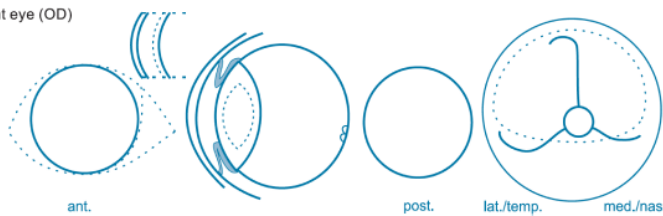
## Examination

|                             |                                                                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Date                        | 02/02/2026                                                                                                                          |
| Method minimal              | Mydriatic, indirect ophthalmoscopy and binocular biomicroscopy >= 10x                                                               |
| Other methods and comments: | Direct Ophthalmoscopy                                                                                                               |
| Optional                    | <input checked="" type="checkbox"/> Examined before dilatation<br><input checked="" type="checkbox"/> Gonoscopy (without mydriatic) |

## Identification

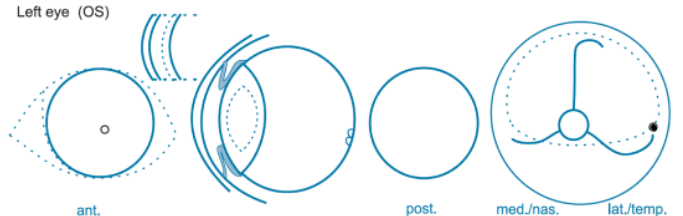
|                        |                                             |                                               |                                 |
|------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------|
| Check microchip/tattoo | <input checked="" type="checkbox"/> Correct | <input type="checkbox"/> Incorrect/unreadable | <input type="checkbox"/> Absent |
|------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------|

## Right eye (OD)



Descriptive comments: very subtle fibrosis on the central cornea (previous corneal injury)  
OS: hyperpigmented dot on the temporal peripheral fundus

## Left eye (OS)



|                         |                                                         |               |                                            |
|-------------------------|---------------------------------------------------------|---------------|--------------------------------------------|
| 15. Other lens opacity: | <input type="checkbox"/> punctata                       | 8. ICAA : PLA | <input type="checkbox"/> mild              |
|                         | <input type="checkbox"/> suture line tip                |               | <input type="checkbox"/> moderate          |
|                         | <input type="checkbox"/> suture line                    |               | <input type="checkbox"/> severe            |
|                         | <input type="checkbox"/> nuclear ring                   | ICA           | <input type="checkbox"/> narrow (moderate) |
|                         | <input type="checkbox"/> nuclear fibreglass/pulverulent |               | <input type="checkbox"/> closed (severe)   |

Eye disease no: ☐ Severe

## Results for the known or presumed hereditary eye diseases

|                                                                                  | UNAFFECTED                          | suspicious/<br>undetermined | AFFECTED                 |
|----------------------------------------------------------------------------------|-------------------------------------|-----------------------------|--------------------------|
| 1. Persistent Pupillary Membrane (PPM)                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 2. Persistent Hyperpl. Tunica Vasculosa Lentis/<br>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"/> |
| 8. IrdoCorneal Angle Abnormality (ICAA)                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |

## Results valid for 12 months

|                                  | UNAFFECTED                          | suspicious/<br>undetermined | AFFECTED                 |
|----------------------------------|-------------------------------------|-----------------------------|--------------------------|
| 11. Entropion / Trichiasis       | <input checked="" type="checkbox"/> | <input type="checkbox"/>    | <input type="checkbox"/> |
| 12. Ectropion / Macrobopharon    | <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 Réka Eördögh

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).