

**Dyr animal**

| | | | |
|------------------------------------|------------------------|-----------------------|---|
| Navn Name | Xensi Our Loyal Welsh | | |
| Race Breed | Welsh Springer Spaniel | Raceklub Breedclub | Spaniel Klubben |
| Stambogsnr. registration number | DK12013/2024 | | |
| Microchip nr. microchip no | 528140000929552 | Farve colour | Kastanierød og hvid |
| Fødselsdato date of birth | 11/04/2024 | Køn sex | <input checked="" type="checkbox"/> Hun female <input type="checkbox"/> Han male |
| | | Tatovering tattoo | |

Ejer owner/agent

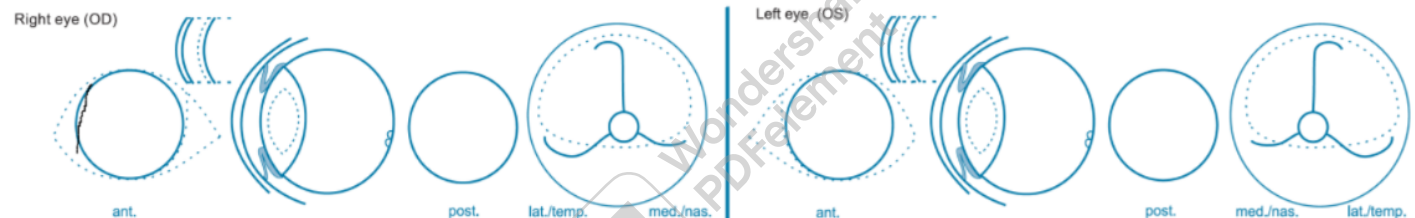
| | | | |
|--------------------|---------------------|--------------|--|
| Navn Name | | | |
| Adresse address | | | |
| Land country | Postnr. zip code | Sted town | |

Hermed bekræftes at det undersøgte dyr er identisk med ovenstående signalement. Kopi af denne attest må indsendes til registrering og offentliggørelse..

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.

Undersøgelse examination**Identifikation identification**

| | | | | | |
|----------------------------------|---|--|---|--|---|
| Dato date | 05/01/2026 | Kontrol microchip/tatovering Check microchip/tattoo | <input checked="" type="checkbox"/> Korrekt correct | <input type="checkbox"/> Forkert/Ulæselig incorrect/unreadable | <input type="checkbox"/> Mangler absent |
| Metode minimum metode minimal | Mydriaticum, indirekte oftalmoskopi og spaltelampe-biomikroskop $\geq 10\times$ Andre metoder: | | | | |
| Andet optional | <input checked="" type="checkbox"/> Undersøgt før dilatation <input checked="" type="checkbox"/> Gonioskopi (uden mydr.) | | | | |



Beskrivelse
descriptive comments

Streng fra iris til iris OD

15. Other lens opacity:
- punctata
 - suture line tip
 - suture line
 - nuclear ring
 - nuclear fiberglass/pulverulent
8. ICAA : PLA
- mild
 - moderate
 - severe
- ICA
- narrow (moderate)
 - closed (severe)

Øjensygdom nr.:
eye disease no.

Udtalt
severe

Resultater/results for the known or presumed hereditary eye diseases (KP-HED)**Nedenstående gælder i 12 måneder**

Results valid for 12 months

| | UNAFFECTED | suspicious/ undetermined | AFFECTED | | UNAFFECTED | suspicious/ undetermined | AFFECTED |
|--|-------------------------------------|-----------------------------|--|--|-------------------------------------|-----------------------------|--|
| 1. Persistent Pupillary Membrane (PPM) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> iris <input checked="" type="checkbox"/> lens <input type="checkbox"/> cornea <input type="checkbox"/> lamina | | <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"/> grade 1 <input type="checkbox"/> grade 2-6 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cataract (congenital) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Retinal Dysplasia (RD) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> (multi)focal <input type="checkbox"/> geographical <input type="checkbox"/> total | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hypoplastic/Micro-papilla | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> cortical <input type="checkbox"/> post. pol. <input type="checkbox"/> nuclear |
| 6. Collie Eye Anomaly (CEA) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> choroid, hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> other | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. IridoCorneal Angle Abnormality (ICAA) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Entropion / Trichiasis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ectropion / Macrolidopharon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Distichiasis / Ectopic cilia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Corneal dystrophy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Cataract (later onset) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Lens luxation (primary) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Retinal degeneration (PRA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Forklaring Interpretation

- * "UNAFFECTED" / "FRI" Der er ingen kliniske tegn på den kendte eller formodede arvelige øjensygdom (KP-HED). "AFFECTED": Der er tydelige kliniske tegn på den nævnte sygdom. "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" / "Tvilsom" Dyret viser kliniske tegn på den kendt eller formodet arvelige øjensygdom, men forandringerne er ikke sikre nok. "Undetermined" The animal displays clinical features that could possibly fit the presumed inherited eye disease(s) mentioned, but the changes are inconclusive.
- *** "Suspicious" / "Mistænkt" Dyret viser mindre, men tydelige kliniske tegn på den kendt eller formodet arvelige øjensygdom. Yderligere udvikling vil kunne bekræfte diagnosen. "Suspicious" The animal displays minor, but specific signs of the presumed inherited eye disease(s) mentioned. Further development will confirm the diagnosis.

Undersøger Examiner

Undertegnede dyrlæge har dags dato undersøgt ovennævnte dyr for arvelige øjensygdomme efter gældende retningslinier med det viste resultat.

The undersigned has today examined the above mentioned animal for the hereditary eye disease scheme with the results as shown.

Ecvo attesten er gyldig uden dyrlægens underskrift. The certificate is valid without signature of the examiner.

Gyldigheden af ECVO attesten kan undersøges ved brug af QR koden. The authenticity and validity of the certificate can be checked by scanning the QR code.

Navn
Name **Jens Knudsen**

ECVO autoriseret Undersøger
Examiner, authorized by ECVO

