



Companion Animal Eye Registry (CAER)

Ophthalmologist
 Ophthalmologist
 City: Dr. Isabel Jurk EC278
 Phone: Animal Eye Care of New England
 Email: 413-397-3540

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos
 keratoconjunctivitis sicca
 glaucoma

EYELIDS

entropion
 ectropion
 distichiasis
 ectopic cilia

imperforate lacrimal punctum
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus

CORNEA

T N P

NICTITANS

dystrophy—epithelial/stromal
 dystrophy—endothelial
 pannus
 pigmentary keratitis/keratopathy

UVEA

uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma
 persistent pupillary membranes

CATARACT

T N P

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 free floating
 single
 multiple

RIGHT EYE **FUNDUS** **LEFT EYE**

detached
 geographic
 folds

retinal detachment
 retinal atrophy—generalized
 retinopathy
 retinal dysplasia

choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

OTHER CONDITIONS

Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as **not inherited**

NORMAL

Comments

Call name: Tess
 Registered name: Wispy's Little Bit of Spice
 Breed: Microchip Tattoo
 ID Number (if any): 2002000580062
 Registration Number: 4R20647103
 Date of Birth (mm/dd/yy): 02/13/18
 Date of Exam (mm/dd/yy): 03/18

Owner Name: Dianne Bulgarevi
 Co-Owner Name: Debbie Calman
 Owner Address: 1471 King Hill Rd
 City: Readboro
 State: VT
 Zip/postal code: 05350
 Phone: 802-423-7641

E-Mail (use both lines if needed): dbolag@myfairpoi.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.

Signature of owner or authorized agent/representative: *Dianne Bulgarevi*

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
 NO MICROCHIP/TATTOO PRESENT

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

Signature: *Isabel Jurk* Date: 1-1-18
 ACVO #: 278

Diplomate, American College of Veterinary Ophthalmologists

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



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