

OWNER
Richard A and Bette B Goldwell

ADDRESS (Street & No., City, Zip Code)
14644 County Road 746, Lavon, TX, 75166

Animal Registered Name
Glenyogan's American Princess

Breed/Variety
Golden Retriever

Coat color/Pattern
Golden 452811926

Permanent ID#



CANINE EYE
REGISTRATION
FOUNDATION

65, 201, 267
Animal Ophthalmology Clinic, LTD
Robert J. Munger, Rachel D. Ring, Neelo C. LaCroix
DVM, Diplomate ACVO
4444 Trinity Mills, Suite 201, Dallas, TX 75287
(972) 267-4100

I hereby declare that the animal submitted for exam is the animal described above. Furthermore, I declare I am the owner or agent of the owner of this animal.

Signature: *Richard G. Goldwell*

PLACE ON HARD SURFACE AND PRESS FIRMLY WHEN WRITING.

SEX: Male Female

BIRTH DATE: Jan 06, 2001

EXAM DATE: Jan 06, 2006

REGISTRATION NO.	153706
BREED	Golden Retriever
COLOR	Golden

RIGHT EYE	LEFT EYE
<input type="checkbox"/> microphthalmos <input type="checkbox"/> dry eye <input type="checkbox"/> glaucoma <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> eury/macro blepharon <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> dystrophy - epithelial/stromal <input type="checkbox"/> dystrophy - endothelial <input type="checkbox"/> inherited pannus <input type="checkbox"/> exposure/pigmentary keratitis <input type="checkbox"/> iris/ciliary body cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> persistent pupillary membranes	<input type="checkbox"/> microphthalmos <input type="checkbox"/> dry eye <input type="checkbox"/> glaucoma <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> eury/macro blepharon <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> dystrophy - epithelial/stromal <input type="checkbox"/> dystrophy - endothelial <input type="checkbox"/> inherited pannus <input type="checkbox"/> exposure/pigmentary keratitis <input type="checkbox"/> iris/ciliary body cyst <input type="checkbox"/> iris coloboma <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> persistent pupillary membranes

CORNEA	CORNEA
T N 	T N
A P 	A P

CATARACT	CATARACT
T N Diffr. Inter. Punc. Punc. Inter. Diffr.	T N Diffr. Inter. Punc. Punc. Inter. Diffr.
A P	A P

CORNEA	CORNEA
T N 	T N
A P 	A P

CATARACT	CATARACT
T N Diffr. Inter. Punc. Punc. Inter. Diffr.	T N Diffr. Inter. Punc. Punc. Inter. Diffr.
A P	A P

VITREOUS	VITREOUS
<input type="checkbox"/> subluxation/luxation <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> PHPV/PTVL <input type="checkbox"/> degeneration	<input type="checkbox"/> subluxation/luxation <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> PHPV/PTVL <input type="checkbox"/> degeneration

RIGHT EYE	LEFT EYE
<input type="checkbox"/> retinal atrophy - generalized <input type="checkbox"/> retinal atrophy - suspicious <input type="checkbox"/> retinal dysplasia/retinopathy <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> staphyloma/coloboma <input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal hemorrhage <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla <input type="checkbox"/> OTHER UNLISTED CONDITIONS <small>suspected as inherited. Describe in comments.</small> <input type="checkbox"/> OTHER	<input type="checkbox"/> retinal atrophy - generalized <input type="checkbox"/> retinal atrophy - suspicious <input type="checkbox"/> retinal dysplasia/retinopathy <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> staphyloma/coloboma <input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal hemorrhage <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla <input type="checkbox"/> OTHER UNLISTED CONDITIONS <small>suspected as inherited. Describe in comments.</small> <input type="checkbox"/> OTHER

072674

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

Signature: *Robert J. Munger* Date: 1/20/06
Diplomate, American College of Veterinary Ophthalmologists

ACVO # 000123456789

COMMENTS

ant. chamber
synchysis
ant. chamber
synchysis