

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

BIG THUNDERS COTI DOUBT ME NOW
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

956000013549023
tattoo/microchip/DNA profile

2342847
application number

07/07/2023
date of report

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SS22701311
registration no.

F
sex

10/13/2020
date of birth

31
age at evaluation in months



A Not-For-Profit Organization

LR-269557G31F-P-VPI
O.F.A. NUMBER

*This number issued with the right to correct or
revoke by the Orthopedic Foundation for Animals.*

GOOD

owner

OFA eCert



Verify 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: 07/07/2023

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.

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

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registered name

LABRADOR RETRIEVER
breed

film/test/lab #

956000013549023
tattoo/microchip/DNA profile

2342847
application number

07/07/2023
date of report

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

owner

SS22701311
registration no.

F
sex

10/13/2020
date of birth

31
age at evaluation in months



A Not-For-Profit Organization

LR-EL116881F31-P-VPI
O.F.A. NUMBER

This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.

NORMAL

OFA eCert



Verify QR scan

G.G. Keller, DVM

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

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Fax number: 573-875-5073



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Companion Animal Eye Registry (CAER)

Call name: **BIG THUNDER'S COTI DOUB ME NOW - COTI**

Registered name: **BIG THUNDER'S COTI DOUB ME NOW**

Breed: **LABRADOR RETRIEVER** Sex: **F**

ID Number (if any): Tattoo Mic chip

9 5 6 0 0 0 0 1 3 0 6 9 2 8 2

Registration Number: AKC Other

5 5 2 1 6 5 6 5 0 4

Date of Birth (mm/dd/yy): **10/13/20** Date of Exam (mm/dd/yy): **05/16/23**

Ophthalmologist Name: **Dr. Jonathan Pucket EC507**

Ophthalmologist Address: **Oklahoma Veterinary Specialists**

City: **Tulsa, OK** State: **OK** Zip/postal code: **74104**

Phone: **918-290-4900**

Email:

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"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
	LENS	
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<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"/>	posterior Y-suture tip opacities	<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"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy — generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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"/>	Unlisted conditions suspected as not inherited	

NORMAL

Comments: **Microchip # scanned 956000013549023**

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.

Handwritten Signature
 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)

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 #: **507** Date: **5-16-23**

Diplomate, American College of Veterinary Ophthalmologists

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



840021

See comments for microchip scanned

Dog Information

Big Thunder's Coti Doubt Me Now (Coti) NAME	Female SEX
Labrador Retriever BREED ANCESTRY	October 13th, 2020 DATE OF BIRTH
American Kennel Club (AKC) SS22701211 REGISTRATION	n/a MICROCHIP

Kandi Steinle

OWNER NAME

Canine Genetic Health Screen

TEST

May 16th, 2022

TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	TESTING RECOMMENDED BY
Centronuclear Myopathy, CNM	PTPLA	NN	Clear	
Degenerative Myelopathy, DM	SOD1A	GG	Clear	
Exercise-Induced Collapse, EIC	DNM1	GG	Clear	
Hereditary Nasal Parakeratosis, HNPk	SUV39H2	GG	Clear	
Hyperuricosuria and Hyperuricemia or Urolithiasis, HUU	SLC2A9 (Exon 5)	GG	Clear	
Macular Corneal Dystrophy, MCD	CHST6	CC	Clear	
Narcolepsy	HCRTR2	AA	Clear	
Progressive Retinal Atrophy, prcd	PRCD Exon 1	GG	Clear	
Pyruvate Kinase Deficiency	PKLR Exon 7 SNP Variant 1	CC	Clear	
Skeletal Dysplasia 2, SD2	COL11A2	GG	Clear	
Achromatopsia	CNGA3 (Exon 7 Deletion)	NN	Clear	
Alexander Disease	GFAP (Exon 4)	GG	Clear	
Canine Elliptocytosis	SPTB Exon 30	CC	Clear	
Congenital Myasthenic Syndrome, CMS	COLQ (Exon 14)	TT	Clear	
Golden Retriever Progressive Retinal Atrophy 2, GR-PRA2	TTC8 Exon 8	NN	Clear	

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Labrador Retriever BREED ANCESTRY	October 13th, 2020 DATE OF BIRTH
American Kennel Club (AKC) SS22701211 REGISTRATION	n/a MICROCHIP

Kandi Steinle
OWNER NAME

Canine Genetic Health Screen
TEST

May 16th, 2022
TEST DATE

BREED HEALTH TESTS

DISEASE	GENE	GENOTYPE	RESULT	TESTING RECOMMENDED BY
Myotubular Myopathy 1, X-linked Myotubular Myopathy, XL-MTM	MTM1 (Exon 7)	CC	Clear	
Progressive Retinal Atrophy, crd4/cord1	RPGRIP1 (Exon 2)	NN	Clear	
Stargardt Disease	ABCA4 Exon 28	NN	Clear	
Ullrich-like Congenital Muscular Dystrophy	COL6A3	GG	Clear	