

1336 Timberlane Road Tallahassee, FL 32312-1766 Generated On: 1/10/2017

Canine Genetic Testing Report

Submitted By

Bernadette Collins Byabby Kennels PO Box 30 Orange, NSW 2800 Australia



Subject Dog 000

00071621

Dog Name: Byabby Kuby Rose Breed: Golden Retriever

Phenotype: Cream

Date Received: 1/4/2017

Registration: 2100380802 Sex: Female Birth: 14 March 2013

Sir	'e				Dar	n						
Sire Name: Breed: Registration: Phenotype:				Dam Name: Breed: Registration; Phenotype:								
Coat Color Testing			Genetic Disorders									
	A Locus-Ay		lves Te smel			DM			Mg. T. Mest			
	A Locus-At		Rof Tested			GR-PRA1			og i Teco			
	A Locus-a		Not Tested			GR-	PRA2		Not fessed			
c T	B Locus	- W	Ivat Testad		Х	Ich		n/n	Clear; Dog tested negative for the Ichthyosis mutation.			
	D Locus		Not Tested			MD			Not Tested			
	E Locus- EM		Not Tested			MDR1			Not Tasled			
	E Locus- e		Not Tested									
	K Locus-KB		Not Tested									
	Spotting		No: Tested		Genetic Marker Results Run Date: Not Tested					Tested		
	Harlequin		Not Tested		2014		-	-		-	-	-
	Merle		No! Tested		AHT	121	AHT137	AHTh1	71 AHTh260	AHTk211	AHTk253	C22-279
Coat Type Testing				CAN-	AMEL	FH2054	FH284	B INRA21	INU005	INU030	INU055	
	Hair Length		Not Tested		RENE		REN182C04	- 1 REN169	D01 REN169018	REN247M23		
	Hair Curl		Not Tested		REN54P11 REN162C04 REN169D01 REN169O18 REN247M23 Additional Comments							
	Furnishings		Not Tested		None							
	Bobtail		Not Tested									



Eye Examination Certificate Issued by a Registered Specialist in Veterinary Ophthalmology

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ERIAL	4		ā	2000 5	Sept. C

REGISTRATION DETAILS:	OWNER DETAILS:	No. 1 10 1
Reg Name Massy Kishy Dode	Name Sollie	<u>\(\) \(\)</u>
Country of Australian	Address - O Lac 30	
Reg.	Drewer Pos	tcode State New.
No. Birth	Contact	obile
Breed	Owner's	
Sex: Male Female Colour Constant	Veterinary Practice	(optional)
Permanent 945943006 4878 attoo/Microchip)	previous examination:	
I hereby declare that the dog submitted for examination is the one described above and that all the given statements are true. I understand that the information obtained may	- 1.1. (C)	Date of Exam / /20
be used for statistical or research purposes without disclosing the identity of individual dogs, and that this applies for both Open Register and Closed Register	Genetic Screening:	Test Lab:
breeds. In any breed where the ANKC National Breed Council or breed clubs in all States have adopted an 'Open Register' policy in regard to inherited eye defects,	RESULTS (eye conditions only):	Date of Exam / /20
I accept that the results for all dogs submitted for an ACES exam will be released to the public domain and may be published.		
Submission Date: / 3 /20 Signed: 1/2		Owner / Agent
EXAMINATION OF	eve and adnexa	
enstrumentation: right v	LEFT V	ldentification confirmed
Mydriatic	ECS U V	descriptive comments
Direct Ophthalmoscope		BPS GSOEF GEAR GOSONATERGES
Indirect Ophthalmoscope		11.77
Slit Lamp Biomicroscopy		
Gonioscopy		######################################
Other_		ED TOTAL SECTION
PARTS EXAMINED:	$((\ \) \)$	
UNAFFECTED AFFECTED		
Adnexa	7	
Cornea		
Iris Lens Lens		
Vitreous 🗇		
Fundus		
.01	disease status 🗀	
This section applies only to those breeds in which the named conditions are known to on the date of examination. Results will be forwarded to the ANKC inherited dise	be inherited and which are listed under the Au- cases database but will be made public only fo	stralian Canine Eye Scheme Schedule 1 or OPEN REGISTER breeds.
CONGENITAL (present at birth) UNAFFECTED AFFECTED N	ION-CONGENITAL (appears later in	life) unaffected affected
	GPRA) Generalised Progressive Retinal Atr RPED) Retinal Pigment Epithelial Dystroph	
(IVAD) Withhold Reina Dyspasia	HC) Hereditary cataract	
(CXXC) C. (al III-a-Blance Cotomot	PLL) Primary Lens Luxation	
(DLIDY) Persistent Hyperplactic Primary Vitreous individus	of onset of non-congenital inherited eye diseas al dogs. It is therefore important to follow	any advice given at the time of thi:
(PPM) Persistent Pupillary Membrane examinat	tion with regard to the necessity for and frequention for Owners' document available from	ncy of eye examinations as set out in the m AVA at www.ava.com.au/aces
"Affecte	d" signifies that there is visible evidence "Unaffected" signifies that there is no such	of the inherited disease(s) specified
I have examined the above minal (and confirmed its identity) under the Ru		
Interpretations of eye signs as reported in this form are those of the individua	l panellist and do not persoarily reflect the	e opinion of all registered specialists
Signed ACES Panellist Name (E	Block Letters)	Date / /20
DISTRIBUTION OF FORMS: WHITE - OWNER (OPTIONAL COPY	1711 /	ACES PANELLIST).