

Canine Genetic Testing Report

Submitted By	AG109508



Subject Dog

Date Received: 2/19/2013

Dog Name: Isla	Registration:
Breed: Saarloos Wolfdog	Sex:
Phenotype:	Birth:

Sire

Sire Name:
Breed:
Registration:
Phenotype:

Dam

Dam Name:
Breed:
Registration:
Phenotype:

Coat Color/Type Testing

A Locus-Ay	Not Tested
A Locus-At	Not Tested
A Locus-a	Not Tested
B Locus	Not Tested
D Locus	Not Tested
E Locus- EM	Not Tested
E Locus- e	Not Tested
K Locus-KB	Not Tested
Spotting	Not Tested
Hair Length	Not Tested
Hair Curl	Not Tested
Furnishings	Not Tested
Bobtail	Not Tested

Genetic Disorders

X	DM	n/DM	Carrier: Dog carries one copy of the mutation associated with Degenerative Myelopathy, and could pass on the mutation to any offspring.
	PLL		Not Tested

Genetic Marker Results

Run Date: Not Tested

-	-	-	-	-	-	-
AHT121	AHT137	AHT171	AHT260	AHTk211	AHTk253	C22-279
-	-	-	-	-	-	-
CAN-AMEL	FH2054	FH2848	INRA21	INU005	INU030	INU055
-	-	-	-	-		
REN54P11	REN162C04	REN169D01	REN169O18	REN247M23		

DM = Degenerative Myelopathy
PLL = Primary Lens Luxation

Additional Comments

None

Thank you for choosing Animal Genetics Inc.

Pet name Isk.

British Veterinary Association/Kennel Club/International Sheep Dog Society
CERTIFICATE OF EYE EXAMINATION

KC/ISDS registered name AINA Pet's Wolf Panellist's ref no JVG 20898
CZECH KC Registered no CMKUSAV5712
Breed Scarless Wolfhound Colour Grey Sex M F Date of birth 19.05.12
Owner's name Mr/Mrs Jones Owner's veterinary surgeon GLENTHORNE
Owner's address _____

Previous examination: No Yes Date of last exam _____ Microchip/tattoo no 939000010311763

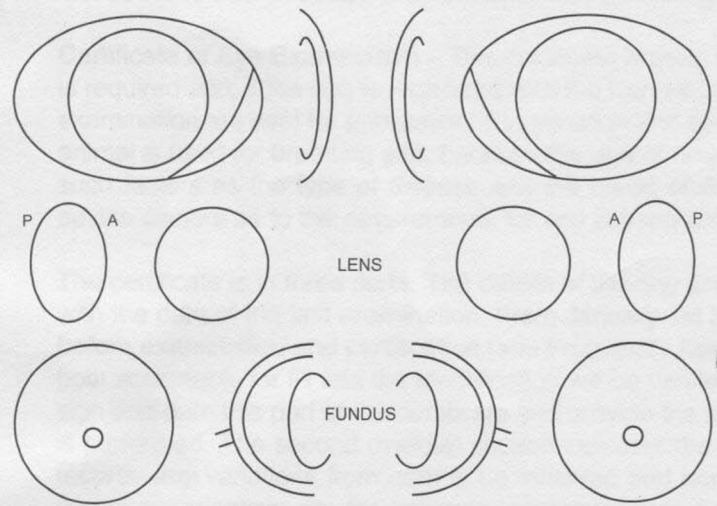
I hereby declare that the dog submitted for examination under the BVA/KC/ISDS Eye Scheme is the one described above. I agree that the registration document should be stamped with the date of this examination and that the information obtained may be made available for research purposes and may be published (deletion of these statements invalidates the certificate). Any appeal against the results specified below must be made to the BVA (for details see leaflet EPWP1).

Date 08-12-15 Signed _____ Owner/Agent

EXAMINATION OF THE EYE AND ADNEXA

Mydriatic: Ophthalmoscopy: Direct Indirect Biomicroscopy: Gonioscopy: Other _____

Parts examined: Adnexa Cornea Drainage Angle Iris Lens Vitreous Fundus
Clinically Unaffected _____
Clinically Affected _____



Descriptive comments:

John Goodyear
BVM&S Cert V Ophthal MRCVS
Glenthorpe Vet Group
01283 519090

Information for owners/Appeals leaflet (EPWP1) issued
I confirm that the scanned microchip/tattoo number matches the no. on this certificate

- CLINICALLY AFFECTED for conditions NOT currently known or proven to be inherited in the breed examined:
- | | | | |
|---|---|--|---|
| Distichiasis <input type="checkbox"/> | Persistent pupillary membrane <input type="checkbox"/> | Nuclear cataract <input type="checkbox"/> | Choroidal hypoplasia <input type="checkbox"/> |
| Ectopic cilia <input type="checkbox"/> | Abnormal pigment deposition <input type="checkbox"/> | Posterior polar sub-capsular cataract <input type="checkbox"/> | Multifocal retinal dysplasia <input type="checkbox"/> |
| Entropion <input type="checkbox"/> | Goniodysgenesis <input type="checkbox"/> | Other cataract <input type="checkbox"/> | Total retinal dysplasia <input type="checkbox"/> |
| Ectropion <input type="checkbox"/> | Primary lens luxation <input type="checkbox"/> | Optic nerve hypoplasia <input type="checkbox"/> | GPRA-like appearance <input type="checkbox"/> |
| Multi-ocular defects <input type="checkbox"/> | PHPV <input type="checkbox"/> | Posterior segment coloboma <input type="checkbox"/> | Central PRA-like lesions <input type="checkbox"/> |
| Corneal lipid deposition <input type="checkbox"/> | Other conditions (specify) _____ <input type="checkbox"/> | | |

INHERITED EYE DISEASE STATUS - SCHEDULE A BREEDS ONLY

This section applies only to those conditions in the breeds specified in Schedule A of the Procedure Notes current on the day of examination. These results will be sent to the Kennel Club and/or ISDS as appropriate.

CONGENITAL	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED	NON-CONGENITAL	CLINICALLY UNAFFECTED	CLINICALLY AFFECTED
(CEA) Collie eye anomaly - choroidal hypoplasia - coloboma	<input type="checkbox"/>	<input type="checkbox"/>	(GPRA) Generalised progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>
(MRD) Multifocal retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(CPRA) Central progressive retinal atrophy	<input type="checkbox"/>	<input type="checkbox"/>
(TRD) Total retinal dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	(HC) Hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>
(CHC) Congenital hereditary cataract	<input type="checkbox"/>	<input type="checkbox"/>	(PLL) Primary lens luxation	<input type="checkbox"/>	<input type="checkbox"/>
(PHPV) Persistent hyperplastic primary vitreous	<input type="checkbox"/>	<input type="checkbox"/>	(POAG) Primary open angle glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
(G) Goniodysgenesis	<input type="checkbox"/>	<input type="checkbox"/>			

The age of onset of non-congenital inherited eye disease varies in different breeds and between individual dogs. It is therefore important to follow any advice given at the time of this examination with regard to the necessity for and frequency of eye examination under the Scheme.
Retesting under the BVA/KC/ISDS scheme advised in _____

I have today examined the above animal under the BVA/KC/ISDS eye scheme with the results as shown

Signed JVG Name GOODYEAR Date 08-12-15

BRITISH VETERINARY ASSOCIATION/KENNEL CLUB HIP DYSPLASIA SCHEME

To: British Veterinary Association
 Mansfield Street, London W1G 9NQ
 Telephone: 020 7908 6380

13 - 131 930

THE ORIGINAL OF THIS
 CERTIFICATE IS GREEN

Section A - TO BE COMPLETED BY OWNER/AGENT

KC Registered Name AIWA PETS WOLF
 Breed SAARLOSIV VIZAK Sex FEMALE Date of birth 19.05.2012
 Name of owner PAUL COLLINS Address [REDACTED]

Sire: <u>TACHUNGA</u> <u>KAJOS WAKANDA</u>	Dam: <u>BLUE EYES PRINCESS</u> <u>Z MOLU ES</u>
---	--

I hereby declare that (NB: DELETION OF ANY OF THESE ITEMS INVALIDATES THIS CERTIFICATE)

- (a) The particulars above are correct and relate to the dog submitted for radiographic examination
- (b) This dog is a minimum of one year old and has not previously been scored under this Scheme
- (c) I give permission for a copy of the certificate to be sent to the geneticist retained by the breed society or other representative body
- (d) I give permission for the results of the examination to be used at a future date for the purpose of statistical research
- (e) I give permission for the results to be published and included on the relevant KC documents

Owner's/Agent's signature [Signature] Date 13.06.13

Section B - TO BE COMPLETED BY SUBMITTING VETERINARY SURGEON
 (Section A must be completed in full before completing Section B)

Microchip/Tattoo no. 939000010311763 Microchip/Tattoo confirmed

I certify that the radiograph relating to the dog identified above was taken on the following date 13.06.13
 and in conformity with the provisions of the Hip Dysplasia Scheme Procedure Notes

Veterinary surgeon submitting radiograph (BLOCK CAPITALS) FIONA SPENCE
 Address AIRPORT INDUSTRIAL ESTATE WICK CAITHNESS
 Post code KW1 4QS
 Veterinary Surgeon's Signature [Signature] F/MRCVS Date 13.06.13

Please submit the correct fee for the radiograph to be processed (cheques payable to BVA.) For current fees contact BVA

Section C - TO BE COMPLETED BY SCRUTINEERS

CERTIFICATE OF SCORING

HIP JOINT	Score Range	Right	Left
Norberg angle	0-6	0	0
Subluxation	0-6	2	1
Cranial acetabular edge	0-6	2	2
Dorsal acetabular edge	0-6	/	/
Cranial effective acetabular rim	0-6	/	/
Acetabular fossa	0-6	/	/
Caudal acetabular edge	0-5	/	/
Femoral head/neck exostosis	0-6	/	/
Femoral head recontouring	0-6	/	/
TOTALS	(max possible 53 per column)	4	3

NB The scores represent the opinion of the BVA appointed scrutineers for the radiograph submitted. The lower the score, the less evidence of hip dysplasia present. Please consult the current procedure notes and breed mean score sheet for relevant details (available from BVA)

Total score (max possible 106) 7
 Date 09 JUL 2013

WE HEREBY CERTIFY that the score of the radiograph submitted for the dog identified above was produced using the scoring criteria of the BVA/Kennel Club Hip Dysplasia Scheme

Signed [Signature] F/MRCVS Signed [Signature] F/MRCVS 01/09

Test Result

Sample ID: 1510-W-31297
Result Date: 14/10/2015

UK Office
125 Northenden Road
Manchester
M33 3HF
Tel: 0161 282 30 66
Fax: 0161 973 3434
Email: Info@laboklin.co.uk
Website: www.laboklin.co.uk

Veterinary Surgeon

Owner

RICHARD JONES

Animal Details

Animal: CANINE	Microchip No. 939000010311763
Name: AIWA PETIS WOLF (ISLA)	Tattoo No.
Breed: SAARLOOS WOLFD OG	KC Reg.
Sex: FEMALE	
D.O.B: 19/05/2012	

Sample

Sample Material: SWAB
Sample Date: 06/10/2015

Test

Test Name: 8142 Dwarfism (Pituitary Dwarfism / Hypopituitarism)

Result

Genotype: N/Dw (Carrier)
Interpretation: The examined dog is heterozygote for the mutation described to cause Pituitary Dwarfism.

This dog carries one copy of the healthy gene and one copy of the mutated gene.

This dog will pass the mutated gene on to its offspring with a 50% probability.

The result is only valid for the Saarloos Wolfdog, Czechoslovakian Wolfdog and German Shepherd breeds.

The current result is only valid for the sample submitted to our laboratory.

LABOKLIN
DIN ISO 17025 (AKS-PL-20922) Accredited Laboratory
Dept. Molecular Biology