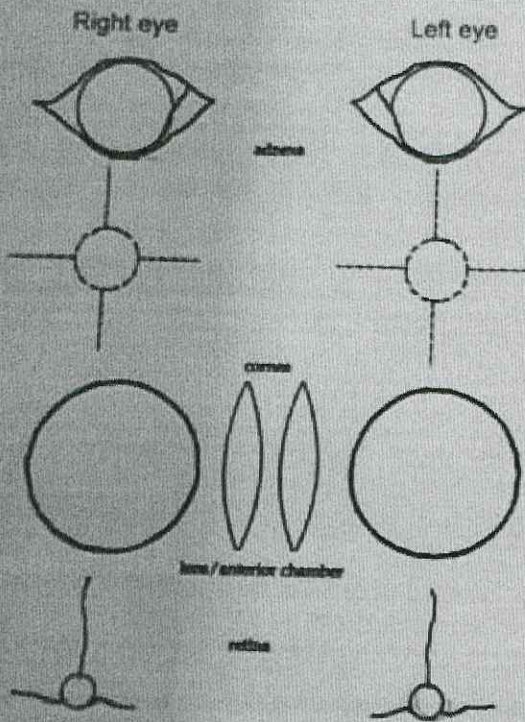


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CERTIFICATE OF EYE EXAMINATION *26/10-999*

Name of the dog *Sheltie*
 Regist. No. *1111111111* Tattoo *1111111111* Chip *1111111111111111*
 Breed *Sheltie* Color *white* Sex *female* Date of birth *11/11/2017*
 Owner *1111111111*
 Address *1111111111, 1111111111, 1111111111, 1111111111, 1111111111*

Examination techniques: Mydriatic: NO YES Ophthalmoscopy: DIRECT INDIRECT
 Tonometry: NO YES Biomicroscopy: NO YES Conioscopy: NO YES



Tonometry (in mm Hg): *Tonoref*
 Right *14* mm Hg Left *14* mm Hg

- Microphthalmia: NO YES
- Districhiasis: NO YES
- Trichiasis: NO YES
- Ectropion: NO YES
- Entropion: NO YES
- Lacrimal puncta: Right interior: NO YES
 superior: NO YES
 Left interior: NO YES
 superior: NO YES
- Corneal dystrophy: NO YES
- Lens luxation and subluxation: NO YES
- Primary glaucoma: NO YES

- Retinal dysplasia (RD): NO DOUBTFUL YES
- Persistent papillary membrane (PPM): NO DOUBTFUL YES
- Cataract: NO DOUBTFUL YES
- Progressive retinal degeneration (PRD/PRA): NO DOUBTFUL YES

Date *21.10.2019* Veter. ophthalmologist *Chernousova I.V.I*

