

Orthopedic Foundation for Animals
Elbow Dysplasia Evaluation Report



A Not-for-Profit
Organization

HICKORY WOODS MILLIEJANE COCO CHANEL
registered name

SS24272701
registration no.

LABRADOR RETRIEVER
breed

F
sex

film/test/lab #

12/22/2020
date of birth

992001001165247
tattoo/microchip/DNA profile

26
age at evaluation in months

2240489
application number

03/14/2023
date of report

LR-EL114550F26-C-VPI
O.F.A. NUMBER

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

Veterinarian

METZ PETZ VETERINARY CLINIC
0180 STATE RT 309
ADA OH 45810

Owner

MARISSA OSBORNE
6773 TWP RD 55
ALGER OH 45812

RADIOGRAPHIC EVALUATION OF PHENOTYPE WITH RESPECT TO ELBOW DYSPLASIA

ELBOW JOINTS -- FLEXED LATERAL VIEW

negative for elbow dysplasia L R

ELBOW DYSPLASIA

GRADE I L _____ R _____
GRADE II L _____ R _____
GRADE III L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) L _____ R _____
united anconeal process (UAP) L _____ R _____
fragmented coronoid process (FCP) L _____ R _____
osteochondrosis L _____ R _____

G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

Orthopedic Foundation for Animals
Hip Dysplasia Evaluation Report



A Not-for-Profit
Organization

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LR-267082G26F-C-VPI
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Veterinarian

METZ PETZ VETERINARY CLINIC
0180 STATE RT 309
ADA OH 45810

Owner

MARISSA OSBORNE
6773 TWP RD 55
ALGER OH 45812

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

EXCELLENT HIP JOINT CONFORMATION
superior hip joint conformation as compared with
other individuals of the same breed and age

GOOD HIP JOINT CONFORMATION
well formed hip joint conformation as compared
with other individuals of the same breed and age

FAIR HIP JOINT CONFORMATION
minor irregularities of the hip joint conformation as
compared with other individuals of the same
breed and age

BORDERLINE HIP JOINT CONFORMATION
marginal hip joint conformation of indeterminate
status with respect to hip dysplasia at this time --
Repeat study in six months

MILD HIP DYSPLASIA
radiographic evidence of minor dysplastic
changes of the hip joints

MODERATE HIP DYSPLASIA
well defined radiographic evidence of dysplastic
changes of the hip joints

SEVERE HIP DYSPLASIA
radiographic evidence of marked dysplastic
changes of the hip joints

RADIOGRAPHIC FINDINGS

- subluxation
 remodeling of femoral head/neck
 osteoarthritis/degenerative joint disease
 shallow acetabula
 acetabular rim/edge change

- unilateral pathology left right
 transitional vertebra
 spondylosis
 panosteitis

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Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

www.ofa.org, A not-for-profit organization

Call name: Millie

Registered name: Millie Jane Coco Chanel

Breed: Labrador Retriever Sex: F

Microchip/Tattoo: 992001901165247

Registration Number: AKC Other

5524272701

Date of Birth (mm/dd/yy): 122220 Date of Exam (mm/dd/yy): 032721

Owner Name: Catherine Osborne

Co-Owner Name: _____ Phone: 419-757-2035

Owner Address: 6773 TR 55

City: Alger State: OH Zip/postal code: 45812

E-Mail (use both lines if needed):
HICKORYWOODSPUPP
IES@GMAIL.COM

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. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Margaret Osborne
 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 # 226 Date 3/27/21

Diplomate, American College of Veterinary Ophthalmologists

FEES AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



721459

Companion Animal Eye Registry (CAER)

	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"/>
	persistent pupillary membranes		
	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"/>	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"/>

Ophthalmologist Name: Dr. Anne Gemensky Metzler EC226

Ophthalmologist Address: The Ohio State University
College of Veterinary Medicine
 Columbus, OH 43210

Phone: 614-292-3551

Email: _____

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<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"/>
<input type="checkbox"/>	Unlisted conditions suspected as not inherited		<input type="checkbox"/>

NORMAL

Comments
