



Patcher

## Coat Color DNA Test

Case Number: 51146

Owner: Gerry Porter/Dorothy Monroe  
1079 Shaw Road  
Ferndale WA 98248

### Canine Information

DNA ID Number: **92540**

Call Name: **Chandler**

Sex: **Male**

Birthdate: **11/02/2014**

Breed: **Australian Labradoodle**

Coat Color: **Black & white parti**


Registered Name:

Registration Number: **C002-11022014-080-LD1**

Microchip/Tattoo:

Report Date: 12/11/2014

DNA Result: **Ee R306ter +/-**

  
Matt Shaunessy, Senior Scientist





**PEDIGREE OF  
PRIMETIMES PATCHES**

\*\*\* Logo not set - select  
Preferences from the Configure  
menu to set it \*\*\*

Sex: Dog  
Breed: Labradoodle  
Variety: Black  
D.o.B: 11/02/2014  
Breeder: PRIMETIME LABRADOODLES  
Owner: Mr Gerry Porter

Parents	Grandparents	Great Grandparents	Great Great Grandparents
Sire Yankee Doodle Harrison	Sire Primmetime's Tucker Lee	Sire RUTLANDS JOFFA BOY	RUTLANDS JOFFA MAN
		Dam RUTLANDS LITTLE BLOSSOM	RUTLANDS MINYA TIA MARIA
Dam Yankee Doodle Lil Angel	Sire CD's Vinnie	Sire RUTLANDS LIL BRET	RUTLANDS KIEKERBOCKER, Chocolate
		Chocolate Dam Tegan Park Katie Jewel	RUTLANDS LIL DREAMER, Chocolate
		Sire Rivernmist Colby	RUTLANDS HEART THROB A-2
		Dam CD's Sugar's Maggie Muggins	Tegan Park Silver Crystal A1
Dam Jubilee Phantom's Love Song	Sire Jubilee Mickey	Sire Aladdin's P Diddy A41-3	aAprina In Alexis Aducci, A31-P2
		Dam Jubilee Morgan A21-cip3	Aaprina In TP Red Tashann'ss Okai, A21-P1
			CD Dorra's Duncan Me Tavish, A#
			CD Alice Sugar Plum , A3
			Sunsets Hills Golden Spark, A3
			Aladdin's Lil Kate
			Alonzo Of Jubilee, CF1
			Jubilee Rosie, A21-P2

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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

# Application for Eye Database

Veterinarian name: \_\_\_\_\_  
 Veterinarian ~~do~~ **Norman, DVM, DACVO**  
 City: \_\_\_\_\_ State: **EC361** Zip/postal code: \_\_\_\_\_  
 Eye Care for Animals  
 Phone: **(623) 872-3937** AKVO #: \_\_\_\_\_  
 Email: \_\_\_\_\_

Registered name: **PATNES (BUDDY)**  
 Breed: **LABRADOR** Ser: **M**  
 ID Number (if any): **981020013515912** Microchip: \_\_\_\_\_  
 Registration Number:  AKC  Other  
 Date of Birth: **11/02/14** Date of Exam: **12/10/15**

Owner name: **Ferry Porter**  
 Owner Address: **435 W ELDORADO DR**  
 City: **SUN CITY** State: **AZ** Zip/postal code: **85351**  
 E-Mail (use both lines if needed): **REPORTER@STMAIL.COM**

I hereby certify that the animal examined is the animal described on this application. I understand that only normal results will be released to the public unless the initials of a registered owner appear in the authorization box below which permits the OFA to release non-passing results to the public. (Signature of owner or authorized representative)  
**Ferry Porter**

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) **FP**

- OFA Eye Clearance Database**
- Initial submission ..... \$12.00
  - Resubmits: ..... \$8.00
  - Submission of non-passing results in the open database: NO CHARGE
- Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.
- Visa/Master Card Number \_\_\_\_\_

Name on card \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

<input type="checkbox"/> endothelial opacity/no strands <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> iris sheets <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to iris		<input type="checkbox"/> ciliary body <input type="checkbox"/> iris <input type="checkbox"/> ant. chamber	
<input type="checkbox"/> persistent pupillary membranes <b>LENS</b>		<input type="checkbox"/> iris coloboma <input type="checkbox"/> iris hypoplasia <input type="checkbox"/> iris sphincter dysplasia <input type="checkbox"/> pigmentary uveitis <input type="checkbox"/> uveal melanoma	
<input type="checkbox"/> iris to iris <input type="checkbox"/> iris to lens <input type="checkbox"/> iris to cornea <input type="checkbox"/> iris sheets <input type="checkbox"/> lens pigment foci/no strands <input type="checkbox"/> endothelial opacity/no strands		<input type="checkbox"/> ant. chamber <input type="checkbox"/> iris <input type="checkbox"/> ciliary body	

<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input type="checkbox"/> EYELIDS <input type="checkbox"/> entropion <input type="checkbox"/> ectropion <input type="checkbox"/> distichiasis <input type="checkbox"/> ectopic cilia <input type="checkbox"/> imperforate lacrimal punctum <input type="checkbox"/> NICTITANS <input type="checkbox"/> cartilage anomaly/eversion <input type="checkbox"/> gland prolapse <input type="checkbox"/> plasmoma/atypical pannus <input type="checkbox"/> CORNEA <input type="checkbox"/> dystrophy—epithelial/stromal <input type="checkbox"/> dystrophy—endothelial <input type="checkbox"/> pannus <input type="checkbox"/> exposure/pigmentary keratitis <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst	<input type="checkbox"/> ant. chamber <input type="checkbox"/> iris <input type="checkbox"/> ciliary body
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<input type="checkbox"/> anterior cortex <input type="checkbox"/> posterior cortex <input type="checkbox"/> equatorial cortex <input type="checkbox"/> anterior sutures <input type="checkbox"/> posterior sutures <input type="checkbox"/> nucleus <input type="checkbox"/> capsular <input type="checkbox"/> generalized/complete <input type="checkbox"/> resorbing/hypemature <input type="checkbox"/> significance of cataract unknown <input type="checkbox"/> subluxation/luxation	<input type="checkbox"/> anterior chamber <input type="checkbox"/> syneresis <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration
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RIGHT EYE **GLOBE** LEFT EYE

ANT. CHAMBER SYNERESIS

degeneration

<input type="checkbox"/> detached <input type="checkbox"/> geographic <input type="checkbox"/> folds	<input type="checkbox"/> retinal detachment <input type="checkbox"/> retinal atrophy—generalized <input type="checkbox"/> retinopathy <input type="checkbox"/> retinal dysplasia	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached
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RIGHT EYE **FUNDUS** LEFT EYE

choroidal hypoplasia  
 coloboma  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla

**OTHER CONDITIONS**

Unlisted conditions suspected as inherited. Describe in comments \_\_\_\_\_  
 Unlisted conditions suspected as not inherited \_\_\_\_\_

**NORMAL**

I did not verify microchip/tattoo on this dog  
 I DID NOT verify microchip/tattoo on this dog

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: \_\_\_\_\_ Date: **12/10/15**  
 Diplomat, American College of Veterinary Ophthalmologists  
 Comments: \_\_\_\_\_

WHITE = Owner copy; YELLOW = OFA Office copy; PINK = ACVO Diplomat copy

077989

9/12/12



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**Status:** FINAL REPORT  
**Notes:** Health clearance  
**Diet:** Origin kibble

Accession No. Doctor Owner Pet Name Received  
**HML87050** CLIFF FAVER **PORTER, GERRY** PRIMETIMES PATCHES 04/04/16

Species Breed Sex Pet Age Reported  
Canine Labradoodle M 1 Yrs 2 Months 04/04/16  
25 lbs

Test Requested	Result	Case Specific	General Range	Units
<b>T4</b>	1.79	1.50 - 3.60	0.80 - 3.80	ug/dL
<b>Free T4</b>	0.94	0.85 - 2.30	0.55 - 2.32	ng/dL
<b>T4/FT4 Ratio</b>	↑ 1.90 See below		1.25 - 1.75	
<b>T3</b>	↑ 85.5	30 - 70	30.0 - 70.0	ng/dL
<b>Free T3</b>	2.30	1.6 - 3.5	1.60 - 3.50	pg/mL
<b>Thyroglobulin Autoantibody (TgAA)</b>	< 1 Negative	< 10	< 10	%

Dear Cliff and Gerry: Patches' thyroid levels are normal overall here. Increased T3 level is most likely due to increased tissue metabolic demand. Recommend annual retesting. --Andrew Zuckerman DVM

\*T4/FT4 Ratios at or below 1.25 generally, but not always, signify the presence of non-thyroidal illness (NTI), or, hypothyroidism + NTI. High T4/FT4 Ratios usually are not clinically relevant except in thyroxine overdose or thyroid-secreting tumors.

TGAA CONFIRMATORY TEST RANGES < 10% =Negative; 10%-25% =Equivocal;>25%= Positive

If positive (elevated), the TGAA level confirms autoimmune thyroiditis. False positive results can occur if the dog has been vaccinated for rabies within 30 to 40 days. Thyroid hormone supplementation can decrease TGAA levels. Performed using the preferred Non-Specific Binding (NSB) Method.

*Andrew Zuckerman, DVM*

HEMOLIFE assays and reports use patented non-RIA technology and interpretations. Thyroid 5<sup>TM</sup> is a trademark.