

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



FR'S ELEGANT GRACE  
*registered name*

SR52987101  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

10/31/2008  
*date of birth*

092383604 DNA:V753423  
*tattoo/microchip/DNA profile*

92  
*age at evaluation in months*



A Not-For-Profit Organization

1449645  
*application number*

LR-190472E92F-PI  
*O.F.A. NUMBER*

1/23/2017  
*date of report*

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

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

EXCELLENT

owner

CASEY & JESSICA DOWLER  
PO BOX 72  
BRITTON, SD 57430

*G.G. Keller DVM*

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



FR'S ELEGANT GRACE  
*registered name*

SR52987101  
*registration no.*

LABRADOR RETRIEVER  
*breed*

F  
*sex*

10/31/2008  
*date of birth*

092383604 DNA:V753423  
*tattoo/microchip/DNA profile*

92  
*age at evaluation in months*



A Not-For-Profit Organization

1449645  
*application number*

LR-EL76149F92-PI  
*O.F.A. NUMBER*

1/23/2017  
*date of report*

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

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of elbow dysplasia was recognized.

NORMAL

owner

CASEY & JESSICA DOWLER  
PO BOX 72  
BRITTON, SD 57430

*G.G. Keller DVM*

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

www.offa.org



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FR'S ELEGANT GRACE  
*registered name*

LABRADOR RETRIEVER  
*breed*

YELLOW  
*color*

092 383 604  
*tattoo/microchip/DNA profile*

1449645  
*application number*

12/28/2010  
*date of report*

**RESULTS:**

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SR52987101  
*registration no.*

F  
*sex*

10/31/2008  
*date of birth*

25  
*age at evaluation in months*

LR-190472G25F-VPI  
*O.F.A. NUMBER*

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



A Not-For-Profit Organization

GOOD

owner

JESSICA LEE & CASEY DOWLER  
14628 438TH AVE  
WEBSTER, SD 57274

G.G. KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

[www.offa.org](http://www.offa.org)

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FR'S ELEGANT GRACE  
*registered name*

LABRADOR RETRIEVER  
*breed*

092 383 604  
*tattoo/microchip/DNA profile*

1449645  
*application number*

10/31/2013  
*date of report*

RESULTS:  
EXERCISE INDUCED COLLAPSE (EIC): CLEAR

SR52987101  
*registration no.*

F  
*sex*

10/31/2008  
*date of birth*

25  
*age at evaluation in months*

LR-EIC2166/25F-VPI  
*O.F.A. NUMBER*

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revoke by the Orthopedic Foundation for Animals.*



A Not-For-Profit Organization

owner

CASEY & JESSICA DOWLER  
PO BOX 72  
BRITTON, SD 57430

G.G. KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

[www.offa.org](http://www.offa.org)



UNIVERSITY OF MINNESOTA  
VETERINARY DIAGNOSTIC LAB  
01/17/003

# University of Minnesota

**Veterinary Diagnostic Laboratory**  
**College of Veterinary Medicine**  
1333 Gortner Avenue  
St. Paul, MN 55108

1-800-605-8787  
612-625-8787  
Fax: 612-624-8707  
e-mail: vdl@umn.edu  
www.vdl.umn.edu

Accession Number: D10-055091

Owner: DOWLER, JESSICA  
14628 438TH AVE  
WEBSTER, SD 57274

**Veterinarian:**  
Dr. Jessi Warrington  
Webster Veterinary Clinic  
1400 E 7th Street  
Webster, SD 57274

**Site:**  
**Received:** 12/08/2010  
**Reference:**  
**Species:** Canine  
**Breed:** Labrador Retriever  
**Age:** 10/31/08      **Sex:** Intact  
Female  
**Weight:**

**Diagnostic Report: Genetic Test for Canine Exercise Induced Collapse (EIC)**

**Specimen From:** FR's Elegant Grace

**With Identification:** 092383604

**With Registration Number:** SR52987101

**ID Verified by Veterinarian:** Yes

**Result:** Clear

See following page for interpretation.

**Orthopedic Foundation for Animals (OFA) International DNA Based Genetic Database:** To register your result with the OFA, make a copy of this result page, sign below, and mail WITH FEE to:

Orthopedic Foundation for Animals  
2300 E Nifong Blvd  
Columbia, MO 65201-3806  
or FAX to: 573-875-5073

*I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.*

**Signature of owner or authorized representative:** \_\_\_\_\_

**Fees**

- Submission fee/individual.....\$15.00
- A litter of 3 or more submitted together.....\$30.00 total
- kennel rate: Individuals submitted as a group, owned/co-owned by the same person**
- 5 or more individuals.....\$7.50 each

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/MasterCard Number      Name on Card      Exp Date      CVV (security code)

**Affected dogs at any age are no charge**

**Interpretation**

**Clear:** Your dog is clear of the DNMT1 gene mutation highly associated with EIC. This means that your dog has two

D10-055091 - DOWLER, JESSICA



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.



FR'S ELEGANT GRACE  
*registered name*

LABRADOR RETRIEVER  
*breed*

LR-CNM13-514-F-PIV  
*film/test/lab #*

092383604 DNA:V753423  
*tattoo/microchip/DNA profile*

1449645  
*application number*

9/1/2015  
*date of report*

**RESULTS:**

CENTRONUCLEAR MYOPATHY (CNM): CLEAR

SR52987101  
*registration no.*

F  
*sex*

10/31/2008  
*date of birth*

61  
*age at evaluation in months*

LR-CNM882/61F-VPI  
*O.F.A. NUMBER*

*This number issued with the right to correct or  
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*These results are based on the laboratory report from ALFORT SCHOOL OF VET MEDICINE and the owner's certification that the sample provided was from the animal described above. The OFA registers these lab results, but cannot warrant the accuracy of the lab results.*

owner

CASEY & JESSICA DOWLER  
PO BOX 72  
BRITTON, SD 57430

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

[www.offa.org](http://www.offa.org)



Centronuclear Myopathy (CNM)  
Hereditary Myopathy of the Labrador Retriever

***PTPLA gene test result***

A buccal swab from:

Call name: Ellie

Registered: Fr's Elegant Grace

with the number: AKC SR52987101

with Identification: Microchip 092 383 604

certified by a veterinarian? Yes

has been received at the Alfort School of Veterinary Medicine on

**2013-12-05**

DNA was extracted, analyzed and has been shown to contain

**Two PTPLA gene copies with no insertion in exon 2**

>> clear of the CNM mutation and  
not at risk for transmitting the deleterious gene <<

and as a consequence received the CNM database registration number :

**LR-CNM13-514-F-PIV**

Signature:

Dr Laurent Tiret

Date: **2013-12-10**

more information on <http://www.labradorcnm.com>

Alfort School of Veterinary Medicine  
7 avenue du Général de Gaulle  
94704 Maisons-Alfort CEDEX  
France

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FR'S ELEGANT GRACE

*registered name*

LABRADOR RETRIEVER

*breed*

376557

*film/test/lab #*

092383604 DNA:V753423

*tattoo/microchip/DNA profile*

1449645

*application number*

5/21/2018

*date of report*

**RESULTS:**

Based upon the exam dated 4/30/2016, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

owner

CASEY & JESSICA DOWLER

PO BOX 72

BRITTON, SD 57430

SR52987101

*registration no.*

F

*sex*

10/31/2008

*date of birth*

89

*age at evaluation in months*

LR-EYE7723/89F-VPI

*O.F.A. NUMBER*

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



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*G.G. Keller, D.V.M.*

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FR'S ELEGANT GRACE  
*registered name*

LABRADOR RETRIEVER  
*breed*

140084  
*film/test/lab #*

092383604 DNA:V753423  
*tattoo/microchip/DNA profile*

1449645  
*application number*

9/1/2015  
*date of report*

**RESULTS:**

Based upon the exam dated 1/24/2015, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

SR52987101  
*registration no.*

F  
*sex*

10/31/2008  
*date of birth*

74  
*age at evaluation in months*

LR-EYE7723/74F-VPI  
*O.F.A. NUMBER*

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



A Not-For-Profit Organization

owner

CASEY & JESSICA DOWLER  
PO BOX 72  
BRITTON, SD 57430

G.G.KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

[www.offa.org](http://www.offa.org)





# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806  
Phone: (573) 442-0418; Fax: (573)875-5073  
www.offa.org, A not-for-profit organization

Registered name: **FR'S Elegant Grace**  
 Breed: **Labrador** Sex: **F**  
 ID Number (if any):  Tattoo  Microchip  
**092383604**  
 Registration Number:  AKC  Other  
**SR52987101**  
 Date of Birth: **103108** Date of Exam: **043016**  
 Owner Name: **Jessica Dowler**  
 Co-Owner Name: **Casey Dowler** Phone: **605-691-3044**  
 Owner Address: **PO Box 72**  
 City: **Britton** State: **SD** Zip/postal code: **57430**  
 E-Mail (use both lines if needed): **fr1abs@yahoo.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.

*Jessica F. Dowler*  
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) \_\_\_\_\_

**OFA Eye Clearance Database**

- Initial submission..... \$12.00
- Resubmits:..... \$ 8.00
- Litter of 3 or more submitted together..... \$30.00
- Kennel Rate - Minimum of 5 individuals submitted as a group, owned/co-owned by same person..... \$ 7.50
- 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.

To pay by Credit Card, see the back of the WHITE sheet.



376557

## Companion Animal Eye Registry (CAER)

	<b>RIGHT EYE</b>	<b>GLOBE</b>	<b>LEFT EYE</b>
	<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
	<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
	<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
		<b>EYELIDS</b>	
	<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"/>
		<b>NICTITANS</b>	
	<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"/>
		<b>CORNEA</b>	
	<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"/>
		<b>UVEA</b>	
	<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"/>
	<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>
		<b>LENS</b>	
	<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"/>	suspect not inherited	<input type="checkbox"/>
	<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
		<b>VITREOUS</b>	
	<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: \_\_\_\_\_  
 Ophthalmologist Address: **Dr. Robert Larocca EC211**  
 City: **Animal Eye Specialty Center** State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_  
**13783 Ibis St NW Ste 800**  
 Phone: \_\_\_\_\_ ACVO#: \_\_\_\_\_  
**Andover, MN 55304**  
 Email: \_\_\_\_\_

	<b>RIGHT EYE</b>	<b>FUNDUS</b>	<b>LEFT EYE</b>
<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"/>	<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**

Unlisted conditions suspected as **inherited**. Describe in comments \_\_\_\_\_

Unlisted conditions suspected as **not inherited**

**NORMAL**

I DID 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: *J. Larocca* ACVO # **211** Date: **4/30/2016**

Diplomate, American College of Veterinary Ophthalmologists

Comments

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ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FR'S ELEGANT GRACE  
*registered name*

LABRADOR RETRIEVER  
*breed*

092 383 604  
*tattoo/microchip/DNA profile*

1449645  
*application number*

10/31/2013  
*date of report*

*RESULTS:*  
prcd PROGRESSIVE RETINAL ATROPHY: CLEAR/NORMAL

owner

CASEY & JESSICA DOWLER  
PO BOX 72  
BRITTON, SD 57430

SR52987101  
*registration no.*

F  
*sex*

10/31/2008  
*date of birth*

25  
*age at evaluation in months*

LR-PRA949/25F-VPI  
*O.F.A. NUMBER*

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



A Not-For-Profit Organization



*G.G. Keller, D.V.M.*

G.G. KELLER, D.V.M., M.S., DACVR  
CHIEF OF VETERINARY SERVICES

10-9588

[www.offa.org](http://www.offa.org)



**Test Report**

**Jessica Dowler**  
14628 438th avenue  
Webster, SD 57274  
USA

Optigen Accession #: **10-9588**  
Report issued for: **Elli**  
FAX: **605 345 1371**

*OptiGen Test Certificate*

**Optigen Accession #: 10-9588**

**Report Issued: 12/15/2010**

**Test Performed: prcd Mutation Test for PRA**

**Result: Normal**  
**Sample Type: Blood**

**Registered Name: FR's Elegant Grace**

**Reg#: SR52987101**

**Breed: Labrador Retriever**

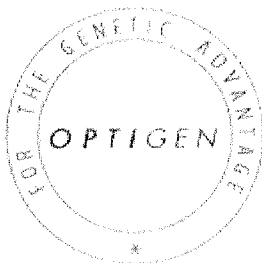
**ID#: 092 383 604**

**Sex: Female**

**Date of Birth: October 31, 2008**

**Owner(s):**

**Jessica Dowler**  
**Casey Dowler**



*Susan Pease Kelling*  
**OptiGen Authorized Signature**

[www.optigen.com](http://www.optigen.com)

Test Results: Genotype of your dog is Normal/Clear.

Risk for developing prcd-PRA: This dog will never develop the prcd form of PRA (progressive rod-cone degeneration form of Progressive Retinal Atrophy). So far, the only inherited PRA disease known in dogs of your breed is the prcd form of PRA.

Significance for breeding: Genetically Normal/Clear dogs can be bred to any dog and will produce no pups affected with the prcd form of PRA.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing the prcd form of PRA in Labrador Retrievers as of the date on this report.

For further information, please consult the OptiGen website at [www.optigen.com](http://www.optigen.com).

**International DNA Based Genetic Database:** To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. [www.ofa.org](http://www.ofa.org)

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative: \_\_\_\_\_