

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

HIMOON EVERLAND WEST SIDE STORY, CH
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

981020033249897
tattoo/microchip/DNA profile

2135680
application number

03/19/2021
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:

SS11277901
registration no.

M
sex

03/09/2019
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-253486E24M-VPI
O.F.A. NUMBER

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

EXCELLENT

owner STACEY PARSONS; SHAWN PARSONS
PO BOX 99
GRAHAM WA 98338

OFA eCert



*Verify certificate
with QR scan*

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

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

www.ofa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

HIMOON EVERLAND WEST SIDE STORY, CH
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

981020033249897
tattoo/microchip/DNA profile

2135680
application number

03/19/2021
date of report

RESULTS:

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

SS11277901
registration no.

M
sex

03/09/2019
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-EL101874M24-VPI
O.F.A. NUMBER

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

NORMAL

owner STACEY PARSONS; SHAWN PARSONS
PO BOX 99
GRAHAM WA 98338

OFA eCert



*Verify certificate
with QR scan*

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

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

www.ofa.org

This electronic OFA certificate was generated on: 03/19/2021

This certification can be verified on the OFA website by entering the dog's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email CORRECTIONS@OFFA.ORG to request a correction.

Orthopedic Foundation for Animals, Inc.
2300 E. Nifong Blvd.
Columbia, MO 65201-3806

OFA website: www.ofa.org
E-mail address: ofa@offa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

HIMMOON EVERLAND WEST SIDE STORY

registered name

SS11277901
registration no.

LABRADOR RETRIEVER

breed

M
sex

C085296

film/test/lab #

03/09/2019
date of birth

981020033249897

lat/lon/microchip/DNA profile



A Not-For-Profit Organization

2135680

application number

12
age at evaluation in months

LR-ACA2212/12M-PI

O.F.A. NUMBER

09/24/2020
date of report

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

RESULT:

NORMAL: NO EVIDENCE OF CONGENITAL OR ADULT ONSET INHERITED HEART DISEASE - AUSCULTATION & ECHO
(NOTE: THE CONGENITAL CLEARANCE IS CONSIDERED PERMANENT; ADULT ONSET CLEARANCE VALID FOR 1 YEAR
FROM TEST DATE 03/14/2020.)

EXAMINER: CK03-RICHARD KIENLE, DVM, DACVIM

owner

STACEY PARSONS
SHAWN PARSONS
PO BOX 99
GRAHAM WA 98338

OFA eCert



Verify certificate
with QR scan

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

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Orthopedic Foundation for Animals, Inc.

2300 E. Nifong Blvd.

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OFA website: www.ofa.org

E-mail address: ofa@ofa.org

Phone number: 573-442-0418

Fax number: 573-875-5073



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:	RIFF
Registered Name:	HIMON EVERLAND WEST SIDE STORY CH
Sex/Breed:	M LABRADOR RETRIEVER
Microchip/Tattoo:	981020033249897
Registration No:	SS11277901
Date of Birth:	03/09/2019
Owner Name:	STACEY PARSONS
Co-owner Name:	
Owner Address:	PO BOX 99
City/State/Postal:	GRAHAM WA 98338
Email:	everlandlabs@aol.com
Telephone:	253-405-5406

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.

Signature of owner or authorized agent/representative

09/25/2022

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

DR NATHAN KICE 360

Signature/ACVO#/Date

Exam registration number:



22FT8W

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"/>
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"/>
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:	DR NATHAN KICE
Clinic Name:	SUMMIT VETERINARY REFERRAL CENTER
ACVO #:	360
Phone:	253-983-1114

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<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"/>

<input checked="" type="checkbox"/>	NORMAL	<input checked="" type="checkbox"/>
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Comments

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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: **Riff**
Registered name: **GCH Himeon Everland West Side Story**
Breed: **Labrador** Sex: **M**
Microchip/Tattoo: **981 020033 249897**
Registration Number: **SS11277901**
Date of Birth (mm/dd/yy): **030919** Date of Exam (mm/dd/yy): **091221**
Owner Name: **Stacey Parsons**
Co-Owner Name: **Shaugh Parsons** Phone: **253 405-5406**
Owner Address: **PO BOX 99**
City: **Cerham** State: **WA** Zip/postal code: **98338**
E-Mail (use both lines if needed): **everlandlabs@aol.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.

Stacey Parsons
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: *B. Mull* ACVO #: **148** Date: **9-12-21**
Diplomate, American College of Veterinary Ophthalmologists

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



778365

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"/>	
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<input type="checkbox"/>	uveal melanoma		<input type="checkbox"/>	
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"/>	
CATARACT				
<input type="checkbox"/>	Significance Unknown/Suspect Not Inherited		<input type="checkbox"/>	
<input type="checkbox"/>	posterior Y-suture tip opacities		<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: *B. Mull*
Ophthalmologist Address: _____
City: **VOLPE** State: _____ Zip/postal code: _____
Phone: **561 7456344** ACVO #: **148**
Email: _____

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	retinal detachment		<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy—generalized		<input type="checkbox"/>	
<input type="checkbox"/>	CMR/CMR-like retinopathy		<input type="checkbox"/>	
<input type="checkbox"/>	other presumed inherited retinopathy		<input type="checkbox"/>	
retinal dysplasia				
<input type="checkbox"/>	choroidal hypoplasia		<input type="checkbox"/>	
<input type="checkbox"/>	coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve coloboma		<input type="checkbox"/>	
<input type="checkbox"/>	optic nerve hypoplasia		<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

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomate copy; YELLOW = ACVO Research copy

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03/16/21

Laboratory Report

Laboratory #:	141519	Call Name:	Riff
Order #:	92363	Registered Name:	Himoon's West Side Story
Ordered By:	Stacey Parsons	Breed:	Labrador Retriever
Ordered:	Nov. 20, 2020	Sex:	Male
Received:	Jan. 8, 2021	DOB:	March 2019
Reported:	Jan. 20, 2021	Registration #:	SS11277901

Results:

Disease	Gene	Genotype	Interpretation
Centronuclear Myopathy	<i>PTPLA</i>	WT/WT	Normal (clear)
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
Exercise-Induced Collapse	<i>DNM1</i>	WT/WT	Normal (clear)
Hereditary Nasal Parakeratosis	<i>SUV39H2</i>	WT/WT	Normal (clear)
Macular Corneal Dystrophy (Labrador Retriever Type)	<i>CHST6</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Retinal Dysplasia/Oculoskeletal Dysplasia 1	<i>COL9A3</i>	WT/WT	Normal (clear)
Skeletal Dysplasia 2	<i>COL11A2</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

Interpretation:

Molecular genetic analysis was performed for eight specific mutations reported to be associated with disease in dogs. We identified two normal copies of the DNA sequences in the mutations tested.

Recommendations:

No mutations were identified. Thus, this dog is not at an increased risk for the diseases caused by or associated with the mutations tested. Because this dog is "clear" of these mutations, this dog will only pass the normal genes on to its offspring. Normal results do not exclude inherited mutations not tested in these or other genes that may cause medical problems or may be passed on to offspring. Paw Print Genetics® has genetic counseling available to you at no additional charge to answer any questions about these test results, their implications and potential outcomes in breeding this dog.