

**Orthopedic Foundation for Animals**  
**Preliminary Elbow Dysplasia Evaluation Report**



A Not-for-Profit  
Organization

WINDSOR LOVE FROM DAD  
*registered name*

WALA00073472  
*registration no.*

AUSTRALIAN LABRADOODLE  
*breed*

M  
*sex*

*film/test/lab #*

12/04/2021  
*date of birth*

956000006760518  
*tattoo/microchip/DNA profile*

13  
*age at evaluation in months*

2409857  
*application number*

01/23/2023  
*date of report*

**Owner**

CHARRIE RAY  
VIJAY PANDIYARAJAN  
1505 NORMANDY STREET  
LASALLE ON N9J1X9  
CANADA

**Veterinarian**

TOWN AND COUNTRY ANIMAL CLINIC  
2055 SANDWICH WEST PKWY  
LASALLE ON N9H2E1  
CANADA

Preliminary Elbow Dysplasia Evaluation Report

**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**  
**Preliminary Hip Dysplasia Evaluation Report**



A Not-for-Profit  
Organization

WINDSOR LOVE FROM DAD  
*registered name*

AUSTRALIAN LABRADOODLE  
*breed*

*film/test/lab #*

95600006760518  
*tattoo/microchip/DNA profile*

2409857  
*application number*

01/23/2023  
*date of report*

WALA00073472  
*registration no.*

M  
*sex*

12/04/2021  
*date of birth*

13  
*age at evaluation in months*

**Owner**

CHARRIE RAY  
VIJAY PANDIYARAJAN  
1505 NORMANDY STREET  
LASALLE ON N9J1X9  
CANADA

**Veterinarian**

TOWN AND COUNTRY ANIMAL CLINIC  
2055 SANDWICH WEST PKWY  
LASALLE ON N9H2E1  
CANADA

Preliminary Hip Dysplasia Evaluation Report

\_\_\_\_\_ **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

*G.G. Keller, DVM*

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

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

WINDSOR LOVE FROM DAD  
*registered name*

AUSTRALIAN LABRADOODLE  
*sex/breed*

22E7G3  
*film/test/lab #*

95600006760518  
*tattoo/microchip/DNA profile*

2409857  
*application number*

11/11/2022  
*date of report*

**RESULTS:**

Based upon the exam dated 11/06/2022, 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.

WALA00073472  
*registration no.*

M

12/04/2021  
*date of birth*

11  
*age at evaluation in months*



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LD-EYE5541/11M-VPI  
*O.F.A. NUMBER*

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

NORMAL

**owner**  
CHARRIE RAY  
VIJAYA PANDIYARAJAN; SUMATHI  
GANESHAN  
1505 NORMANDY STREET  
LASALLE ON N9J1X9  
CAN

OFA eCert



Verify QR scan

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

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

This electronic OFA certificate was generated on: 11/11/2022

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](mailto: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](http://www.ofa.org)  
E-mail address: [ofa@offa.org](mailto:ofa@offa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073

Office Use Only  
 APPL \_\_\_\_\_  
 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201  
 Phone (573) 442-0418; Fax (573) 875-5073  
 email: ofa@ofa.org | website: www.ofa.org  
 A Not-for-Profit Organization

Office Use Only  
 v010122

## Application for Basic Cardiac Database

Registered name: <b>WINDSOR LOVE FROM DAD "ANBU"</b>		AKC registration number: <b>WALA00073472</b>	Other registry name: Other registry #:
Breed: <b>AUSTRALIAN LABRADOODLE MEDIUM</b>	Sex: <b>M</b>	Date of birth (MM/DD/YY): <b>12/04/2021</b>	
Microchip/tattoo: <b>956000006760518</b>	Registration number of sire: <b>WALA00010806</b>	Registration number of dam: <b>WALA00041509</b>	
Owner name: <b>CHARRIE RAY</b>	Co-Owner name: <b>VIJAYA PANDIYARAJAN, SUMATHI GANESHAN</b>	Examining veterinary clinic: <b>SARAH ACHEN, DVM DACVIM</b>	Date of evaluation (MM/DD/YY): <b>11/06/2022</b>
Mailing address: <b>1505 NORMANDY STREET</b>		Mailing address: <b>29080 INKSTER RD</b>	
City: <b>LASALLE</b>	State: <b>ON</b>	Zip/postal code: <b>N9J 1X9</b>	City: <b>SOUTHFIELD</b>
State: <b>MI</b>	Zip/postal code: <b>48034</b>	Phone: <b>248-982-2908</b>	E-mail: <b>puppies@windsordoodle.com</b>
E-mail: <b>CARDIOLOGY.MI@BLUEPEARLVET.COM</b>		E-mail: <b>CARDIOLOGY.MI@BLUEPEARLVET.COM</b>	

I hereby certify that the animal examined is the animal described on this application. I understand that by submitting these results to the OFA, if the animal was 12 months or older at the time of the exam, the results will be released to the public. Exams on animals under 12 months of age are considered preliminary, are not eligible for OFA certification numbers, and the results will not be released to the public.

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

### Veterinary Exam Results

Clinical findings based on cardiac auscultation is required. (see page 2)

AUSCULTATION (REQUIRED)					
Normal	<input checked="" type="checkbox"/>	Abnormal	<input type="checkbox"/>	Arrhythmia	<input type="checkbox"/>
Murmur Grade:	I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>
PMI:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Base <input type="checkbox"/>	Apex <input type="checkbox"/>	
Timing:	Systolic <input type="checkbox"/>	Diastolic <input type="checkbox"/>	Continuous	<input type="checkbox"/>	
Extra Sounds:	Click <input type="checkbox"/>	Gallop <input type="checkbox"/>	Split S1 <input type="checkbox"/>	Split S2 <input type="checkbox"/>	

#### Summary evaluation and opinion of the examiner:

- Normal cardiovascular examination—heart disease is not evident
- Equivocal cardiovascular examination—heart disease cannot be diagnosed nor excluded; status uncertain for breeding.
- Abnormal cardiovascular examination indicative of heart disease; indicate suspected diagnosis below:

\_\_\_\_\_

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.  
 I DID verify microchip/tattoo on this dog       I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature \_\_\_\_\_ Date **11/6/22**

Check one box:  Practitioner,  Specialist,  Cardiologist

**Fees** Animals Over 12 Months ..... \$15.00      **Kennel Rate**—Individuals submitted as a group, owned/co-owned by same person.  
 Litter of 3 or more submitted together ..... \$30.00      Minimum of 5 individuals ..... \$10.00 each

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by Visa, Mastercard, check or money order (U.S. funds drawn on a U.S. bank) payable to the Orthopedic Foundation for Animals.

Card number \_\_\_\_\_ Cardholder name \_\_\_\_\_ Exp date MM/YY \_\_\_\_\_ CV \_\_\_\_\_



CASE: 22SRLX

Submit thru <https://online.ofa.org>  
 Or provide payment details here if mailing or emailing