

PennHIP Report

Referring Veterinarian: Dr Heath Wiseman	Clinic Name: Springfield Veterinary Center (MO)
Email: info@springfieldvet.com	Clinic Address: 330 E. Battlefield Suite B Springfield, MO 65807
	Phone: (417) 887-8030
	Fax: (417) 887-1250

Patient Information

Client: Degraffenreid, Lora	Tattoo Num:
Patient Name: Pepper	Patient ID: 18068
Reg. Name: Noir Spice of Life	Registration Num: PR19662501
PennHIP Num: 113207	Microchip Num: 981020021797136
Species: Canine	Breed: STANDARD POODLE
Date of Birth: 23 Dec 2016	Age: 11 months
Sex: Female	Weight: 25.1 lbs/11.4 kgs
Date of Study: 20 Nov 2017	Date Submitted: 20 Nov 2017
Date of Report: 20 Nov 2017	

Findings

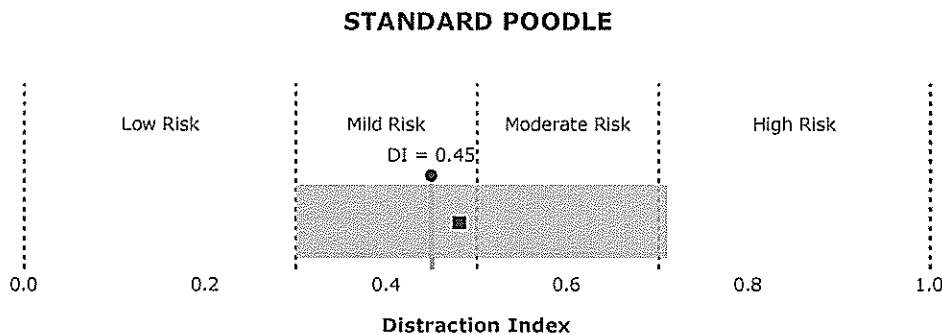
Distraction Index (DI): Right DI = 0.37, Left DI = 0.45.
Osteoarthritis (OA): No radiographic evidence of OA for either hip.
Cavitation/Other Findings: None.

Interpretation

Distraction Index (DI): The laxity ranking is based on the hip with the greater laxity (larger DI). In this case the DI used is 0.45.

OA Risk Category: The DI is between 0.31 and 0.49. This patient is at mild risk for hip OA.

Distraction Index Chart:



Breed Statistics: This interpretation is based on a cross-section of 2968 canine patients of the STANDARD POODLE breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.30 - 0.71) for the breed. The breed average DI is 0.48 (solid square). The patient DI is the solid circle (0.45).

Summary: The degree of laxity (DI = 0.45) falls within the central 90% range of DIs for the breed. This amount of hip laxity places the hip at a mild risk to develop hip OA. No radiographic evidence of OA for either hip.

Interpretation and Recommendations: No OA/Mild Risk: Low risk to develop radiographic evidence of hip OA early in life, however OA may manifest after 6 years of age or later. Risk of OA increases as DI, age, body weight, and activity level increase. OA susceptibility is breed specific, larger breeds being more susceptible. **Recommendations:** Evidence-based strategies to lower the risk of dogs developing hip OA or to treat those having OA fall into 5 modalities.* For detailed

information, consult these documents.* Use any or all of these modalities as needed:

- 1) For acute or chronic pain prescribe NSAID PO short or long term. Amantadine can be added if response is marginal or if a neuropathic component to the pain is suspected.
- 2) Optimize body weight, keep lean, at BCS = 5/9.
- 3) Prescribe therapeutic exercise at intensities that do not precipitate lameness.
- 4) Administer polysulfated glycosaminoglycans IM or SQ, so-called DMOAD.
- 5) Feed an EPA-rich prescription diet preventatively for dogs at risk for OA or therapeutically for dogs already showing radiographic signs of OA.

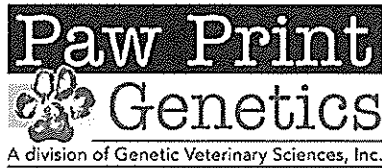
At the present time there is inadequate evidence to confidently recommend any of the many other remedies to prevent or treat OA. Studies are in progress. Consider repeating radiographs at periodic intervals to determine the rate of OA progression and adjust treatment accordingly. Older dogs may show clinical signs such as chronic pain, reluctance to go stairs or jump onto the bed, and stiffness particularly after resting. It is unlikely that end-stage hip disease will develop for dogs at this risk level so surgical therapy for the pain of hip OA would rarely be indicated.

Breeding Recommendations: Please consult the PennHIP Manual.

* From WSAVA Global Pain Council Guidelines and the 2015 AAHA/AAFP Pain Management Guidelines

Comments:

None



Canine Genetic Health Certificate™

Call Name: Pepper
Registered Name: Noir Spice Of Life
Breed: Poodle
Sex: Female
DOB: Dec. 2016

Laboratory #: 43656
Registration #: PR19662501
Microchip #: 981020021797136
Certificate Date: March 9, 2017

This canine's DNA showed the following genotype(s):

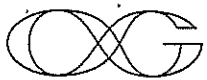
Disease	Gene	Genotype	Interpretation
Degenerative Myelopathy	<i>SOD1</i>	WT/WT	Normal (clear)
GM2 Gangliosidosis (Poodle Type)	<i>HEXB</i>	WT/WT	Normal (clear)
Neonatal Encephalopathy with Seizures	<i>ATF2</i>	WT/WT	Normal (clear)
Osteochondrodysplasia	<i>SLC13A1</i>	WT/WT	Normal (clear)
Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration	<i>PRCD</i>	WT/WT	Normal (clear)
Von Willebrand Disease I	<i>VWF</i>	WT/WT	Normal (clear)
Von Willebrand Disease II	<i>VWF</i>	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant

Christina J Ramirez, PhD, DVM, DACVP
Medical Director

Casey R Carl, DVM
Associate Medical Director

Paw Print Genetics® performed the tests listed on this dog. See the Laboratory Report for interpretation and recommendations based on these findings. The genes/diseases reported here were selected by the client. 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. These tests were developed and their performance determined by Paw Print Genetics. This laboratory has established and verified the tests' accuracy and precision. Because all tests performed are DNA-based, rare genomic variations may interfere with the performance of some tests producing false results. If you think these results are in error, please contact the laboratory immediately for further evaluation. In the event of a valid dispute of results claim, Paw Print Genetics will do its best to resolve such a claim to the customer's satisfaction. If no resolution is possible after investigation by Paw Print Genetics with the cooperation of the customer, the extent of the customer's sole remedy is a refund of the fee paid. In no event shall Paw Print Genetics be liable for indirect, consequential or incidental damages of any kind. Any claim must be asserted within 60 days of the report of the test results. Genetic counseling is available at Paw Print Genetics.



Test Report

Lora DeGraffenreid
32262 Hwy. AC
Lebanon, MO 65536
USA

Optigen Accession #: 17-5476
Report issued for: Pepper

OptiGen Test Certificate

Optigen Accession #: 17-5476

Test Completed: 11/28/2017
Report Issued: 11/28/2017

Test Performed: rcd4 test for PRA

Result: Normal
Sample Type: Swab

Registered Name: Noir Spice Of Life

Reg#: PR19662501

Breed: Standard Poodle

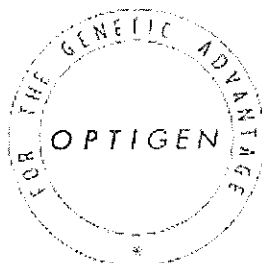
ID#: 981020021797136

Sex: Female

Date of Birth: December 23, 2016

Owner(s):

Lora DeGraffenreid



Susan Teasdale
OptiGen Authorized Signature

www.optigen.com

Test Results: Genotype of your dog is: NORMAL/CLEAR

Risk for developing: This dog will not develop the form of Progressive Retinal Atrophy caused by the rcd4-LOPRA mutation.

Significance for breeding: Genetically Normal/Clear dogs can be bred to any dog and will produce no pups affected with PRA due to the rcd4-LOPRA mutation.

Other PRA(s): Please note that other forms of PRA in addition to rcd4-LOPRA may occur in this breed. DNA tests for PRA are a valuable tool but do not replace the importance of regular eye exams by a veterinary ophthalmologist.

For further information, please consult the OptiGen website at 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
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: _____



Test Report

Lora DeGraffenreid
32262 Hwy. AC
Lebanon, MO 65536
USA

Optigen Accession #: 17-5476
Report issued for: Pepper

OptiGen Test Certificate

Optigen Accession #: 17-5476

Test Completed: 11/20/2017
Report Issued: 11/20/2017

Test Performed: DB/RD test

Result: Normal
Sample Type: Swab

Registered Name: Noir Spice Of Life

Reg#: PR19662501

Breed: Standard Poodle

ID#: 981020021797136

Sex: Female

Date of Birth: December 23, 2016

Owner(s):

Lora DeGraffenreid



Susan Peasart Kelling
OptiGen Authorized Signature

www.optigen.com

Test Results: Genotype of your dog is Homozygous wild type (NORMAL/CLEAR)

Risk for developing Day Blindness/Retinal Degeneration (DB/RD): This dog will not develop Day Blindness/Retinal Degeneration caused by the mutation recently identified by Dr. Guziewicz and fellow researchers at the University of Pennsylvania.

Significance for breeding: Genetically Normal/Clear dogs can be bred to any dog and will produce no pups affected with Day Blindness/Retinal Degeneration due to this mutation.

For further information, please consult the OptiGen website at www.optigen.com

DNA tests do not replace the importance of veterinary examinations.

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

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: _____



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

Registered name: Noir Spice Of Life Sex: F
 Breed: Poodle
 ID Number (if any): Tattoo Microchip 981020021797136
 Registration Number: AKC Other PR19662501
 Date of Birth (mm/dd/yy): 12/23/16 Date of Exam (mm/dd/yy): 12/05/17
 Owner Name: Lora DeGraffenreid Phone: _____
 Co-Owner Name: _____
 Owner Address: 32262 Hwy AC
 City: Lebanon State: MO Zip/postal code: 65536
 E-Mail (use both lines if needed): noirpoodles@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.

Signature of owner or authorized agent/representative
Lora DeGraffenreid

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 AKW
 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 [Signature] Date 12/5/17
 ACVO # 264

Diplomate, American College of Veterinary Ophthalmologists
FEEs AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



300744

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: Amy Hunkeler, DVM, DACVO
 Ophthalmologist Address: EC264
 City: Eye Care for Animals Zip/postal code: (913) 384-3937
 Phone: _____
 Email: _____

RIGHT EYE **GLOBE** **LEFT EYE**

microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion
 distichiasis
 ectopic cilia
 imperforate lacrimal punctum
NICTITANS
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus
CORNEA
 dystrophy — epithelial/stromal
 dystrophy — endothelial
 pannus
 pigmentary keratitis/keratopathy
UVEA
 uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis
 uveal melanoma
 persistent pupillary membranes

CORNEA **T** **N** **A** **P**

CORNEA **T** **N** **A** **P**

endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to lens
 iris to iris
 free floating
 multiple
 single
 free floating
 multiple
 iris to lens
 iris to iris
 lens pigment foci/no strands
 iris sheets
 iris to lens
 iris to iris
 free floating
 multiple
 single
 free floating
 multiple

LENS

CATARACT **T** **N** **A** **P**

CATARACT **T** **N** **A** **P**

Incip. Pinc. Incip. Pinc.

anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 suspect not inherited
 subluxation/luxation

VITREOUS
 PHPV/PHTVL
 persistent hyaloid artery
 degeneration

ant. chamber synchysis
 ant. chamber synchysis

RIGHT EYE **FUNDUS** **LEFT EYE**

detached geographic folds

retinal detachment
 retinal atrophy — generalized
 retinopathy
 retinal dysplasia
 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

Comments

Office Use Only
 APPL _____
 RAD _____
 CK _____



Orthopedic Foundation for Animals

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

www.offa.org

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Application for Congenital Cardiac Database

Registered name: Noir Spice of Life		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC PR19662501	Other registry name: Other registry #:
Breed: Poodle	Sex: Female	Date of Birth (month-day-year): 12/23/2016	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 981020021797136	Registration number of sire: PR11788201	Registration number of dam: PR14806206	
Owner name: Lora DeGraffenrid	Co-Owner name:	Examining veterinarian's name or veterinary hospital: Terra Veterinary Services	Date of Evaluation (mm/dd/yy): 1/4/2018
Mailing address: 32262 Hwy AC		Mailing Address: 1931 S. Jefferson Ave	
City: Lebanon	State: MO	Zip/postal code: 65536	City: Lebanon
State: MO	Zip/postal code: 65536	State: MO	Zip/postal code: 65536
Phone: 417-664-1709	E-mail: noirpoodles@gmail.com	Phone: 417-532-9147	E-mail: dane.frazier@hotmail.com

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative *Lora DeGraffenrid*

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public.	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes. The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public.
INITIAL → <input type="checkbox"/>	INITIAL → <input type="checkbox"/>

Veterinary Instructions

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

- Auscultation is within normal limits. Additional diagnostic studies not indicated.
- Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- Auscultation reveals a moderate to loud heart murmur.
- Auscultation was performed after exercise and revealed:
 - Normal heart sounds without a cardiac murmur.
 - A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs:

Timings: systolic diastolic continuous

Point of maximal intensity:

- Mitral valve area Aortic or subaortic area
- Pulmonary valve area Tricuspid valve area
- Other location:

Radiation or other characteristics: _____

Echocardiography if indicated (see page 2):

- Echocardiography with Doppler was performed and the results were within limits of normal.
- Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec.

pulse/continuous wave left apical/subcostal

Summary evaluation and opinion of the examiner:

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

Certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

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

Dane Frazier
 Veterinarian Signature Specialty: Practitioner, Specialist, Cardiologist Date: **1-4-18**

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 \$7.50 per study

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

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 Exp Date CVV (security code)

Affected Animals, Statistical Data Submission and Resubmissions at No Charge

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 RAD _____
 CK _____



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Application for Patellar Luxation Database

Registered name: Noir Spice Of Life		Registration number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> CKC PR19662501	Other registry name: _____
Breed: Poodle	Sex: Female	Date of Birth (month-day-year): 12/23/2016	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 981020021797136	Registration number of sire: PR11788201	Registration number of dam: PR14806206	
Owner name: Lora DeGraffenreid	Date of evaluation (month-day-year): 1/4/2018		
Co-Owner name: _____	Examining veterinarian's name or veterinary hospital: Terra Veterinary Services		
Mailing address: 32262 Hwy AC	Mailing Address: 1931 S. Jefferson Ave.		
City: Lebanon	State: MO	Zip/postal code: 65536	City: Lebanon
State: MO	Zip/postal code: 65536	City: Lebanon	State: MO
Phone: 417-664-1709	E-mail: noirpoodle@gmail.com	Phone: 417-532-9147	E-mail: dane.frazier@hotmail.com

I hereby certify that the information submitted is of 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 abnormal results to the public.

Signature of owner or authorized representative Lora DeGraffenreid

Authorization to Release Abnormal Results

I hereby authorize the OFA to release the results of its evaluation of the animal described on this application to the public if the results are abnormal (initials of registered owner).

Patellar Examination Results

1. Normal

right left

2. Patellar Luxation

- bilateral
- unilateral: right left
- luxated: medial lateral
- luxation is: intermittent permanent
- age of onset: < 2 months 2-6 months 6-12 months > 12 months

3. Classification of luxation

- Grade 1**—The patella easily luxates manually at full extension of the stifle joint, but returns to the trochlea when released.
- Grade 2**—There is frequent patellar luxation which, in some cases becomes more or less permanent.
- Grade 3**—The patella is permanently luxated with torsion of the tibia and deviation of the tibial crest of between 30 degrees and 50 degrees from the cranial/caudal plane.
- Grade 4**—The tibia is medially twisted and the tibial crest may show further deviation medially with the result that it lies 50 degrees to 90 degrees from the cranial/caudal plane.

Certify that the examination was performed according to the OFA procedure.

I DID verify tattoo/microchip on this dog **I DID NOT** verify tattoo/microchip on this dog

Veterinarian Signature: [Signature] Specialty: Practitioner, Specialist Date: 1-4-18

Fees Animals over 12 months.....\$15.00 each
 A litter of 3 or more submitted together.....\$30.00 total

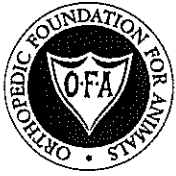
Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Kennel rate: Individuals submitted as a group, owned/co-owned by the same person
 Minimum of 5 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/Master Card Number _____ Name on Card _____ Exp Date _____ CVV (security code) _____

Office Use Only
 APPL _____
 RAD _____
 CK _____



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Application for Dentition Database

Adult teeth must be fully erupted for evaluation

Registered name: Noir Spice of Life		AKC Registration Number: PR19662501		Other registry name:	
Breed:		Date of Birth (MM/DD/YY): 12/23/2016		Date of exam (MM/DD/YY): 1/4/2018	
Sex: Female		Registration number of sire: PR11788201		Registration number of dam: PR14806206	
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip 981020021797136		Examining veterinarian's name or veterinary hospital: Terra Veterinary Services			
Owner name: Loca DeGraffenreid		Mailing Address: 1931 S. Jefferson Ave.			
Co-Owner name:		City: Lebanon		State: MO	Zip/postal code: 65536
Mailing address: 32262 Hwy AC		Phone: 417-532-9147		FAX #: 417-532-9147	
City: Lebanon		State: MO		Zip/postal code: 65536	
Phone: 417-664-1709		Veterinarian Email: dorefrazier@hotmail.com			

Owner e-mail. Please print one letter/symbol per cell.

noirspoodles@gmail.com

I hereby certify that the information submitted is of 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 abnormal results to the public.

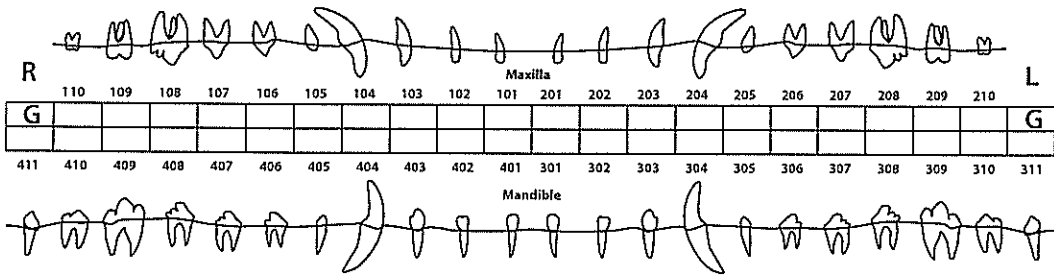
Signature of owner or authorized representative *Loca DeGraffenreid*

Authorization to Release Abnormal Results, "Open" Database

I hereby authorize the OFA to release all veterinary exam results indicated below on this application to the public. _____ (initials of registered owner).

Veterinarian Dentition Examination Results

- Full dentition with all adult (permanent) teeth fully erupted
- Missing teeth noted with an "M" on the dental chart
- Persistent (retained) deciduous teeth noted with a "P" on the dental chart
- Other (please specify) _____



I certify that I have completed the dental exam and marked off the appropriate exam results.
 I DID verify tattoo/microchip on this dog I DID NOT verify tattoo/microchip on this dog

Veterinarian Signature: *Dore Frazier* Specialty: Practitioner, Specialist Date: **1-4-18**

Fees Individual dog\$15.00 each
 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 Minimum of 5 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.

Card Type: Visa MasterCard

Card Number: _____ Cardholder Name: _____ Exp. (MM|YY): _____ CVV: _____