



*Micah Halpern*  
Micah Halpern, PhD  
Principal Scientist

*Mary Simonson*  
Mary Simonson  
Laboratory Manager

**CERTIFICATE OF RESULTS FOR SAMPLE ID #:**

**466073**

**OWNER'S NAME:** KATHLEEN GANGI, ROBERT RIGWOOD  
**PET'S NAME\*:** CH. BROOKEHAVEN NO QUESTIONS ASKED - "WALLY"  
**PET'S REGISTRATION #:** DN70078403  
**PET'S BREED:** PEMBROKE WELSH CORGI  
**DATE TESTED:** 8/29/2024

TEST	RESULT**	TEST RESULT EXPLANATION***
Degenerative Myelopathy (DM)	A	<b>(CLEAR/NORMAL):</b> These dogs have two copies of the normal gene and will not develop degenerative myelopathy.

\*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

\*\*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

\*\*\*For detailed result explanation visit [www.gensoldx.com](http://www.gensoldx.com). Please consult a licensed veterinarian to discuss the implications.

125 North Main Street Unit 1846, Clayton, GA 30525  
1-844-369-3686 - [info@Gensoldx.com](mailto:info@Gensoldx.com) - [www.gensoldx.com](http://www.gensoldx.com)

**FAST - ACCURATE - AFFORDABLE**



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**CERTIFICATE OF RESULTS FOR SAMPLE ID #:**

**337650**

**OWNER'S NAME:** KATHLEEN GANGI  
**PET'S NAME\*:** BROOKEHAVEN NO QUESTIONS ASKED  
**PET'S REGISTRATION #:** AKC#DN70078403  
**PET'S BREED:** CORGI  
**DATE TESTED:** 2/18/2022

TEST	RESULT**	TEST RESULT EXPLANATION***
Von Willebrand's Disease Type I (VWD1)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop von Willebrand's type I disease.

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**Orthopedic Foundation for Animals**  
 2300 IE Nisong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Email: ofa@ofa.org  
 www.ofa.org, A not-for-profit organization

**Companion Animal Eye Registry (CAER)**

Call name: **Wally**  
 Registered name: **Brookehaven NO QUESTIONS ASKED**

Breed: **Pembroke corgi M**  
 ID Number (if any): **433000320099092**  
 Registration Number: **DN 70078403**  
 Date of Birth (mm/dd/yy): **11/08/2021** Date of Exam (mm/dd/yy): **3/25/23**

Owner Name: **Kathi Gaugh**  
 Co-Owner Name: **[REDACTED]**  
 Owner Address: **[REDACTED]**  
 City: **Langley** State: **WA** Zip/postal code: **98260**  
 E-Mail (use both lines if needed): **[REDACTED]**

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

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: **[Signature]** ACVO # \_\_\_\_\_ Date: **153 3/25/23**  
 Diplomat, American College of Veterinary Ophthalmologists



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

Ophthalmologist: \_\_\_\_\_  
 Ophthalmologist: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Dr. Paul Scherrie EC153  
 VCA Northwest Veterinary Specialists  
 Clackamas, OR  
 503-656-3999

<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"/> free floating <input type="checkbox"/> single <input type="checkbox"/> multiple	<input type="checkbox"/> microphthalmos <input type="checkbox"/> keratoconjunctivitis sicca <input type="checkbox"/> glaucoma <input type="checkbox"/> EYELEDS <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"/> pigmentary keratitis/keratopathy <input type="checkbox"/> UVEA <input type="checkbox"/> uveal cyst	<input type="checkbox"/> multiple <input type="checkbox"/> single <input type="checkbox"/> free floating
<b>CATARACT</b>   Incip. Func. Incip. Incip. Incip.	<b>LENS</b> <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"/> 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	<b>CATARACT</b>   Incip. Func. Incip. Incip. Incip.
<input type="checkbox"/> ant. chamber <input type="checkbox"/> syneresis	<input type="checkbox"/> significance Unknown/Suspect Not Unheralded <input type="checkbox"/> posterior Y-suture tip opacities <input type="checkbox"/> subluxation/luxation <input type="checkbox"/> PHPV/PHTVL <input type="checkbox"/> persistent hyaloid artery <input type="checkbox"/> degeneration	<input type="checkbox"/> syneresis <input type="checkbox"/> ant. chamber	

<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"/> CMR/CMR-like <input type="checkbox"/> retinopathy <input type="checkbox"/> other presumed inherited retinopathy <input type="checkbox"/> retinal dysplasia <input type="checkbox"/> choroidal hypoplasia <input type="checkbox"/> coloboma <input type="checkbox"/> optic nerve coloboma <input type="checkbox"/> optic nerve hypoplasia <input type="checkbox"/> micropapilla	<input type="checkbox"/> folds <input type="checkbox"/> geographic <input type="checkbox"/> detached
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**OTHER CONDITIONS**  
 Unlisted conditions suspected as inherited Describe in comments  
 Unlisted conditions suspected as not inherited

**NORMAL**

Comments

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