

AMERICAN KENNEL CLUB

NAME

THISTLEDOWN FABULOUS DESTINY AT MILLERGOLDN

NUMBER

SS19817401

PROUDLY BRED BY AN
AKC BREEDER OF MERIT

BREED

GOLDEN RETRIEVER

SEX

FEMALE

COLOR

GOLDEN

DATE OF BIRTH

MAY 31, 2020

SIRE

CH QUEENSGOLD BEAU GESTE MOUNTAIN OF LOVE ~ SR72766109 09-16 (OFA26G
OFEL26 EYE90 AKC DNA #V741073)

DAM

THISTLEDOWN BEAU GESTE QUINTESSENTIAL STYLE ~ SR87545510 02-18 (OFA24G
OFEL24 EYE56)

BREEDER

JANET K BRAMHALL & DONNA M CUTLER

OWNER

DONNA MCKIBBEN CUTLER & JUDY MILLER
1730 FORT BRIDGMAN ROAD
VERNON VT 05354



AMERICAN
KENNEL CLUB®

CERTIFICATE ISSUED
SEPTEMBER 10, 2020

This certificate invalidates all previous certificates issued.

If a date appears after the name and number of the
sire and dam, it indicates the issue of the Stud Book
Register in which the sire or dam is published.

For Transfer Instructions, see back of Certificate.

*This Certificate issued with the right to correct or
revoke by the American Kennel Club.*

REGISTRATION CERTIFICATE

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

THISTLEDOWN FABULOUS DESTINY AT MILLERGOLDN
registered name

GOLDEN RETRIEVER
breed

film/test/lab #

985113007674024
tattoo/microchip/DNA profile

2323495
application number

08/24/2023
date of report

RESULTS:

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

SS19817401
registration no.

F
sex

05/31/2020
date of birth

38
age at evaluation in months



A Not-For-Profit Organization

GR-EL62438F38-C-VPI
O.F.A. NUMBER

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

NORMAL

owner

JUDY MILLER
DONNA MCKIBBAN CUTLER
1730 FORT BRIDGEMAN
VERNON VT 05354

OFA eCert



Verify QR scan

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

www.ofa.org

This electronic OFA certificate was generated on: 08/24/2023

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

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

www.ofa.org, A not-for-profit organization

Companion Animal Eye Registry (CAER)

Call name: Destiny
 Registered name: Thistle down Fabulous Destiny At Millergoldn
 Breed: Golden Retriever ^{Sex: F}
 ID Number (if any): Tattoo Microchip
 Registration Number: AKC Other
5519817401
 Date of Birth (mm/dd/yy): 053120 Date of Exam (mm/dd/yy): 083121

Owner Name: Judy Miller Phone:
 Co-Owner Name: Donna McK. Blackburn
 Owner Address: 1730 Fort Bridgman Rd
 City: Vernon State: VT Zip/postal code: 05354
 E-Mail (use both lines if needed):
Ar + Judy Miller @ ya
hoo.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.

J. Miller
 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 # 77 Date 8-31-21

Diplomate, American College of Veterinary Ophthalmologists

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



695766

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

LENS

CATARACT

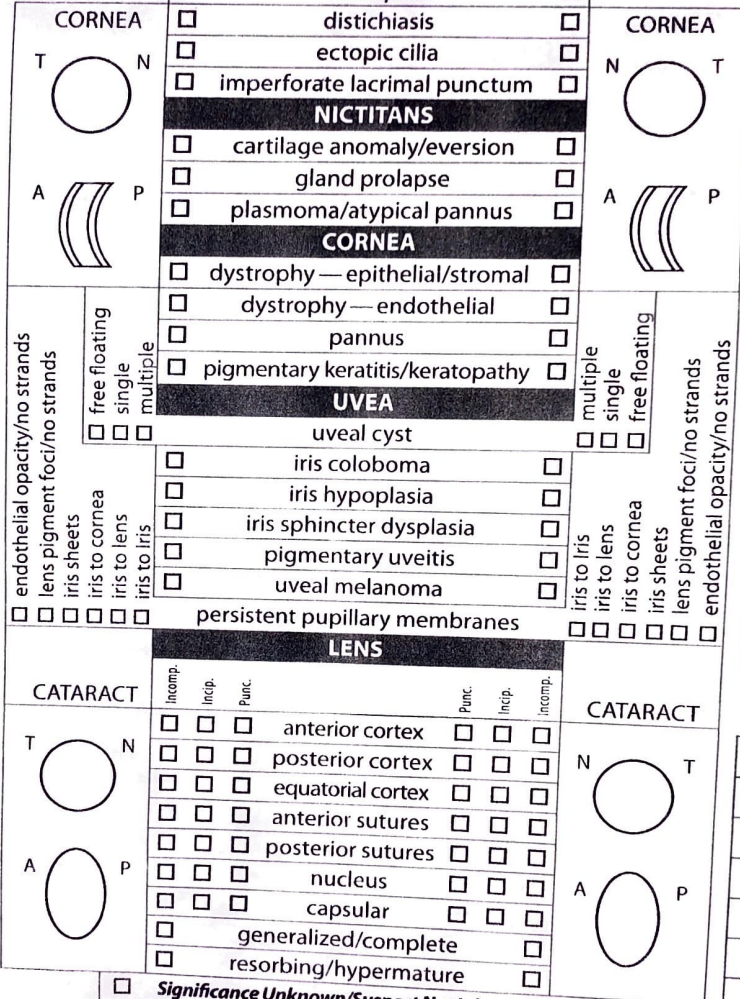
Incomp.	Incomp.	Punc.	Punc.	Incomp.	Incomp.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Significance Unknown/Suspect Not Inherited

subluxation/luxation

VITREOUS

ant. chamber syneresis ant. chamber
 PHPV/PHTVL
 persistent hyaloid artery
 degeneration



Ophthalmologist Name: Dr. Lou Caretta
 Ophthalmologist Address: 14 Sandy Lane
 City: Whately State: MA Zip/postal code: 01373
 Phone: 413-397-3540 ACVO #: 077
 Email:

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

Blank area for handwritten comments.

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
 www.ofa.org
 A Not-for-Profit Organization

Office Use Only

Application for Basic Cardiac Database

Registered name: Thistledown Fabulous Destiny #1 millergoldn		AKC registration number: SS19817401	Other registry name: Other registry #:	
Breed: Golden Retriever	Sex: Female	Date of birth (MM/DD/YY): 05/31/20	Registration number of dam: SR 87545510	
Microchip/tattoo:	Registration number of sire: SR 72766109	Date of evaluation (MM/DD/YY):		
Owner name: Judith Miller	Co-Owner name: Donna Cutler	Examining veterinary/clinic: Morris Veterinary Cardiology	Mailing address: 110 N. Hillside Road Suite 17	
Mailing address: 1730 Fort Bridgman Rd	City: Vernon	State: VT	Zip/postal code: 05354	City: South Deerfield
Phone: 802-380-3595	E-mail: ArtJudithMiller@yahoo	Phone: (413) 397-3271	E-mail: Info@MorrisVetCardiology.com	State: MA
				Zip/postal code: 01373

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"/>	VI <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:

Echo study is recommended for full clearance by the Avim-CARDIOLOGY

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

I DID NOT verify microchip/tattoo on this dog

I DID verify microchip/tattoo on this dog

Veterinarian Signature: *Nancy Novak* Check one box: Practitioner, Specialist, Cardiologist Date: *11/5/2021*

Fees Animals Over 12 Months \$15.00
 Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.
 Minimum of 5 individuals \$7.50

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 _____ CVV _____

AIS PennHIP

(877) 727-6800

www.antechimagingervices.com

Owner's Copy

PennHIP Report

Referring Veterinarian: Dr Robert Allen
Email: info@famvets.com

Clinic Name: Family Veterinary Center
Clinic Address: 99 Main Street
Haydenville, MA 01039
Phone: (413) 268-8387
Fax: (413) 268-3899

Patient Information

Client: Miller, Judy
Patient Name: Destiny
Reg. Name: Thistledown Fabulous Destiny at
Millergoldn
PennHIP Num: 167385
Species: Canine
Date of Birth: 31 May 2020
Sex: Female
Date of Study: 11 Jan 2022
Date of Report: 12 Jan 2022

Tattoo Num:
Patient ID: 3492
Registration Num: ss19817401
Microchip Num:
Breed: GOLDEN RETRIEVER
Age: 20 months
Weight: 66 lbs/29.9 kgs
Date Submitted: 11 Jan 2022

Findings

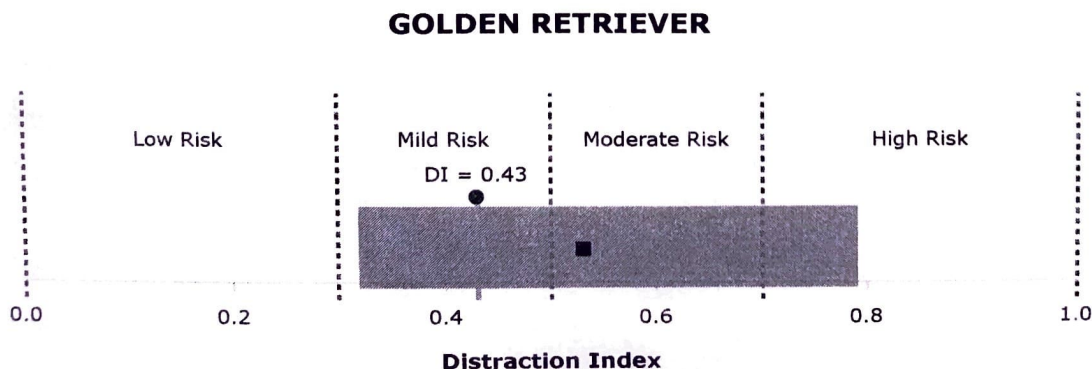
Distraction Index (DI): Right DI = 0.43, Left DI = 0.34.
Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**
Cavitation/Other Findings: No cavitation present.

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 0.43.

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 23357 canine patients of the GOLDEN RETRIEVER breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.32 - 0.79) for the breed. The breed average DI is 0.53 (solid square). The patient DI is the solid circle (0.43).

SUMMARY: The degree of laxity (DI = 0.43) 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.**

Orthopedic Foundation for Animals
Elbow Dysplasia Evaluation Report



A Not-for-Profit
Organization

THISTLEDOWN FABULOUS DESTINY AT MILLERGOLDN SS19817401
registered name registration no.

GOLDEN RETRIEVER
breed

F
sex

05/31/2020
date of birth

film/test/lab #

19
age at evaluation in months

tattoo/microchip/DNA profile

2323495
application number

01/14/2022
date of report

Veterinarian

FAMILY VETERINARY CENTER
99 MAIN ST
HAYDENVILLE MA 01039

Owner

JUDY MILLER
1730 FORT BRIDGMAN RD
VERNON VT 05354

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

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: Destiny

Registered name: This little down fabulous Destiny At MillerGoldn

Breed: Golden Retriever

ID Number (if any): Tattoo Microchip

Registration Number: AKC Other

5519817401

Date of Birth (mm/dd/yy): 053120 Date of Exam (mm/dd/yy): 083121

Owner Name: Judy Miller

Co-Owner Name: Donna McKibbin-Cutler Phone:

Owner Address: 1730 Fort Bridgman Rd

City: Vernon State: Vt Zip/postal code: 05354

E-Mail (use both lines if needed):

Ar + Judy Miller @ ya
hoo.com

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Signature of owner or authorized agent/representative

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- 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: J. Miller ACVO # 77 Date 8-31-21

Diplomate, American College of Veterinary Ophthalmologists

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



Companion Animal Eye Registry (CAER)

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	
EYELIDS				
<input type="checkbox"/>	entropion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ectropion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>	<input type="checkbox"/>	
NICTITANS				
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>	<input type="checkbox"/>	
CORNEA				
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	pannus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>	<input type="checkbox"/>	
UVEA				
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	uveal melanoma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	persistent pupillary membranes	<input type="checkbox"/>	<input type="checkbox"/>	
LENS				
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Significance Unknown/Suspect Not Inherited				
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>	<input type="checkbox"/>	
VITREOUS				
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	degeneration	<input type="checkbox"/>	<input type="checkbox"/>	

Ophthalmologist Name: Dr. Lou Lare Ha
 Ophthalmologist Address: 14 Sandy Lane
 City: Worcester State: MA Zip/postal code: 01373
 Phone: 413-397-3540 ACVO #: 077
 Email:

RIGHT EYE		FUNDUS	LEFT EYE	
<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"/>	
retinal dysplasia				
<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"/>	<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
