

# AMERICAN KENNEL CLUB

NAME

MILLERGOLDNDREAMCOMETRUE

NUMBER

SS19168903

BREED

GOLDEN RETRIEVER

SEX

FEMALE

COLOR

LIGHT GOLDEN

DATE OF BIRTH

MAY 10, 2020

SIRE

DARROWBYMILLERGOLDNKIPPER  
SR88285103 09-20 (OFA27G OFEL27)

DAM

MILLERGOLDNGINGER  
SR99384707 09-20 (OFEL25)

BREEDER

MRS. JUDY A MILLER

OWNER

JUDY A MILLER  
1730 FORT BRIDGMAN RD  
VERNON VT 05354-9665



985 141 004 600 889



AMERICAN  
KENNEL CLUB®

CERTIFICATE ISSUED  
AUGUST 3, 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

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: Miller golden dream cone true		AKC registration number: 38 19168903	Other registry name: Other registry #:	
Breed: Golden Retriever	Sex: Female	Date of birth (MM/DD/YY): 5/10/20		
Microchip/tattoo:	Registration number of sire: SR 88285703	Registration number of dam: SR 99384707		
Owner name: Judy Miller	Co-Owner name:	Examining veterinary/clinic: Dr. Nancy Morris DVM-DACVIM-C	Date of evaluation (MM/DD/YY):	
Mailing address: 1730 Fortbridge Rd		Mailing address: 110 N. Hillside Rd. Suite 17		
City: Vernon	State: VT	Zip/postal code: 05354	City: South Deerfield	State: MA
Phone: 802-380-3595	E-mail: ArtJudy.miller@yahoo	Phone: (413)397-3271	E-mail: Info@morrisvetcardiology.com	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"/>	
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 verify microchip/tattoo on this dog  I DID NOT verify microchip/tattoo on this dog

Veterinarian Signature: *Nancy Morris DVM, DACVIM-C* Date: *11/5/2021*

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 ..... \$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 \_\_\_\_\_



**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: Dream  
 Registered name: Miller Golden Dream Cone True  
 Breed: Golden Retriever Sex: F  
 ID Number (if any):  Tattoo  Microchip  
 Registration Number:  AKC  Other  
5519168903  
 Date of Birth (mm/dd/yy): 05/02/00 Date of Exam (mm/dd/yy): 08/31/21  
 Owner Name: Judy Miller Phone: \_\_\_\_\_  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: 1730 Fort Bridgeman Rd  
 City: Vernon State: VT Zip/postal code: 05354  
 E-Mail (use both lines if needed):  
Art.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: L. Laratta 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**



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

<b>RIGHT EYE</b>	<b>GLOBE</b>	<b>LEFT EYE</b>
<input type="checkbox"/>	<b>microphthalmos</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>keratoconjunctivitis sicca</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>glaucoma</b>	<input type="checkbox"/>
<b>EYELIDS</b>		
<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"/>
<b>NICTITANS</b>		
<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"/>
<b>CORNEA</b>		
<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"/>
<b>UVEA</b>		
<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"/>
<b>persistent pupillary membranes</b>		
<b>LENS</b>		
<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"/>
<b>Significance Unknown/Suspect Not Inherited</b>		
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<b>VITREOUS</b>		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

<b>RIGHT EYE</b>	<b>FUNDUS</b>	<b>LEFT EYE</b>
<input type="checkbox"/>	<b>retinal detachment</b>	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy — generalized	<input type="checkbox"/>
<input type="checkbox"/>	retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	<b>retinal dysplasia</b>	<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"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments	
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>	

**NORMAL**

Comments

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Orthopedic Foundation for Animals  
Elbow Dysplasia Evaluation Report



A Not-for-Profit  
Organization

MILLERGOLDNDREAMCOMETRUE  
*registered name*

SS19168903  
*registration no.*

GOLDEN RETRIEVER  
*breed*

F  
*sex*

*film/test/lab #*

05/10/2020  
*date of birth*

*tattoo/microchip/DNA profile*

20  
*age at evaluation in months*

2323494  
*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*

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

## 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: Dream  
Reg. Name: MILLERGOLDNDREAMCOMETRUE  
PennHIP Num: 167384  
Species: Canine  
Date of Birth: 01 Jan 1900  
Sex: Female  
Date of Study: 11 Jan 2022  
Date of Report: 12 Jan 2022

Tattoo Num:  
Patient ID: 3492-1  
Registration Num: SS19168903  
Microchip Num:  
Breed: GOLDEN RETRIEVER  
Age: 1464 months  
Weight: 50 lbs/22.7 kgs  
Date Submitted: 11 Jan 2022

## Findings

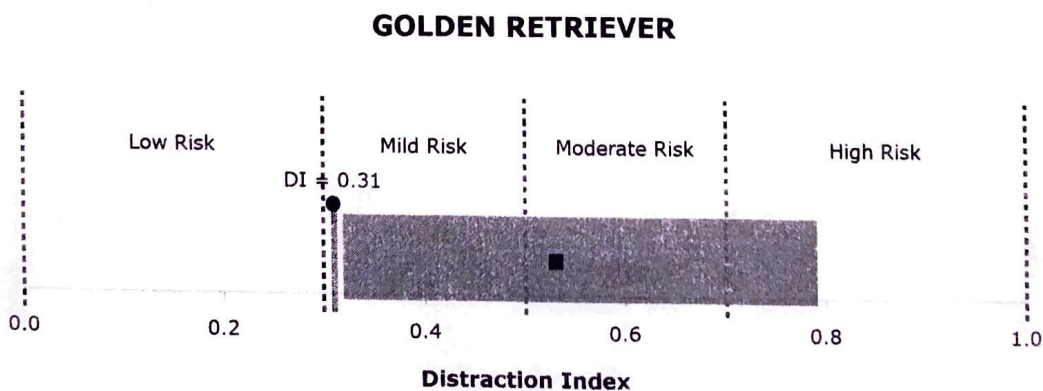
Distraction Index (DI): Right DI = 0.31, Left DI = 0.25.  
Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**  
Cavitation/Other Findings: No cavitation present.

## 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 0.31.

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 (0.31).

**SUMMARY:** The degree of laxity (DI = 0.31) ranks the hip within the tightest 5% 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.**