

AMERICAN KENNEL CLUB

NAME

THISTLEDOWN DORI ME SOLO AT MILLERGOLDN

NUMBER

SS31434401

BREED

GOLDEN RETRIEVER

SEX

FEMALE

COLOR

LIGHT GOLDEN

DATE OF BIRTH

JANUARY 29, 2021

SIRE

LET IT BE THISTLEDOWN WHYNOT ~ SS13563601 08-20 (OFA33E OFEL33 AKC DNA
#V895919) (CAN)

DAM

THISTLEDOWN SELKIRK GRACE
SS13630202 12-21 (OFA44G OFEL32)

BREEDER

DONNA MCKIBBEN CUTLER

OWNER

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



**AMERICAN
KENNEL CLUB®**

CERTIFICATE ISSUED
JANUARY 17, 2022

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.



985 141 004 128 166

REGISTRATION CERTIFICATE



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: Thistedown Dori me Solo At millergoldn
 Breed: Golden Retriever Sex: Female
 ID Number (if any): Tattoo Microchip
985141004128166
 Registration Number: AKC Other
SS31434401
 Date of Birth: 012921 Date of Exam: 120522
 Owner/Co-owner Name: Judy Miller
 Co-Owner Name: _____ Phone: 802 380-3375
 Owner Address: 1730 Fort Bridgman Rd
 City: Vernon State: Vt Zip/postal code: 05354
 E-Mail (use both lines if needed):
ArtJudymiller@ya
hoo.com

I hereby certify that the animal examined is 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 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) JM

OFA Eye Clearance Database

- Initial submission \$12.00
- Resubmits: \$8.00
- Litter of 3 or more submitted together \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. \$7.50 ea.
- Submission of non-passing results in the open database: NO CHARGE

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.

To pay by Credit Card, see the back of the WHITE sheet.

Companion Animal Eye Registry (CAER)

RIGHT EYE		GLOBE	LEFT EYE	
<input type="checkbox"/>	microphthalmos		<input type="checkbox"/>	
<input type="checkbox"/>	keratoconjunctivitis sicca		<input type="checkbox"/>	
<input type="checkbox"/>	glaucoma		<input type="checkbox"/>	
EYELIDS				
<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"/>	
NICTITANS				
<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"/>	
CORNEA				
<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"/>	exposure/pigmentary keratitis		<input type="checkbox"/>	
UVEA				
<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"/>	
<input type="checkbox"/>	persistent pupillary membranes			<input type="checkbox"/>
LENS				
CATARACT		Incomp. Incip. Punc.	Punc. Incip. Incomp.	CATARACT
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete		<input type="checkbox"/>	
<input type="checkbox"/>	resorbing/hypermature		<input type="checkbox"/>	
<input type="checkbox"/>	significance of cataract unknown			<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation			<input type="checkbox"/>
VITREOUS				
<input type="checkbox"/>	PHPV/PTVL		<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery		<input type="checkbox"/>	
<input type="checkbox"/>	degeneration			<input type="checkbox"/>

Ophthalmologist: _____
 Ophthalmologist: _____
 City: _____
 Phone: _____
 Email: _____

Dr. Isabel Jurk EC278
 Animal Eye Care of New England
 413-397-3540

RIGHT EYE		FUNDUS	LEFT EYE	
<input type="checkbox"/>	retinal detachment		<input type="checkbox"/>	
<input type="checkbox"/>	retinal atrophy—generalized		<input type="checkbox"/>	
<input type="checkbox"/>	retinopathy		<input type="checkbox"/>	
<input type="checkbox"/>	retinal dysplasia			<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"/>	
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

- I DID verify microchip/tattoo on this dog
- 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] ACVO # 278 Date: 2/15/12

Diplomate, American College of Veterinary Ophthalmologists

Comments

Office Use Only
 APPL _____
 RAD _____
 CK _____



-Dori-
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 "Dory"

Registered name: <i>Thistedown Dori me Solo At millergolda</i>		AKC registration number: <i>SS 31434401</i>	Other registry name: Other registry #:	
Breed: <i>Golden Retriever</i>	Sex: <i>F</i>	Date of birth (MM/DD/YY): <i>01-29-2021</i>		
Microchip/tattoo: <i>985 141 004 128 166</i>	Registration number of sire: <i>SS 135 63601</i>	Registration number of dam: <i>SS 136 30202</i>		
Owner name: <i>Judy Miller</i>	Co-Owner name:	Examining veterinary clinic: <i>Morris Vet Cardiology</i>	Date of evaluation (MM/DD/YY): <i>02/14/23</i>	
Mailing address: <i>1730 Fort Bridge man Rd</i>		Mailing address: <i>mobile - morrisvetcardiology.com</i>		
City: <i>Vernon</i>	State: <i>Vt</i>	Zip/postal code: <i>05354</i>	City: <i>western MA</i>	State: <i>MA</i>
Phone: <i>802-380-3595</i>	E-mail: <i>Art.Judy.miller@yahoo</i>	Phone: <i>413 397 3271</i>	E-mail: <i>info@morrisvetcardiology.com</i>	

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 *J. Miller*

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"/>	VI <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. *Extra exam needed for final clearance*

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

Nancy Thomas DVM, DACVIM-C
 Veterinarian Signature Check one box: Practitioner, Specialist, Cardiologist Date *2/14/2023*

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 _____ CVV _____
 Submit thru <https://online.ofa.org> - OR - provide payment details here if mailing or emailing

Orthopedic Foundation for Animals
Elbow Dysplasia Evaluation Report



A Not-for-Profit
Organization

THISTLEDOWN DORI ME SOLO AT MILLERGOLDN
registered name

SS31434401
registration no.

GOLDEN RETRIEVER
breed

F
sex

film/test/lab #

01/29/2021
date of birth

985141004128166
tattoo/microchip/DNA profile

24
age at evaluation in months

2435605
application number

02/27/2023
date of report

GR-EL60047F24-C-VPI
O.F.A. NUMBER

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

Veterinarian

FAMILY VETERINARY CENTER
99 MAIN ST
HAYDENVILLE MA 01039

Owner

JUDY MILLER
1730 FORTBRIDGEMAN RD
VERNON VT 05354

RADIOGRAPHIC EVALUATION OF PHENOTYPE WITH RESPECT TO ELBOW DYSPLASIA

ELBOW JOINTS -- FLEXED LATERAL VIEW

negative for elbow dysplasia

L R

ELBOW DYSPLASIA

GRADE I
GRADE II
GRADE III

L _____ R _____
L _____ R _____
L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD)
united anconeal process (UAP)
fragmented coronoid process (FCP)
osteochondrosis

L _____ R _____
L _____ R _____
L _____ R _____
L _____ R _____

G.G. Keller, DVM

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

PennHIP Report

Referring Veterinarian: Dr Robert Allen
 Clinic Name: Family Veterinary Center
 Email: info@famvets.com
 Clinic Address: 99 Main Street
 Haydenville, MA 01039
 Phone:
 Fax: (413) 268-3899

Patient Information

Client: Miller, Judy
 Tattoo Num:
 Patient Name: Dori
 Patient ID: 3492-2
 Reg. Name:
 Registration Num:
 PennHIP Num: 185293
 Microchip Num: 985141004128166
 Species: Canine
 Breed: GOLDEN RETRIEVER
 Date of Birth: 31 Jan 2021
 Age: 25 months
 Sex: Female
 Weight: 66.3 lbs/30.1 kgs
 Date of Study: 21 Feb 2023
 Date Submitted: 21 Feb 2023
 Date of Report: 22 Feb 2023

Findings

Distraction Index (DI): Right DI = 0.41, Left DI = 0.43.

Osteoarthritis (OA): **No radiographic evidence of OA for either hip.**

Cavitation/Other Findings: No cavitation present.

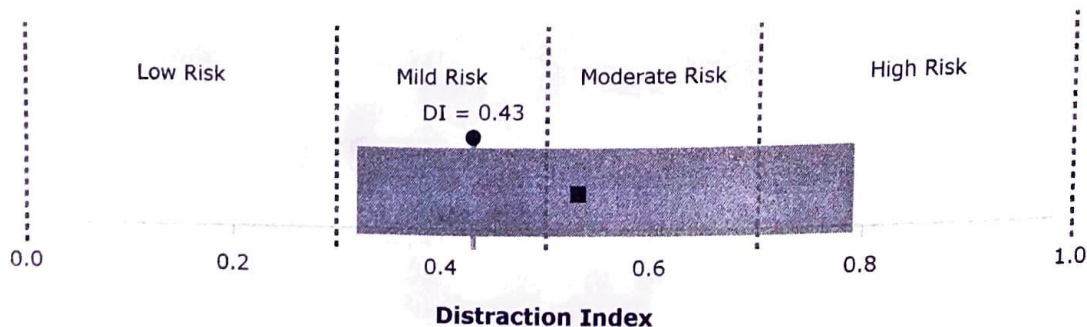
Interpretation

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:

GOLDEN RETRIEVER



ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

THISTLEDOWN DORI ME SOLO AT MILLERGOLDN
registered name

GOLDEN RETRIEVER
breed

film/test/lab #

985141004128166
tattoo/microchip/DNA profile

2435605
application number

02/27/2023
date of report

RESULTS:

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

owner
JUDY MILLER
1730 FORTBRIDGEMAN RD
VERNON VT 05354

SS31434401
registration no.

F
sex

01/29/2021
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

GR-EL60047F24-C-VPI
O.F.A. NUMBER

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

NORMAL

OFA eCert



Verify QR scan

G.G. Keller, D.V.M., M.S., DACVR

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