

## PennHIP Report

Referring Veterinarian: Dr Mark Weber  
Clinic Name: Newberg Veterinary Hospital  
Email: ashley@newbergvet.com  
Clinic Address: 3716 E Portland Rd

Newberg, OR 97132

Phone: (503) 538-8303

Fax: (503) 538-8305

## Patient Information

Client: Sias, Lori  
Tattoo Num:  
Patient Name: Farmstead Starzeye Mazzie  
Patient ID: 29046  
Reg. Name:  
Registration Num:  
PennHIP Num: 185302  
Microchip Num: 900115002033112  
Species: Canine  
Breed: AUSTRALIAN SHEPHERD  
Date of Birth: 09 Jun 2020  
Age: 32 months  
Sex: Female  
Weight: 46.4 lbs/21 kgs  
Date of Study: 20 Feb 2023  
Date Submitted: 21 Feb 2023  
Date of Report: 22 Feb 2023

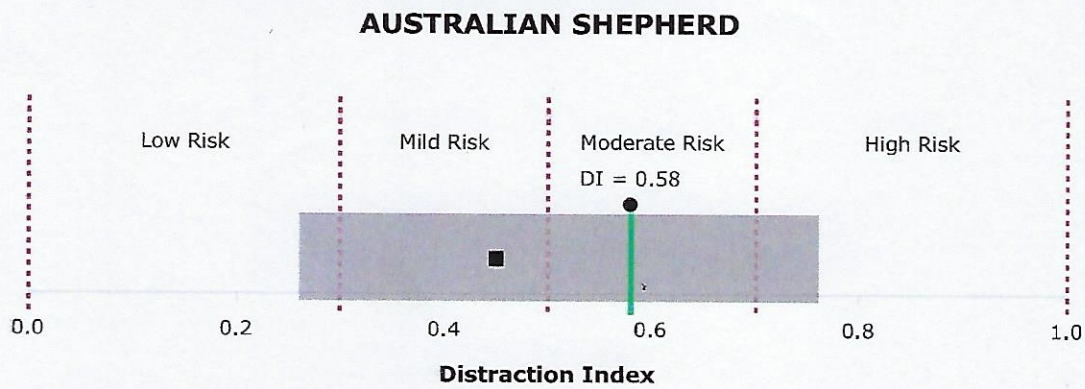
## Findings

Distraction Index (DI): Right DI = 0.38, Left DI = 0.58.  
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 0.58.

OA Risk Category: The DI is between 0.50 and 0.69. This patient is at moderate risk for hip OA.  
Distraction Index Chart:



**BREED STATISTICS:** This interpretation is based on a cross-section of 1935 canine patients of the AUSTRALIAN SHEPHERD breed in the AIS PennHIP database. The gray strip represents the central 90% range of DIs (0.26 - 0.76) for the breed. The breed average DI is 0.45 (solid square). The patient DI is the solid circle (0.58).

**SUMMARY:** The degree of laxity (DI = 0.58) falls within the central 90% range of DIs for the breed. This amount of hip laxity places the hip at a moderate risk to develop hip OA. **No radiographic evidence of OA for either hip.**

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

FARMSTEAD STARZEYE MAZZIE  
*registered name*

AUSTRALIAN SHEPHERD  
*sex/breed*

*film/test/lab #*

900115002033112  
*tattoo/microchip/DNA profile*

2378321  
*application number*

07/20/2022  
*date of report*

RESULTS:

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

owner

LORI SIAS  
77479 DUGAN LN  
COTTAGE GROVE OR 97424

OFA eCert



Verify QR scan

DN62682806  
*registration no.*

F

06/09/2020  
*date of birth*

24  
*age at evaluation in months*



A Not-For-Profit Organization

AS-EL16007F24-C-VPI  
*O.F.A. NUMBER*

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

NORMAL

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

[www.ofa.org](http://www.ofa.org)

This electronic OFA certificate was generated on: 07/20/2022

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](mailto: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](http://www.ofa.org)  
E-mail address: [ofa@offa.org](mailto:ofa@offa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073

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  
 Email ofa@ofa.org | www.ofa.org  
 A Not-for-Profit Organization

Office  
 Use  
 Only

## Application for Patellar Luxation Database

Registered name: FARMSTEAD STARZEYE MAZZIE		AKC registration number: DN62682806		Other registry name: ASCA	
Breed: AUSTRALIAN SHEPHERD		Sex: F	Date of birth (MM/DD/YY): 06/09/2020		
Microchip/tattoo: 900115002033112		Registration number of sire: DN52434901		Registration number of dam: DN40452405	
Owner name: LORI SIAS		Date of evaluation (MM/DD/YY): 07/06/2022			
Co-owner name:		Examining veterinary clinic: SOUTH WILLAMETTE VETERINARY CLINIC			
Mailing address: 77479 DUGAN LANE		Mailing address: PO BOX 430			
City: COTTAGE GROVE	State: OR	Zip/postal code: 97424	City: CRESWELL	State: OR	Zip/postal code: 97426
Phone: (541) -767-0065	E-mail: LORILUVHORSES@MSN.COM		Phone: (541) -895-5665	E-mail: SWVCSTAFF@SWVETCLINIC.COM	

I hereby certify that the information submitted is of 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 be not be released to the public.

Signature of owner or authorized representative Kari Shea

### 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.

I certify that the examination was performed according to the OFA procedure.

**IDID** verify microchip/tattoo on this dog  **IDID NOT** verify microchip/tattoo on this dog

Veterinarian Signature [Signature] Specialty:  Practitioner  Specialist Date 7-6-2022

**Fees** Animals over 12 months.....\$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 ..... \$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.

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

Card number \_\_\_\_\_ Exp MM/YY \_\_\_\_\_ CV \_\_\_\_\_

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 RAD \_\_\_\_\_  
 CK \_\_\_\_\_



**Orthopedic Foundation for Animals**  
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 v010122

## Application for Basic Cardiac Database

Registered name: <b>FARMSTEAD STARZEYE MAZZIE</b>		AKC registration number: <b>DN62682806</b>	Other registry name: <b>ASCA</b>	
		Other registry #: <b>E216104</b>		
Breed: <b>AUSTRALIAN SHEPHERD</b>	Sex: <b>F</b>	Date of birth (MM/DD/YY): <b>06/09/2020</b>		
Microchip/tattoo: <b>900115002033112</b>		Registration number of sire: <b>DN52434901</b>	Registration number of dam: <b>DN40452405</b>	
Owner name: <b>LORI SIAS</b>	Co-Owner name:	Examining veterinary clinic: <b>SOUTH WILLAMETTE VETERINARY CLINIC</b>	Date of evaluation (MM/DD/YY): <b>07/06/2022</b>	
Mailing address: <b>77479 DUGAN LANE</b>		Mailing address: <b>PO BOX 430</b>		
City: <b>COTTAGE GROVE</b>	State: <b>OR</b>	Zip/postal code: <b>97424</b>	City: <b>CRESWELL</b>	State: <b>OR</b>
				Zip/postal code: <b>97426</b>
Phone: <b>(541) -767-0065</b>	E-mail: <b>LORILUVSHORSES@MSN.COM</b>	Phone: <b>(541) -895-5665</b>	E-mail: <b>SWVCSTAFF@SWVETCLINIC.COM</b>	

*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 *Kari Shea*

**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:

\_\_\_\_\_

<input type="checkbox"/> I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.	
<input checked="" type="checkbox"/> <b>IDID</b> verify microchip/tattoo on this dog	<input type="checkbox"/> <b>IDID NOT</b> verify microchip/tattoo on this dog
Veterinarian Signature <u><i>[Signature]</i></u>	Date <u><i>7-6-2022</i></u>
Check one box: <input checked="" type="checkbox"/> Practitioner, <input type="checkbox"/> Specialist, <input type="checkbox"/> 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 .....\$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.*

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

Card number \_\_\_\_\_ Cardholder name \_\_\_\_\_ Exp date MM/YY \_\_\_\_\_ CVV \_\_\_\_\_



**Companion Animal Eye Registry (CAER)**

Call name:

*Mizzie*

Registered name:

*Fauwstead Starzeye Mizzie*

Breed:

*Australian Shepherd* Sex *F*

ID Number (if any):

*900115002033* AKC *65612*

Registration Number:

*060920* AKC *022223*

Date of Birth (mm/dd/yy):

*060920* Date of Exam (mm/dd/yy): *022223*

Owner Name:

*hart Sons*

Co-Owner Name:

*541-913-3854*

Owner Address:

*77499 Dungan Ln*

City:

*Co Stage Shore* State: *OR* Zip/postal code: *97144*

E-Mail (use both lines if needed):

*Sapstead aussies@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

*Dev's*

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

*S Maxwell*

ACVO # \_\_\_\_\_ Date *2-28-23*

Diplomate, American College of Veterinary Ophthalmologists

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



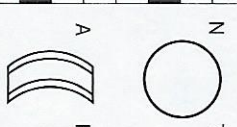
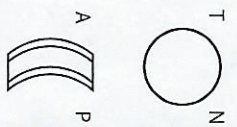
877106

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

RIGHT EYE **GLOBE** LEFT EYE

microphthalmos  
 keratoconjunctivitis sicca  
 glaucoma  
 EXENTLIDS  
 entropion  
 ectropion  
 distichiasis  
 ectopic cilia  
 imperforate lacrimal punctum  
 NICITANS  
 cartilage anomaly/eversion  
 gland prolapse  
 plasmoma/atypical pannus  
 CORNEA  
 dystrophy — epithelial/stromal  
 dystrophy — endothelial  
 pannus  
 pigmentary keratitis/keratopathy  
 UVEA  
 uveal cyst  
 free floating  
 single  
 multiple

endothelial opacity/no strands  
 lens pigment foci/no strands  
 iris sheets  
 iris to cornea  
 iris to lens  
 iris to iris  
 persistent pupillary membranes



CATARACT		LENS		CATARACT	
Incomp.	Incip.	Incomp.	Incip.	Incomp.	Incip.
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Ophthalmologist Name:

*S. Maxwell*

Ophthalmologist Address:

*OVRA*

State: *OR*

Zip/postal code:

Phone: *541-726-1100*

ACVO #: *148*

Email:

RIGHT EYE **FUNDUS** LEFT EYE

detached  
 geographic  
 folds  
 retinal detachment  
 retinal atrophy — generalized  
 CMR/CMR-like retinopathy  
 other presumed inherited retinopathy  
 retinal dysplasia  
 choroidal hypoplasia  
 coloboma  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla

detached  
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 retinal atrophy — generalized  
 CMR/CMR-like retinopathy  
 other presumed inherited retinopathy  
 retinal dysplasia  
 choroidal hypoplasia  
 coloboma  
 optic nerve coloboma  
 optic nerve hypoplasia  
 micropapilla

Unlisted conditions suspected as inherited. Describe in comments  
 Unlisted conditions suspected as not inherited

**NORMAL**

Comments

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## Demographic Information

Call Name	Mazzie	DOB	June 9, 2020
Registered Name	FARMSTEAD STARZEYE MAZZIE	Registration Number	DN62682806
Breed	Australian Shepherd	Tattoo	
Sex	F	Microchip	
Owner	Lori Sias	Laboratory #	AN-21-011295
		Report Date	December 11, 2021

These tests were developed and performed by Paw Print Genetics®, Spokane WA.

## Explanation of Results

<b>Normal</b>	A 'Normal' result means that your dog does not have the mutation that causes the associated genetic disease.
<b>Carrier</b>	A 'Carrier' result indicates that your dog has inherited one copy of the mutation that has been reported to cause this genetic disease. Your dog may not be clinically affected by this mutation because two copies of the mutation are usually required to cause disease.
<b>Carrier / At-Risk</b>	A 'Carrier / At-Risk' result indicates that your dog inherited one copy of the mutation that has been reported to cause this genetic disease. Based on the mode of genetic inheritance for this particular disease, inheriting one mutant copy of the gene may result in the disease. Dogs with one copy of the mutation may have a milder phenotype as compared to dogs with two copies of this mutation.
<b>At-Risk / Affected</b>	An 'At-Risk / Affected' result indicates that your dog inherited one or two copies of the mutation that has been reported to cause this genetic disease. Based on the mode of genetic inheritance for this particular disease, inheriting one or two mutant copies of the gene may result in the disease.
<b>No Result</b>	'No Result' indicates that we were unable to obtain a genotype for your dog for this specific disease or trait and does not mean that your dog is a carrier or at-risk for this disease. There are a variety of reasons why a specific test may not provide a reportable result. Unique variations in the genetic code of some individuals may exist and cause certain regions of the genome to not perform properly with a specific test. In addition, suboptimal sampling of the dog's cheek cells could also result in poor sample performance due to inadequate cell counts, bacterial and fungal growth, or the presence of other test inhibitors. An acceptable level of tests with no results has been determined by Paw Print Genetics. Dogs with at least 90% of the test results are determined to be acceptable and reportable. If your dog has an

unacceptable level of tests with no results, you will be contacted for a new sample to repeat the testing.

Please review our [testing terms and disclaimers](#) regarding your results.

WT:  M:  Y:

## Breed Profile

Disease Name	Geno.	Interpretation						
<a href="#">Coagulation Factor VII Deficiency</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Collie Eye Anomaly</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Cone Degeneration</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Cranio-mandibular Osteopathy</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Degenerative Myelopathy</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<table border="1"> <tr> <td>Degenerative Myelopathy (Bernese Mountain Dog Variant)</td> <td>0</td> <td></td> </tr> <tr> <td>Degenerative Myelopathy (Common Variant)</td> <td>0</td> <td></td> </tr> </table>			Degenerative Myelopathy (Bernese Mountain Dog Variant)	0		Degenerative Myelopathy (Common Variant)	0	
Degenerative Myelopathy (Bernese Mountain Dog Variant)	0							
Degenerative Myelopathy (Common Variant)	0							
<a href="#">Exercise-Induced Collapse</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Hereditary Cataracts Australian Shepherd Type</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Hyperuricosuria</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Intervertebral Disc Disease Risk Factor and Chondrodystrophy CDDY with IVDD</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Intestinal Cobalamin Malabsorption Border Collie Type</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Multidrug Resistance 1</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Multifocal Retinopathy 1</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Neuronal Ceroid Lipofuscinosis 6</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Neuronal Ceroid Lipofuscinosis 8 Australian Shepherd Type</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						
<a href="#">Progressive Retinal Atrophy, Progressive Rod-Cone Degeneration prcd</a>	WT/WT	<input type="text" value="Normal (Clear)"/>						

WT:  M:  Y:

## Coat Colors & Traits

Trait Name	Geno.	Interpretation
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