

AMERICAN KENNEL CLUB · FOUNDED 1884

# Certified Pedigree

**Sire** **CURTIAS ELEGANT CROWN ROYAL**  
SR57673307 (04-13) OFA37E OFEL37 BLK  
AKC DNA #V718972

## CURTIAS' BINDY ON OLD RIVER

SR82069901  
LABRADOR RETRIEVER FEMALE YLW  
Date Whelped: 03/25/2014  
Breeder: TIA M WHITELEY

**Dam** **CURTIAS OCEAN SPRAY BREEZE**  
SR53022603 (02-11) YLW



**AMERICAN  
KENNEL CLUB®**

*June P. Crowley*  
Executive Secretary

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on November 1, 2014.

**CH OCEAN SPRAY MACGREGOR**  
SR01566501 (11-03) OFA24G OFEL24  
CHLT AKC DNA #V312630

**CURTIAS ELEGANTLY DRESSED**  
SR43985103 (11-09) OFA33E OFEL33  
BLK

**OCEAN SPRAY ROMAN**  
SR24372802 (08-06) OFA25G OFEL25  
BLK AKC DNA #V426070

**CURTIA'S SWEET VELVETY HOLLY**  
SR00850201 (03-06) YLW

**CHUCKLEBROOK MOUSE THAT ROARED**  
SN27677003 (12-96) OFA26G OFEL26 CHLT  
AKC DNA #V120691

**CH OCEAN SPRAY MARGOT**  
SN49023701 (07-01) OFA24F OFEL24 BLK

**CH GHOSTSTONE HYSPIRE DRESSED TO IMPRESS**  
SR19859002 (01-06) OFA24E OFEL24 BLK  
AKC DNA #V382213

**CURTIA'S SWEET VELVETY HOLLY**  
SR00850201 (03-06) YLW

**CH DICKENDALL DAVARON GABLE**  
SN73023501 (06-01) OFA25G OFEL25 BLK  
AKC DNA #V191430

**CH OCEAN SPRAY MARGOT**  
SN49023701 (07-01) OFA24F OFEL24 BLK

**DOMINIK'S CROCKETT**  
SM94318505 (01-94) OFA24F BLK AKC DNA  
#V109989

**MICONS IVORY DOWN ELLIOTT**  
SN65858101 (12-01) OFA27E YLW

**CHUCKLEBROOK MOGEN DOVIDCAIN**  
SN01679202 (11-95) BLK

**CH CHUCKLEBROOK MOUSEFEATHERS**  
SF170652 (02-91) OFA24E CHLT

**CH OCEAN SPRAY REMBRANT**  
SN22119001 (05-96) OFA28G OFEL28 YLW AKC  
DNA #V77307

**OCEAN SPRAY BECKY**  
SN02880008 (07-95) OFA24G BLK

**GCH CH SURE SHOT HYSPIRE IMPRESSIVE**  
SN92836302 (08-04) OFA24G OFEL24 BLK AKC  
DNA #V298014

**CH HYSPIRE GHOSTSTONE'S GLORIA JH**  
SN62860004 (12-02) OFA26G OFEL26 BLK

**DOMINIK'S CROCKETT**  
SM94318505 (01-94) OFA24F BLK AKC DNA  
#V109989

**MICONS IVORY DOWN ELLIOTT**  
SN65858101 (12-01) OFA27E YLW

**CH DICKENDALL ARNOLD**  
SF639713 (04-98) OFA25G BLK AKC DNA #V33655

**WOLVERCOTE GAITY GIRL**  
SN64144801 (07-00) BLK (UKG)

**CH OCEAN SPRAY REMBRANT**  
SN22119001 (05-96) OFA28G OFEL28 YLW AKC  
DNA #V77307

**OCEAN SPRAY BECKY**  
SN02880008 (07-95) OFA24G BLK

**CH ERINBROUGH DOMINIK BUNN**  
SE966079 (06-89) OFA24G BLK

**COFFEE KULHUA AND CREAM**  
SF597576 (06-92) OFA24G CHLT

**MICONS VEGAS HUSTLER**  
SN43885804 (03-99) OFA24G OFEL24 YLW AKC  
DNA #V96144

**MICONS FALLING STAR**  
SN36023701 (10-99) OFA24G OFEL24 YLW

# Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit  
Organization

CURTAIS' BINDY ON OLD RIVER  
registered name

SR82069901  
registration number

LABRADOR RETRIEVER  
breed

F  
sex

3/25/2014  
date of birth

tattoo/microchip/DNA profile

22  
age at evaluation in months

1785446  
application number

2/24/2016  
date of report

film/case no(s)

Owner  
LORETTA J OLSON  
3290 UNDINE ROAD  
STOCKTON, CA 95206

Veterinarian  
ORANGEVALE VETERINARY HOSPITAL  
6248 MAIN AVE  
STE D  
ORANGEVALE, CA 95662

### RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

\* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

\_\_\_\_\_ **EXCELLENT HIP JOINT CONFORMATION\***  
superior hip joint conformation as compared with other  
individuals of the same breed and age

\_\_\_\_\_ **BORDERLINE HIP JOINT CONFORMATION**  
marginal hip joint conformation of indeterminate status with  
respect to hip dysplasia at this time – **Repeat study in six  
months**

✓ \_\_\_\_\_ **GOOD HIP JOINT CONFORMATION\***  
well formed hip joint conformation as compared with other  
individuals of the same breed and age

\_\_\_\_\_ **MILD HIP DYSPLASIA**  
radiographic evidence of minor dysplastic changes of the hip  
joints

\_\_\_\_\_ **FAIR HIP JOINT CONFORMATION\***  
minor irregularities of the hip joint conformation as compared  
with other individuals of the same breed and age

\_\_\_\_\_ **MODERATE HIP DYSPLASIA**  
well defined radiographic evidence of dysplastic changes of  
the hip joints

\_\_\_\_\_ **SEVERE HIP DYSPLASIA**  
radiographic evidence of marked dysplastic changes of the  
hip joints

### RADIOGRAPHIC FINDINGS

#### HIP JOINTS - STANDARD VD VIEW

- \_\_\_\_\_ subluxation
- \_\_\_\_\_ remodeling of femoral head/neck
- \_\_\_\_\_ osteoarthritis/degenerative joint disease
- \_\_\_\_\_ shallow acetabula
- \_\_\_\_\_ acetabular rim/edge change
- \_\_\_\_\_ unilateral pathology \_\_\_\_\_ left \_\_\_\_\_ right
- \_\_\_\_\_ transitional vertebra
- \_\_\_\_\_ spondylosis
- \_\_\_\_\_ panosteitis
- \_\_\_\_\_ other

#### 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 _____

Consultation by: Greg Keller DVM

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



## Centronuclear Myopathy DNA Test

Case Number: 47729

Owner: Loretta Olson  
3290 Undine Rd  
Stockton CA 95206

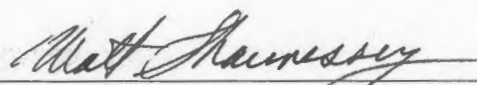
### Canine Information

DNA ID Number: **86135**  
Call Name: **Bindy**  
Sex: **Female**  
Birthdate: **03/25/2014**  
Breed: **Labrador Retriever**  
Coat Color: **Yellow**  
Registered Name: **Curtias Bindy on Old River**  
Registration Number: **SR82069901**  
Microchip/Tattoo:

Report Date: 6/11/2014

DNA Result: **Clear (2 copies of the normal allele)**

printed on 6/11/2014  
10:58 AM EDT  
3/3/2014 10:58 AM EDT

  
Matt Shaunessy, Senior Scientist



**OPTIGEN**<sup>®</sup> LLC

*for the genetic advantage*

**Certificate of prcd Mutation Test for PRA**

*This certifies that*

**Labrador Retriever  
Ocean Spray Macgregor  
SR01566501**

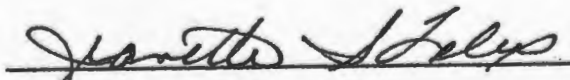
*owned by*

**Sandra Maclean & Paul Maclean  
Tested Genetically Normal**

*officially reported on*

**December 07, 2005**



  
Jeanette S. Felix, Ph.D.  
President

Cornell Business & Technology Park – 767 Warren Road, Suite 300 – Ithaca, New York 14850



**Test Report**

**Tia M Whiteley**  
**PO Box 392**  
**Janesville, California 96114**  
**USA**

**Optigen Accession #: 11-5712**  
**Report issued for: Holly**

**OptiGen Test Certificate**

**Optigen Accession #: 11-5712**

**Test Completed: 07/15/2011**  
**Report Issued: 07/18/2011**

**Test Performed: prcd Mutation Test for PRA**

**Result: Normal**  
**Sample Type: Swab**

**Registered Name: CURTIA'S SWEET VELVETY HOLLY**

**Reg#: SR008502/01**

**Breed: Labrador Retriever**  
**Sex: Female**  
**Date of Birth: April 03, 2002**

**ID#: N/A**

**Owner(s):**  
**Tia M Whiteley**  
**Daniel C Whiteley**



*Susan Pease Kelling*  
**OptiGen Authorized Signature**

[www.optigen.com](http://www.optigen.com)

**Test Results:** Genotype of your dog is **NORMAL/CLEAR**.

**Risk for developing prcd-PRA:** This dog will never develop the prcd form of PRA (progressive rod-cone degeneration form of Progressive Retinal Atrophy). So far, the only inherited PRA disease known in dogs of your breed is the prcd form of PRA.

**Significance for breeding:** Genetically Normal/Clear dogs can be bred to any dog and will produce no pups affected with the prcd form of PRA.

This interpretation is based on the test result of the DNA test for the specific mutation identified as causing the prcd form of PRA in Labrador Retrievers as of the date on this report.

For further information, please consult the OptiGen website at [www.optigen.com](http://www.optigen.com).

*Note: The use of this test is patent protected and licensed to OptiGen. See [http://www.optigen.com/opt9\\_patent.html](http://www.optigen.com/opt9_patent.html) for details.*

**International DNA Based Genetic Database:** To register this result with OFA, make a copy, sign below, mail WITH FEE, to OFA, 2300 E. Nifong Blvd, Columbia, MO 65201-3856 or FAX to 573-875-5073. [www.offa.org](http://www.offa.org)

I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.

Signature of owner or authorized representative

**Cornell Business & Technology Park**

tel. 607.257.0301

fax: 607.257.0353

# ***"Armani"***

## **Multi BISS Ch. Ghoststone Hyspire Dressed To Impress (blk/y)**

Sire: Multi BISS Ch. Sureshot Hyspire Impressive

Dam: BISS Ch. Hyspire Ghoststone Gloria, JH

*(Armani is owned by Hyspire Labradors)*

**Multi Specialty Winner**

**BOS Sweeps at the Potomac from 6-9 months**

OFA hips excellent

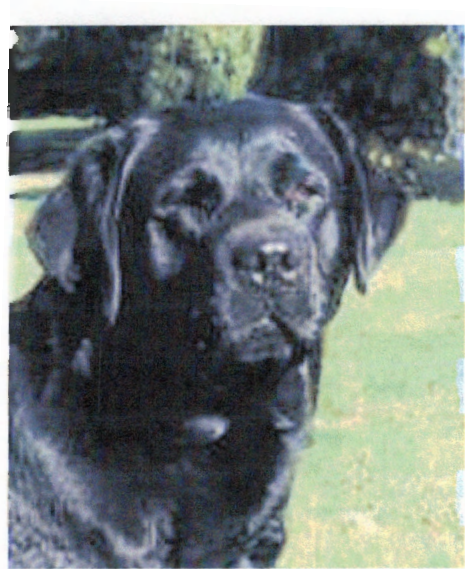
OFA elbows normal

Cardiac clearance (doplar)

Eyes ACVO clear annually

Optigen Normal by parentage

Full Dentition



# University of Minnesota

**Veterinary Diagnostic Laboratory**  
DIAGNOSTIC REPORT  
**College of Veterinary Medicine**  
1333 Gortner Avenue  
St. Paul, MN 55108

1-800-605-8787  
612-625-8787  
Fax: 612-624-8707  
e-mail: [vdL@umn.edu](mailto:vdL@umn.edu)  
[www.vdL.umn.edu](http://www.vdL.umn.edu)

**Accession Number:** D13-043856

**Owner:** MACLEAN, SANDRA  
14 KAROL DR  
NORTON, MA 02766

**Veterinarian:**

Dr. Thomas Durniok  
Bristol County Animal Clinic  
900 Broadway  
Raynhan, MA 02767

**Site:**

**Received:** 09/26/2013

**Reference:**

**Species:** Canine  
**Breed:** Labrador Retriever  
**Age:** 5/12/02      **Sex:** Intact  
Male  
**Weight:**

**Diagnostic Report: Genetic Test for Canine Exercise Induced Collapse (EIC)**

**Specimen From:** CH Ocean Spray Macgregor

**With Identification:** OSL-70

**With Registration Number:** SR0156601

**ID Verified by Veterinarian:** Yes

**Result:** Clear

See interpretation below.

**Orthopedic Foundation for Animals (OFA) International DNA Based Genetic Database:** To register your result with the OFA, make a copy of this result page, sign below, and mail WITH FEE to:

Orthopedic Foundation for Animals  
2300 E Nifong Blvd  
Columbia, MO 65201-3806

or FAX to: 573-875-5073

*I hereby certify that the sample submitted was of the animal described on this application. I authorize the OFA to verify any attached laboratory reports with the issuing lab. I further authorize the laboratory issuing the attached documentation to verify the reported test results with the OFA upon their direct request. I authorize the OFA to release all information on the test results thus placing the results in the public domain and I hereby release OFA from any and all liability associated with the release of test information.*

**Signature of owner or authorized representative:** \_\_\_\_\_

**Fees**

- Submission fee/individual.....\$15.00
- 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
- 5 or more individuals.....\$7.50 each

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.

\_\_\_\_\_  
Visa/MasterCard Number      Name on Card      Exp Date      CVV (security code)

**Affected dogs at any age are no charge**

**Interpretation**

**Clear:** A clear dog has two copies of the normal *dynamin 1* (DNM1) gene and therefore is extremely unlikely to be susceptible to the classic syndrome of d-EIC (DNM1- associated exercise-induced collapse). However, this result  
D13-043856 - MACLEAN, SANDRA

## Centronuclear Myopathy DNA Test

Case Number: 29002

Owner: Tia Whiteley

PO Box 392  
Janesville CA 96114

### Canine Information

DNA ID Number: **48688**

Call Name: **Ebony**

Sex: **Female**

Birthdate: **7/14/2007**

Breed: **Labrador Retriever**

Coat Color: **Black**

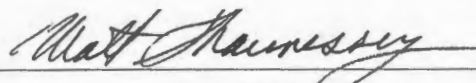
Registered Name: **Curtias Elegantly Dressed**

Registration Number: **SR43985103**

Microchip/Tattoo: **4A17352503**

Report Date: 2/17/2011

DNA Result: **Clear (2 copies of the normal allele)**

  
Matt Shaunessy, Senior Scientist



## Exercise Induced Collapse DNA Test

Case Number: 29003

Owner: Tia Whiteley

PO Box 392  
Janesville CA 96114

### Canine Information

DNA ID Number: **48688**

Call Name: **Ebony**

Sex: **Female**

Birthdate: **7/14/2007**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **Curtias Elegantly Dressed**

Registration Number: **SR43985103**

Microchip/Tattoo: **4A17352503**

Report Date: 2/17/2011

DNA Result: **Clear (2 copies of the normal allele)**

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Matt Shaunessy, Senior Scientist



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806  
Phone: (573) 442-0418; Fax: (573)875-5073  
www.offa.org, A not-for-profit organization

Registered name: Curtias' Binky on Old River  
 Breed: Labrador Sex: F  
 ID Number (if any):  Tattoo  Microchip  
 Registration Number:  AKC  Other  
SR82069901  
 Date of Birth: 032514 Date of Exam: 041116  
 Owner Name: Loretta Ober  
 Co-Owner Name: \_\_\_\_\_ Phone: 209-993-0218  
 Owner Address: 3290 Undine Rd.  
 City: Stockton State: CA Zip/postal code: 95206  
 E-Mail (use both lines if needed):  
olsonbrt@comcast.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.

Loretta Ober  
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) \_\_\_\_\_

- 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"/>	
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EYELIDS</b>				
<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"/>	
<b>NICTITANS</b>				
<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"/>	
<b>CORNEA</b>				
<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"/>	
<b>UVEA</b>				
<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"/>	
<b>persistent pupillary membranes</b>				
<b>LENS</b>				
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"/>	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>suspect not inherited</b>				
<input type="checkbox"/> <b>subluxation/luxation</b>				
<b>VITREOUS</b>				
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>	<input type="checkbox"/>	
<b>degeneration</b>				
<input type="checkbox"/>	ant. chamber syneresis	<input type="checkbox"/>	<input type="checkbox"/>	ant. chamber syneresis

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist: Dr. Dennis Dwight Olin EC061  
 City: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
Village Veterinary Hospital  
3125 W Benjamin Holt Dr  
Stockton, CA 95219

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"/>	
<b>retinal dysplasia</b>				
<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"/>	
<b>OTHER CONDITIONS</b>				
<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] Date: 4/11/16

Diplomate, American College of Veterinary Ophthalmologists

Comments

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