



Centronuclear Myopathy DNA Test

Case Number: 164217

Owner: Vonnie Russell

11107 Doerksen Rd
Denair, CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**

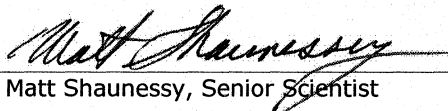
Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: **8/24/2021**

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Cystinuria DNA Test

Case Number: 164218

Owner: Vonnie Russell

11107 Doerksen Rd

Denair CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**

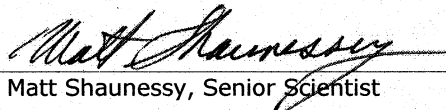
Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: 8/20/2021

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Coat Color DNA Test

Case Number: 164223

Owner: Vonnie Russell
11107 Doerksen Rd
Denair CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**

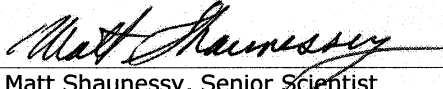
Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: 8/20/2021

DNA Result: **DD C.22G>A -/-**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Degenerative Myelopathy DNA Test

Case Number: 164219

Owner: Vonnie Russell
11107 Doerksen Rd
Denair CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**

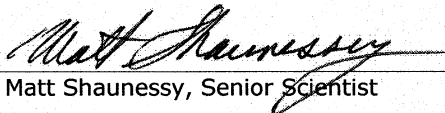
Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: 8/20/2021

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Exercise Induced Collapse DNA Test

Case Number: 164220

Owner: Vonnie Russell
11107 Doerksen Rd
Denair CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**


Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: 8/20/2021

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Hereditary Nasal Parakeratosis DNA Test

Case Number: 164221

Owner: Vonnie Russell
11107 Doerksen Rd
Denair CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**

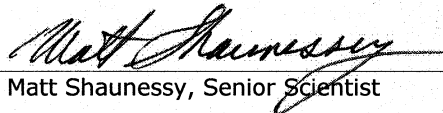
Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: 8/20/2021

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

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


Matt Shaunessy, Senior Scientist



Coat Length DNA Test

Case Number: 164224

Owner: Vonnie Russell

11107 Doerksen Rd

Denair CA 95316

Canine Information

DNA ID Number: **218344**

Call Name: **Fade**

Sex: **Male**

Birthdate: **05/04/2019**

Breed: **Labrador Retriever**

Coat Color: **Black**

Registered Name: **HySpire Fade To Black**

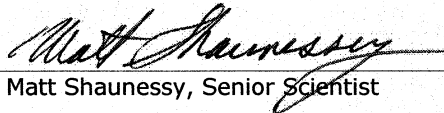
Registration Number:

Microchip/Tattoo: **941 000 021 492 626**

Report Date: 8/20/2021

DNA Result: **Clear (FGF5:c284G>T -/-; those having 2 copies of the normal allele)**

These results are based on data obtained from analysis of unique DNA loci in accordance with the standards and protocols set forth by DDC Veterinary. The accuracy of the result is based on the information and the quality of samples provided by the client. DDC Veterinary does not assume responsibility of errors due to mislabeled or incorrectly sampled submissions.


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

Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA)

and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



Registered name: HySpire Fade to Black	
Call name: Fade	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs <input type="checkbox"/> Estimate
Breed: Labrador	Gender: M
Sire Registration #: SR14630802	Dam Registration #: SR15001601
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip	
941000021492626	
Registration Number: <input type="checkbox"/> AKC <input type="checkbox"/> Other	
5512728102	
Date of Birth: (MMDDYY) 050419	Date of Exam: (MMDDYY) 072520
Owner Name: Vonnie + Jim Russell	
Co-Owner Name: Shannon Brown	Phone: 209 402-4488
Owner Address: 11107 Doerksen Rd	
City: Denair	State: CA Zip/postal code: 95316
E-Mail (use both lines if needed): HySpire@aol.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 cardiologist 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. **Vonnie Russell**

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiologist Name: RICHARD KIENZLE	
Phone #: 408 842 2899	OFA Examiner #: EK03
E-Mail (use both lines if needed): MVVC@MVVC.BIZ	

Fees and credit card information on back of WHITE sheet.

12/22/15



C100953

Genetic Test Status: Test	
Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>	
EXAMINATION FINDINGS	
AUSCULTATION	
Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Arrhythmia <input type="checkbox"/>	
Murmur Grade: <input type="checkbox"/> 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"/>	
ECHOCARDIOGRAM <input type="checkbox"/> NOT PERFORMED	
RA: Normal <input checked="" type="checkbox"/> Enlarged _____ mm RV: Normal <input checked="" type="checkbox"/> enlarged _____ mm	
TV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
TR: None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s	
LA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LAd 41.2 mm: SAx <input type="checkbox"/> LAx <input checked="" type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>)	
MV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
MR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s	
LV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LVIDd 41.2 mm MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/> LVIDs 26.7 mm MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/>	
SF: 35 % (MM <input type="checkbox"/> 2D <input type="checkbox"/>) EF: _____ % (MM <input type="checkbox"/> 2D <input type="checkbox"/> volumetric)	
ESVI: _____ mL/m ² Sphericity Index _____ EPSS: _____ mm	
IVS: IVSd 8.3 mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/>)	
PW: PWd 9.5 mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/>)	
PapMuscle: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/>	
LVOT Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other _____	
AoV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
Ao Diameter: 19.4 mm LA/Ao: 2.0 Method: 2D/L	
AoV/LVOT Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Apical <input checked="" type="checkbox"/> Subcostal <input type="checkbox"/>) 1.05 m/s	
DLVOTO: <input type="checkbox"/> Vmax _____ m/s SAM: <input type="checkbox"/>	
AR: None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ m/s	
RVOT: Normal <input checked="" type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) _____ m/s	
DRVOTO: <input type="checkbox"/> Vmax _____ m/s	
PV: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
PV Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input checked="" type="checkbox"/> Left apex <input type="checkbox"/>) 0.99 m/s	

ELECTROCARDIOGRAM (ECG)	
<input type="checkbox"/> normal <input type="checkbox"/> abnormal <input checked="" type="checkbox"/> not performed	
Date: _____	Method: _____
HR: _____ bpm	Rhythm: _____
HOLTER ECG	
Date performed: _____ <input type="checkbox"/> pending <input checked="" type="checkbox"/> not performed	
normal: <input type="checkbox"/> equivocal: <input type="checkbox"/> abnormal: <input type="checkbox"/> (see Holter report for details)	
EXAMINATION RESULTS	
<input checked="" type="checkbox"/> NORMAL	
<input checked="" type="checkbox"/> No evidence for congenital heart disease	
<input checked="" type="checkbox"/> No evidence for adult onset inherited heart disease	
<input checked="" type="checkbox"/> Valid for 1 year (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)	
<input type="checkbox"/> EQUIVOCAL	
<input type="checkbox"/> Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded	
<input type="checkbox"/> ABNORMAL	
(evidence of congenital or adult onset inherited heart disease)	
Diagnosis: <input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> HCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD <input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TVD <input type="checkbox"/> VSD <input type="checkbox"/> Other _____	
Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Comments (additional findings which would not result in a final abnormal diagnosis): _____	

<input checked="" type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

Signature: Richard Kienzle	Date: 7/25/20
Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)	



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:	FADE
Registered Name:	HYSPIRE FADE TO BLACK
Sex/Breed:	M LABRADOR RETRIEVER
Microchip/Tattoo:	941000021492626
Registration No:	SS12728102
Date of Birth:	05/04/2019
Owner Name:	VONNIE RUSSELL
Co-owner Name:	JIM RUSSELL; SHANNON BROWN
Owner Address:	11107 DOERKSEN RD
City/State/Postal:	DENAIR CA 95316
Email:	hyspire@aol.com
Telephone:	209-402-4488

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. I further understand that ALL results, both passing and non-passing, will be made available to ophthalmologists who may examine this dog at a future date.

Signature of owner or authorized agent/representative

08/22/2023

Date of Exam (mm/dd/yyyy)

<input checked="" type="checkbox"/>	I DID verify the microchip/tattoo on this dog.
<input type="checkbox"/>	I DID NOT verify the microchip/tattoo on this dog.
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

DENNIS DWIGHT OLIN DWIGHT OLIN 61 08/22/2023

Signature/ACVO#/Date

Exam registration number:



238QQK

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"/>	pigmentary keratitis/keratopathy	<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"/>
LENS		
<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"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
degeneration		

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"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
retinal dysplasia		
<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"/>

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"/>	pigmentary keratitis/keratopathy	<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"/>
LENS		
<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"/>
VITREOUS		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
degeneration		

Ophthalmologist:	DR. DENNIS DWIGHT OLIN
Clinic Name:	
ACVO #:	61
Phone:	

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"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
retinal dysplasia		
<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"/>

RIGHT EYE	GLOBE	LEFT EYE
<input checked="" type="checkbox"/>	NORMAL	<input checked="" type="checkbox"/>

Comments

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

HYSPIRE FADE TO BLACK
registered name

LABRADOR RETRIEVER
breed

film/test/lab #

941000021492626
tattoo/microchip/DNA profile

2157268
application number

06/01/2021
date of report

RESULTS:

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

SS12728102
registration no.

M
sex

05/04/2019
date of birth

24
age at evaluation in months



A Not-For-Profit Organization

LR-EL103528M24-VPI
O.F.A. NUMBER

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

NORMAL

owner JIM RUSSELL; VONNIE RUSSELL
11107 DOERKSEN ROAD
DENAIR CA 95316

OFA eCert



Verify certificate
with QR scan

G.G. Keller, DVM

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

www.ofa.org

This electronic OFA certificate was generated on: 06/01/2021

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, INC.

HYSPIRE FADE TO BLACK

registered name

LABRADOR RETRIEVER

breed

film/test/lab #

941000021492626

tattoo/microchip/DNA profile

2157268

application number

06/01/2021

date of report

RESULTS:

Based upon the radiograph submitted, the consensus was that no evidence of hip dysplasia was recognized. The hip joint conformation was evaluated as:

SS12728102

registration no.

M

sex

05/04/2019

date of birth

24

age at evaluation in months



A Not-For-Profit Organization

LR-255221G24M-VPI

O.F.A. NUMBER

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

GOOD

owner JIM RUSSELL; VONNIE RUSSELL
11107 DOERKSEN ROAD
DENAIR CA 95316

OFA eCert



*Verify certificate
with QR scan*

G.G. Keller DVM

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

www.ofa.org

This electronic OFA certificate was generated on: 06/01/2021

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

AMERICAN KENNEL CLUB · FOUNDED 1884

Certified Pedigree

Sire
GCHS CH SHALIMAR'S THE ANIMATOR
SR74630802 (03-14) OFA24E OFEL24 EYE93
BLK AKC DNA #V705818

HYSPIRE FADE TO BLACK

SS12728102 OFA24G OFEL24 AKC DNA
#V927161
LABRADOR RETRIEVER MALE BLK
Date Whelped: 05/04/2019
Breeder: VONNIE RUSSELL/JIM RUSSELL

Dam
GCH CH HYSPIRE SONGLINE BLACK CADDILLAC
SR75001601 (04-18) OFA26G OFEL26 BLK



**AMERICAN
KENNEL CLUB®**

Gina Di Nardo
Executive Secretary

CH NIPNTUCK HYSPIRE UNFORGETTABLE
SR30563004 (09-07) OFA26E OFEL26
BLK AKC DNA #V472682

SHALIMAR HYSPIRE BIDDING MY TIME
SR60000801 (01-13) OFA31G OFEL31
BLK

PHOGO ONCE YOU GO BLACK
SR74610201 (02-13) BLK (BRA) AKC DNA
#V672124

CH HYSPIRE MAINLAND PEDAL TO THE METAL
SR56291303 (02-13) OFA24G OFEL24N
BLK

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

CH BLACKWATERS NIPNTUCK CHEERLEADER
SN86579102 (12-05) OFA26G OFEL26 BLK
AKC DNA #V356283

GCH CH FIGERO DAFOZ HERBU ZADORA JH
SR56913401 (10-09) OFA26F OFEL26 YLW
(POL) AKC DNA #V570100

HYSPIRE SHAHLI WHEN YOUR HOT YOUR HOT
SR30330105 (04-10) OFA31G OFEL31 BLK

CH NIPNTUCK HYSPIRE UNFORGETTABLE
SR30563004 (09-07) OFA26E OFEL26 BLK
AKC DNA #V472682

PHOGO TUTTI FRUTTI
CBKC RG/RJG/07/02282

CH GHOSTSTONE'S BOOMTOWN RN JH
SR03358102 (08-04) OFA24G OFEL24 YLW
AKC DNA #V276441

TAMERIC'S WINDFALL POPPY
SR22854102 (06-09) OFA24G OFEL24 BLK

CH WINDFALL'S PIPE MAJOR
SN79375905 (04-02) OFA24E OFEL24 BLK AKC
DNA #V210285

CH JANROD'S TAMMY WHYNOT
SN52395206 (07-00) YLW

CH TABATHA'S NIPNTUCK YOU ARE IT
SN53578907 (08-00) OFA24E YLW AKC DNA
#V145072

BLACKWATERS REMARKABLE
SN50196502 (04-00) OFA28G OFEL28 BLK

TRENDEWOOD FAR AWAY ZADORA
PKR VIII-17829

MEGI PSIE LOBBY
PKR VIII-17336

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

CH HYSPIRE PIPIN' HOT
SR04079101 (02-06) OFA25G OFEL25 BLK

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

CH BLACKWATERS NIPNTUCK CHEERLEADER
SN86579102 (12-05) OFA26G OFEL26 BLK AKC
DNA #V356283

ZUO'S ELVIS KIM AMIGO
FCA 32778

PHOGO SHMI SKYWALKER
CBKC RG/RJG/03/01504

CH LOR-AL'S CHUCK WAGGIN
SN44087505 (02-01) OFA25G OFEL25 BLK AKC
DNA #V202837

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

CH WINDFALL'S PIPE MAJOR
SN79375905 (04-02) OFA24E OFEL24 BLK AKC
DNA #V210285

TAMERIC'S CALIFORNIA DREAMIN'
SN85469001 (04-05) OFA28F OFEL28 BLK

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on September 29, 2021.