

Wind River's Kio Rio
OFA Hips LR190681G45, Elbows EL49510F24
Cerf Normal, EIC/CNM clear
Chocolate Factored

"Kio"



Wind River's Kio Rio

- CH Ruthless' Blazing Brentley CDX MH

Bayview's Blaxing Payton

Donalbain Sea Breeze

Lucky D's Blazing Moose

Donalbain Valentino

Bayview Balee's English

Dream

Bayview's Star Attraction

CH Hyspire Darktown Strutter

CH Visions the life of Riley

CH Kelleygreens Amazing Grace

Skyfire's Life of the Party

CH Copthorne's Breezy Uno

CH Nipntuck Skyfire Too Much

Fun

Nipntuck Oldham Beatrix

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

WIND RIVER'S KIO RIO
registered name

LABRADOR RETRIEVER
breed

BLACK
color

050 109 005
tattoo/microchip/DNA profile

1452050
application number

1/7/2011
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

SR53978702
registration no.

F
sex

11/22/2008
date of birth

24
age at evaluation in months

LR-190681G24F-VPI
O.F.A. NUMBER

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



A Not-For-Profit Organization



GOOD

owner
LEE SALMON
PO BOX 551
EPHRATA, WA 98823

G.G. Keller DVM

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

www.offa.org

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

WIND RIVER'S KIO RIO
registered name

LABRADOR RETRIEVER
breed

BLACK
color

050 109 005
tattoo/microchip/DNA profile

1452050
application number

1/7/2011
date of report

RESULTS:

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

SR53978702
registration no.

F
sex

11/22/2008
date of birth

24
age at evaluation in months

LR-EL49510F24-VPI
O.F.A. NUMBER

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NORMAL

owner
LEE SALMON
PO BOX 551
EPHRATA, WA 98823

G.G. Keller DVM

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

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ORIGINAL

CANINE EYE REGISTRATION FOUNDATION
P.O. Box 3007 Urbana, IL 61803

Telephone: 217-693-4800

Email: cerf@vmdb.org

1/20/2011

BREED	LABRADOR RETRIEVER		CERF #	LR-58236/2010--25	
REGISTRATION NAME	WIND RIVER'S KIO RIO		BIRTH DATE	11/22/2008	SEX F
REGISTRATION NUMBER	SR53978702	COLOR	BLACK		
LEE SALMON P.O. BOX 551 EPHRATA, WA 98823			DATE EXAMINED	12/21/2010	
			PERMANENT IDENTIFICATION	050 109 005	
			BREEDER OPTION DIAGNOSIS (detail on back) No inherited eye disease found		

THIS CERTIFICATE IS VALID ONLY FOR 12 MONTHS, FROM DATE OF EXAMINATION. Certification relates to PHENOTYPE (appearance) only at time of examination; it implies no clearance for GENOTYPE (possible "carrier") or for heritable ocular disease developing subsequent to date of examination.
WARNING: certificate invalid if background not printed in blue ink with the word "original" printed in red ink.

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

1-800-605-8787
612-625-8787
Fax: 612-624-8707
e-mail: vd1@umn.edu
www.vd1.umn.edu

Accession Number: D11-002315

Owner: SALMON, LEE
WIND RIVER LABS
PO BOX 551
EPHRATA, WA 98823

Veterinarian:
Wind River Labs
Attn: Lee Salmon
PO Box 551
Ephrata, WA 98823

Site:
Received: 01/18/2011
Reference:
Species: Canine
Breed: Labrador Retriever
Age: 11/22/08 Sex: Intact
Female
Weight:

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

Specimen From: Wind River's Kio Rio

With Identification: 050 109 005

With Registration Number: SR53978702

ID Verified by Veterinarian: Not indicated

Result: Clear

See following page for interpretation.

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



Centronuclear Myopathy (CNM)
Hereditary Myopathy of the Labrador Retriever

PTPLA gene test result

A buccal swab from:

Call name: Kio

Registered: Wind River's Kio Rio

with the number: AKC SR53978702

with Identification: Microchip 050 109 005

certified by a veterinarian? No

has been received at the Alfort School of Veterinary Medicine on

2011-12-07

DNA was extracted, analyzed and has been shown to contain

Two PTPLA gene copies with no insertion in exon 2

>> clear of the CNM mutation and
not at risk for transmitting the deleterious gene <<

and as a consequence received the CNM database registration number :

LR-CNM11-699-F-PI

Signature:

Dr Laurent Tiret

Date: **2011-12-16**

more information on <http://www.labradorcnm.com>

Alfort School of Veterinary Medicine

7 avenue du Général de Gaulle

94704 Maisons-Alfort CEDEX

France