



VETERINARY GENETICS LABORATORY
SCHOOL OF VETERINARY MEDICINE
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8744

TELEPHONE: (530) 752-2211
FAX: (530) 752-3556

SUSCEPTIBILITY TO PUG DOG ENCEPHALITIS (PDE) REPORT

SANDRA MORGAN [REDACTED] [REDACTED]		Case: DDT2638 Date Received: 18-Jul-2011 Report Date: 20-Jul-2011 Report ID: 9546-1974-3576-4015
Name: WINDWALKER'S CALYPSO CRUISE [REDACTED] YOB: 07 Breed: PG Sex: F Microchip: [REDACTED]		
[REDACTED] [REDACTED]		Reg: [REDACTED] Reg: [REDACTED]

Susceptibility to Necrotizing Meningoencephalitis (NME)

N/S

Result Codes:

N/N: No copies of the NME associated markers (homozygous for normal). These dogs have a low risk of developing NME.

N/S: One copy of the NME associated marker (heterozygous for susceptibility). These dogs have a low risk of developing NME.

S/S: Two copies of the NME associated marker. These dogs are 12.75 times more likely to develop NME in their lifetime.

Note: This is not a diagnostic test for NME in Pug Dogs or for NME disease or risk in other breeds.

The test determines the risk for developing NME in Pug Dogs and aids in selecting matings that will produce puppies that are at decreased risk (N/N, N/S). Although 11% of Pug Dogs are S/S, only about 1 in 8 of this group will develop NME during their lifetime. Breeding out the S genotype is not advised as this could lead to considerable loss of genetic diversity in the breed. Matings to N/N dogs can be selected that will not produce S/S puppies.

IDENTITY MARKERS

LOCUS	TYPE	LOCUS	TYPE
AHTH130	117	AHT137	141/147
REN169O18	164/166	AME	X
REN169D01	202/216	FH2848	236
REN105L03	227	REN247M23	268/270

Orthopedic Foundation for Animals (OFA)

Please consider registering your results. For more information, see www.offa.org.

To register: 1. Copy this page. 2. Fill out and sign form below. 3. Mail or FAX with payment to:

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

Phone: (573) 442-0418 Fax: (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 _____

The submission fee for an unaffected dog is \$7.50. Affected dogs at any age are 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.

Visa/Mastercard number

Name on card

Exp Date

CVV (security code)