



MICHIGAN STATE
UNIVERSITY

Comparative Ophthalmology Laboratory



Date: 10/22/2025

Name: Toothless

Number: 25-066

Breed: DSH

Status: CRX +/-

Examiner: Dr. BBC

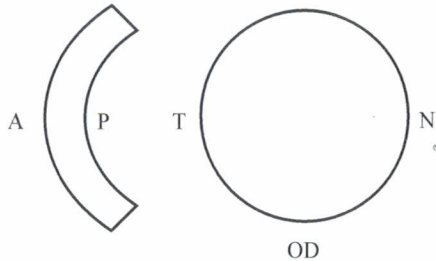
☒ Dilated

☐ Retcam

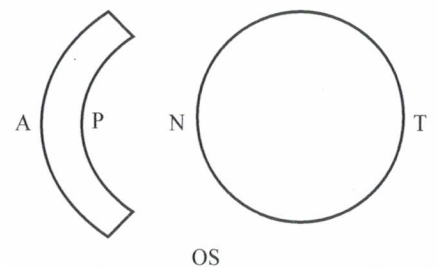
PLR OD _____

OS _____

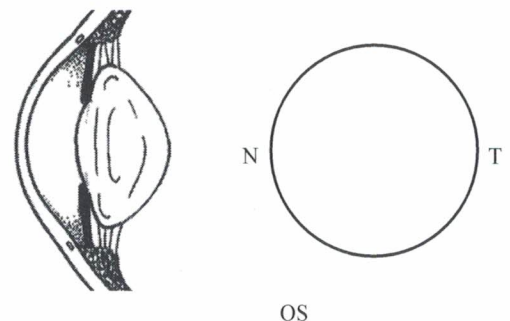
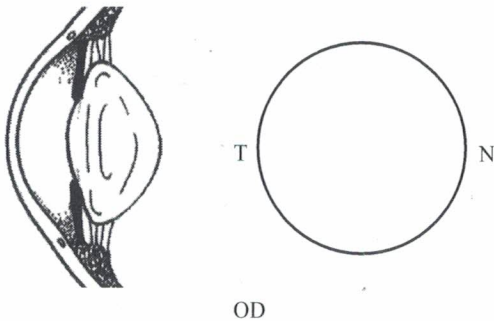
Cornea



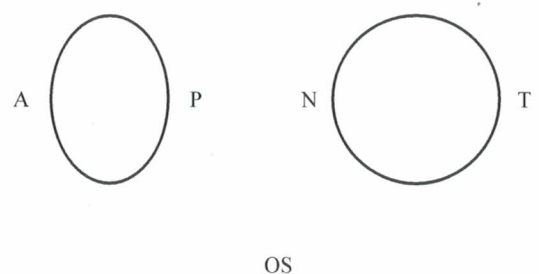
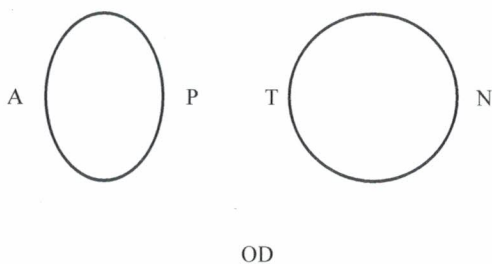
No
nystagmus



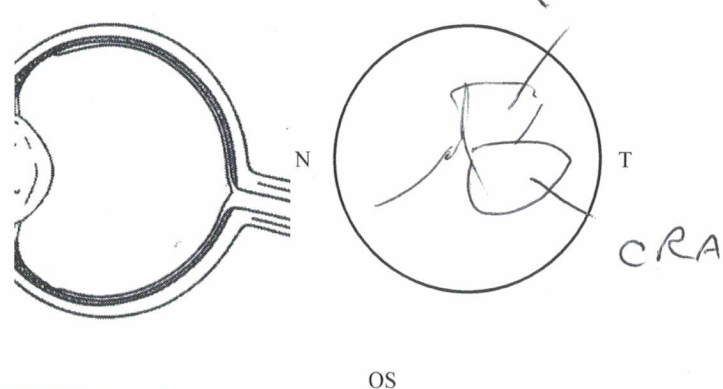
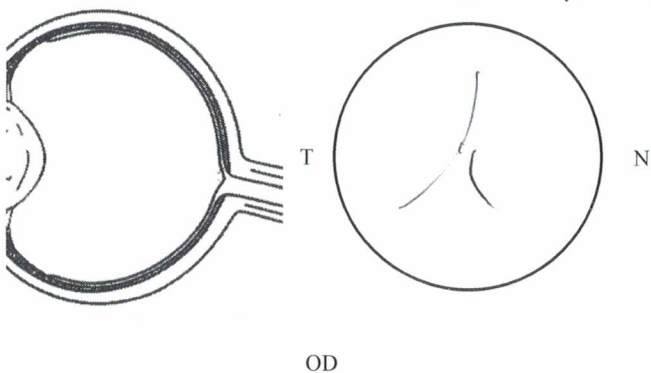
Anterior chamber / aqueous / iris



Lens



Vitreous & Fundus



OPHTHALMOLOGY EXAMINATION FORM