



3382 Capital Circle NE  
Tallahassee, FL 32308

## Genetic Testing Report

Kona

### Submitted By

REUBEN A TROYER

3436 COUNTY ROAD 70  
SUGARCREEK OH 44681-9409

### Owned By

REUBEN A TROYER

3436 COUNTY ROAD 70  
SUGARCREEK OH 44681-9409

### Subject Dog

**Name:** Kona

**Breed:** Bernese Mountain Dog

**Phenotype:** Black, White, Tan

**Sex:** Female

**Birth:** 08/03/2023

**Lab Reference #:** 859644

**Sample Date:** 11/06/2024

**Research Date:** 11/06/2024

**Microchip:**

**American Kennel Club:** WS81416701

### Disorder Results(3 of 3)

DM	n/n	Clear: Dog is negative for mutation associated with Degenerative Myelopathy.
DM-B	n/n	Clear: Dog is negative for mutation associated with Degenerative Myelopathy-b.
vWD1	n/n	Clear: Dog is negative for the mutation associated with von Willebrand's Disease Type I.

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

**BLESSING VALLEY KONA**  
*registered name*

**BERNESE MOUNTAIN DOG**  
*breed*

*film/test/lab #*

**992021000007537**  
*tattoo/microchip/DNA profile*

**2581387**  
*application number*

**05/20/2025**  
*date of report*

**RESULTS:**

Based upon the exam dated 05/09/2025, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

**WS81416701**  
*registration no.*

**F**  
*sex*

**08/03/2023**  
*date of birth*

**21**  
*age at evaluation in months*



A Not-For-Profit Organization

**BMD-EYE4864/21F-VPI**  
*O.F.A. NUMBER*

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

**NORMAL**

**owner**  
**REUBEN TROYER**  
**3436 CR 70**  
**SUGARCREEK OH 44681**

OFA eCert



Verify QR scan

*G.G. Keller, DVM*

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

**www.ofa.org**

This electronic OFA certificate was generated on: 05/20/2025

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@OFA.ORG** to request a correction.

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

OFA website: [www.ofa.org](http://www.ofa.org)  
E-mail address: [ofa@ofa.org](mailto:ofa@ofa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073

# ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

**BLESSING VALLEY KONA**  
*registered name*

**BERNESE MOUNTAIN DOG**  
*breed*

*film/test/lab #*

**992021000007537**  
*tattoo/microchip/DNA profile*

**2581387**  
*application number*

**10/02/2024**  
*date of report*

**RESULTS:**

Normal cardiovascular examination via auscultation - No evidence of congenital or acquired heart disease was noted. Since acquired heart disease may develop later, these evaluation results remain valid for one year, and annual examinations are recommended to continue to monitor cardiac health.

**owner**

**REUBEN TROYER**  
**3436 CR 70**  
**SUGARCREEK OH 44681**

**WS81416701**  
*registration no.*

**F**  
*sex*

**08/03/2023**  
*date of birth*

**13**  
*age at evaluation in months*



**A Not-For-Profit Organization**

**BMD-BCA2276/13F/P-VPI**  
**O.F.A. NUMBER**

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

**NORMAL/CLEAR - PRACTITIONER**

OFA eCert



*Verify QR scan*

*G.G. Keller, DVM*

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

**www.ofa.org**

**Orthopedic Foundation for Animals**  
**Preliminary Hip Dysplasia Evaluation Report**



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Organization

**BLESSING VALLEY KONA**  
*registered name*

**BERNESE MOUNTAIN DOG**  
*breed*

*film/lab #*

**992021000007537**  
*tattoo/microchip/DNA profile*

**2581387**  
*application number*

**10/24/2024**  
*date of report*

**WS81416701**  
*registration no.*

**F**  
*sex*

**08/03/2023**  
*date of birth*

**13**  
*age at evaluation in months*

**Owner**

**REUBEN TROYER**  
3436 CR 70  
SUGARCREEK OH 44681

**Veterinarian**

**SUGARCREEK VETERINARY CLINIC**  
306 S BROADWAY ST  
SUGARCREEK OH 44681

**Preliminary Hip Dysplasia Evaluation Report**

Radiographic evidence of hip dysplasia is present in the right hip. The consensus is:

**BORDERLINE HIP JOINT CONFORMATION**

marginal hip joint conformation of indeterminate status with respect to hip dysplasia at this time -- Repeat study in six months

☒

**MILD HIP DYSPLASIA**

radiographic evidence of minor dysplastic changes of the hip joints

**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**

☒ subluxation  
☐ remodeling of femoral head/neck  
☐ osteoarthritis/degenerative joint disease  
☐ shallow acetabula  
☐ acetabular rim/edge change

☒ unilateral ☐ left ☒ right  
☒ transitional vertebra  
☐ spondylosis  
☐ panosteitis

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

**Orthopedic Foundation for Animals**  
**Preliminary Elbow Dysplasia Evaluation Report**



A Not-for-Profit  
Organization

**BLESSING VALLEY KONA**  
*registered name*

**BERNESE MOUNTAIN DOG**  
*breed*

*film/test/lab #*

**992021000007537**  
*tattoo/microchip/DNA profile*

**2581387**  
*application number*

**10/24/2024**  
*date of report*

**WS81416701**  
*registration no.*

**F**  
*sex*

**08/03/2023**  
*date of birth*

**13**  
*age at evaluation in months*

**Owner**

**REUBEN TROYER**  
3436 CR 70  
SUGARCREEK OH 44681

**Veterinarian**

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306 S BROADWAY ST  
SUGARCREEK OH 44681

**Preliminary Elbow Dysplasia Evaluation Report**

✓ negative for elbow dysplasia

L ✓ R ✓

**ELBOW DYSPLASIA**

GRADE I  
GRADE II  
GRADE III

L \_\_\_\_\_ R \_\_\_\_\_  
L \_\_\_\_\_ R \_\_\_\_\_  
L \_\_\_\_\_ R \_\_\_\_\_

**RADIOGRAPHIC FINDINGS**

degenerative joint disease (DJD)  
united anconeal process (UAP)  
fragmented coronoid process (FCP)  
osteochondrosis

L \_\_\_\_\_ R \_\_\_\_\_  
L \_\_\_\_\_ R \_\_\_\_\_  
L \_\_\_\_\_ R \_\_\_\_\_  
L \_\_\_\_\_ R \_\_\_\_\_

*G.G. Keller, DVM*

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