

Breed: Border Collie
Microchip number: 250269611669946
Birth date: 2025-09-22

Registration number: 63369
Test date: 2026-04-18
ID kit: DBTKVGH



Health conditions known in the breed

Collie Eye Anomaly (CEA)

Gene	Risk Variant	Copies	Inheritance	Result
NHEJ1	Deletion	1	AR	Carrier

Information about the genetic condition

Collie Eye Anomaly is primarily characterized by choroidal hypoplasia, leading to an underdeveloped vascular supply to the retina, and is especially visible temporal to the optic nerve. CEA lesions may be present in both eyes or asymmetric in nature. CEA-associated choroidal hypoplasia is non-progressive and usually does not cause visual deficits on its own. However, CEA has a range of clinical expressions. Vision impairment is more likely in dogs with the "extended CEA phenotype," which may include optic nerve head colobomas, retinal detachment or intraocular hemorrhage secondary to coloboma(s) in severely affected dogs. Optic nerve head colobomas appear as excavations of the optic disc surface. Diagnosis of CEA lesions should be completed before 10 weeks of age, as retinal pigmentation can mask choroidal hypoplasia as the puppies grow, a phenomenon termed "go normal" by breeders. Research is ongoing to determine what additional genetic factors may be present that influence the range of severity seen in dogs with CEA.

Breeder recommendation

This disorder is autosomal recessive, meaning two copies of the variant are needed for a dog to be at an elevated risk for being diagnosed with the condition. A carrier dog with one copy of the Collie Eye Anomaly variant can be safely bred with a clear dog with no copies of the Collie Eye Anomaly variant. About half of the puppies will have one copy (carriers) and half will have no copies of the variant. Furthermore, a dog with two copies of the CEA variant can be safely bred with a clear dog. The resulting puppies will all be carriers. Puppies in a litter which is expected to contain carriers should be tested prior to breeding. Carrier to carrier matings are not advised as the resulting litter may contain affected puppies. Please note: Recent research has suggested that additional genetic risk factors likely exist in some breeds that resemble or contribute to CEA risk, especially the more severe disorder expression. It is possible that disorder signs similar to the ones associated with this CEA variant could develop due to a different genetic or clinical cause.

Dental Hypomineralization

Gene	Risk Variant	Copies	Inheritance	Result
FAM20C	C>T	0	AR	Clear

Information about the genetic condition

Clinical signs include brownish dental discoloration and abnormal wear of teeth. As the teeth wear, the biting surfaces of the teeth darkens, become dark brown in color; the enamel layer may also show a light brown discoloration and appear dull. The disorder causes severe tooth wear leading to pulp exposure, chronic inflammation of the pulp, and pulpal necrosis. Histologically, dentin of affected dogs has an abnormal structure and the enamel can be slightly hypoplastic.

Breeder recommendation

This disease is autosomal recessive meaning that two copies of the mutation are needed for disease signs to be shown. A carrier dog with one copy of the Dental Hypomineralization mutation can be safely bred with a clear dog with no copies of the Dental Hypomineralization mutation. About half of the puppies will have one copy (carriers) and half will have no copies of the Dental Hypomineralization mutation. A dog with two copies of the Dental Hypomineralization mutation can be safely bred with a clear dog. The resulting puppies will all be carriers. Puppies in a litter which is expected to contain carriers should be tested prior to breeding. Carrier to carrier matings are not advised as the resulting litter may contain affected puppies. Please note: It is possible that disease signs similar to the ones caused by the Dental Hypomineralization mutation could develop due to a different genetic or clinical cause.