



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

Phone: (573) 442-0418; Fax: (573) 875-5073

www.ofa.org, A not-for-profit organization

Application for Advanced Cardiac Database

Performed in association with the Orthopedic Foundation for Animals (OFA)
and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



Registered name: Maple Grove Katrina

Call name: _____ Weight: ☐ kg ☐ lbs ☐ Estimate

Breed: Cavalier Gender: F

Sire Registration #: TS34489902 Dam Registration #: TS33744508

ID Number (if any): 900215000346512 ☐ Tattoo ☒ Microchip

Registration Number: TS45205402 ☒ AKC ☐ Other

Date of Birth: (MMDDYY) 012020 Date of Exam: (MMDDYY) _____

Owner Name: _____

Co-Owner Name: _____ Phone: _____

Owner Address: _____

City: _____ State: _____ Zip/postal code: _____

E-Mail (use both lines if needed): _____

I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public unless the initials of a registered owner or authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public.

Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Megan McLane, DVM DACVIM (Cardiology)
CM07
Care Center Cincinnati
513-530-0911
cardiology@carecentervets.com

Fees and credit card information on back of WHITE sheet.

12/22/15



C112407

Genetic Test Status: Test _____
Negative ☐ Abnormal: Heterozygous ☐ Homozygous ☐

EXAMINATION FINDINGS

AUSCULTATION

Normal ☒ Abnormal ☐ Arrhythmia ☐

Murmur Grade: I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐

PMI: Left ☐ Right ☐ Base ☐ Apex ☐

Timing: Systolic ☐ Diastolic ☐ Continuous ☐

Extra Sounds: Click ☒ Gallop ☐ Split S1 ☐ Split S2 ☐

ECHOCARDIOGRAM ☐ NOT PERFORMED

RA: Normal ☐ Enlarged _____ mm RV: Normal ☐ enlarged _____ mm

TV: Normal ☐ Abnormal: Mild ☐ Moderate ☐ Severe ☐

TR: None ☐ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. _____ m/s

LA: Normal ☐ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LAd _____ mm: SAx ☐ LAx ☐ (MM ☐ 2D ☐)

MV: Normal ☐ Abnormal: Mild ☐ Moderate ☐ Severe ☐

MR: None ☐ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. _____ m/s

LV: Normal ☐ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LVIDd: _____ mm MM ☐ 2D ☐ LVIDs: _____ mm MM ☐ 2D ☐

SF: _____ % (MM ☐ 2D ☐) EF: _____ % (MM ☐ 2D ☐ volumetric)

ESVI: _____ mL/m² Sphericity Index _____ EPSS: _____ mm

IVS: IVSd _____ mm Normal ☐ Abnormal ☐ (MM ☐ 2D ☐)

PW: PWd _____ mm Normal ☐ Abnormal ☐ (MM ☐ 2D ☐)

PapMuscle: Normal ☐ Abnormal ☐

LVOT Normal ☐ Abnormal ☐ Ridge ☐ Other _____

AoV: Normal ☐ Abnormal: Mild ☐ Moderate ☐ Severe ☐

Ao Diameter: _____ mm LA/Ao: _____ Method: _____

AoV/LVOT Vel: Normal ☐ Abnormal ☐ (Apical ☐ Subcostal ☐) _____ m/s

DLVOTO: ☐ Vmax _____ m/s SAM: ☐

AR: None ☐ Mild ☐ Moderate ☐ Severe ☐ _____ m/s

RVOT: Normal ☐ Infundibular narrowing ☐ Vmax (if abnormal) _____ m/s

DRVOTO: ☐ Vmax _____ m/s

PV: Normal ☐ Abnormal ☐ Mild ☐ Moderate ☐ Severe ☐

PV Vel: Normal ☐ Abnormal ☐ (Right ☐ Left apex ☐) _____ m/s

ELECTROCARDIOGRAM (ECG)

☐ normal ☐ abnormal ☐ not performed

Date: _____ Method: _____

HR: _____ bpm Rhythm: _____

HOLTER ECG

Date performed: _____ ☐ pending ☐ not performed

normal: ☐ equivocal: ☐ abnormal: ☐ (see Holter report for details)

EXAMINATION RESULTS

☒ **NORMAL**

☒ No evidence for congenital heart disease

☒ No evidence for adult onset inherited heart disease

☒ **Valid for 1 year** (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)

☐ **EQUIVOCAL**

☐ Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

☐ **ABNORMAL**
(evidence of congenital or adult onset inherited heart disease)

Diagnosis: ☐ ARVC ☐ ASD ☐ DCM ☐ HCM ☐ MVD ☐ MMVD
☐ PDA ☐ PS ☐ SAS/AS ☐ TVD ☐ VSD
☐ Other _____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Comments (additional findings which would not result in a final abnormal diagnosis): _____

☒ I DID verify microchip/tattoo on this dog

☐ I DID NOT verify microchip/tattoo on this dog

☐ NO MICROCHIP/TATTOO PRESENT

Signature _____ Date 11/28/2020

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology),
or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy; PINK = Diplomate copy; YELLOW = Research copy

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