Application for Advanced Cardiac Database

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

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

American College of Veterinary Internal Medicine

Registered name: Carlisle Lexie

Call name: Lexie | Weight: ☐ kg ☐ lbs ☐ Estimate

Breed: Cavalier | Gender: Female

Sire Registration #: TS40700704 | Dam Registration #: TS28240404

Registration Number: ☒ AKC ☐ Other
TS44666002

ID Number (if any): ☐ Tattoo ☒ Microchip
900111881226057

Date of Birth: (MMDDYY) 121919 | Date of Exam: (MMDDYY) 031922

Owner Name: Myron Miller

Co-Owner Name: | Phone:

Owner Address: 3528 TR 374

City: Millersburg | State: OH | Zip/postal code: 44654

E-Mail (use both lines if needed):
myron4527@gmail.com

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
cardiology@carecentervets.com
513-530-0911

Fees and credit card information on back of WHITE sheet.
12/01/20

C134553

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

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 (REQUIRED)

RV: Normal ☐ Enlarged: Mild ☐ Moderate ☐ Severe ☐ ____mm

RA: Normal ☐ Enlarged: Mild ☐ Moderate ☐ Severe ☐ ____mm

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

LVIDd: _____ mm **LVIDdn:** _____ mm (MM ☐ *2D* ☐)

LVIDs: _____ mm **LVIDsn:** _____ mm (MM ☐ *2D* ☐)

LV EDVI (2D): _____ *mL/m²* **LV ESVI** (2D): _____ *mL/m²*

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

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

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

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

LAd: _____ mm: SAx ☐ LAx ☐ (MM ☐ 2D ☐) **EPSS:** _____ *mm*

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

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

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

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

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

LVOT: Normal ☐ Abnormal ☐ Ridge ☐ Other _____

LVOT Vel: Normal ☐ Abnormal ☐ _____ m/s

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

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

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

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

RVOT Vel: Normal ☐ Abnormal ☐ _____ m/s

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

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

Comments _____

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

ELECTROCARDIOGRAM ☐ NOT PERFORMED

Date: ☐ normal ☐ abnormal

HR: _____ Method:

Rhythm:

EXAMINATION RESULTS

NORMAL (CHECK ALL THAT APPLY)

☒ No evidence for congenital heart disease

☑ No evidence for adult-onset inherited heart disease **Valid for 1 year**

☐ Holter monitor required within 90 days for final clearance (see back of white form for additional information)

EQUIVOCAL (CHECK ALL THAT APPLY)

☐ Congenital heart disease cannot be definitively diagnosed nor excluded

☐ Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded

ABNORMAL (CHECK ALL THAT APPLY)

☐ Evidence of congenital heart disease

☐ Evidence of adult-onset inherited heart disease

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

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 3/14/22 Date

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