



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)



American College of Veterinary Internal Medicine

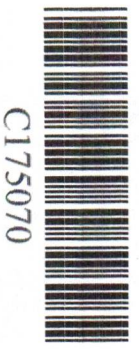
Registered name: _____
 Call name: **Anri** Weight: kg lbs
 Breed: **Sphynx** Estimate gender: **F**
 Sire Registration #: _____ Dam Registration #: _____
 Registration Number: AKC Other
 ID Number (if any): Tattoo Microchip
 Date of Birth: (MMDDYY) **062524** Date of Exam: (MMDDYY) **092725**
 Owner Name: **Heather McCaslin** Phone: **951-858-4624**
 Co-Owner Name: **W. C. H. H. H.**
 Owner Address: **412 ST RT 534** City: **Southington** State: **OH** Zip/postal code: **45475**
 E-Mail (use both lines if needed): **hncum@n153109mail.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 by passing results will be released to the public unless the initials of a registered owner of authorized agent appear in the authorization box below which permits the OFA to release non-passing results to the public. _____
 Signature of owner of authorized agent/representative

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

Sarah E. Achen, DVM, DACVIM (Cardiology)
 OFA Examiner #CA01
 BluePearl Veterinary Partners
 29080 Inkster Rd.
 Southfield, MI 48034
 P: 248-354-6660 F: 248-354-0303
 Email: Cardiology.MI@bluepearlvet.com

Fees and credit card information on back of WHITE sheet.
 03/01/2023



C175070

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: **14.4** mm LVIDdn: _____ mm (MM 2D
 LVIDs: **7.2** mm LVIDsr: _____ mm (MM 2D
 LVEDVI (2D): _____ mL/m² LVESVI (2D): _____ mL/m²
 SF: **49.1** % (MM 2D EF (2D volumetric): _____ %
 IVS: **1.38** mm Normal Abnormal (MM 2D
 PW: **1.4** mm Normal Abnormal (MM 2D
 LA: Normal Enlarged: Mild Moderate Severe
 LA d: **11.2** mm SAX LAX (MM 2D EPSS: _____ mm
 Ao Diameter: **8.0** mm LA/Ao: **1.21** Method: **MM**

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) **1.3** 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 **0.99** m/s

Comments _____

Genetic Test Status Test: _____
 Negative Abnormal: Heterozygous Homozygous

ELECTROCARDIOGRAM NOT PERFORMED

Date: _____ Method: 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
 Holter monitor required within 90 days for final clearance (see back of white form for additional information)
Valid for 1 year

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): _____

DID verify microchip/tattoo on this dog
 DID NOT verify microchip/tattoo on this dog
 NO MICROCHIP/TATTOO PRESENT

Signature: 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 = Diplomat copy
YELLOW = Research copy
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