



Orthopedic Foundation for Animals
 2300 E Niang Blvd, Columbia, MO 65201-3806
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 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: 1 Myphadors

Call name: _____ Weight: kg lbs 9

Breed: Sphinx Sex: M Gender: F

Sire Registration #: _____ Dam Registration #: _____

Registration Number: AKC Other

ID Number (if any): Tattoo Microchip

Date of Birth: (MMDDYY) 04/24/13 Date of Exam: (MMDDYY) 12/28/13

Owner Name: Hether McCastin

Co-Owner Name: _____ Phone: 951/858624

Owner Address: 4112 St. Rt. 534

City: Seethington State: VA Zip/postal code: 22980

E-Mail (use both boxes if needed):
hether@comcast.net hether@comcast.net

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) _____

Cardiologist Name: Sarah E. Achen, DVM, DACVIM (Cardiology)

Phone: OFA Examiner #CA01 BluePearl Veterinary Partners

E-Mail: Southfield, MI 48034 F: 248-354-0303 P: 248-354-6660 Email: Cardiology_MI@bluepearlvet.com

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

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
 LVID: 17.0 mm LVIDdn: _____ mm (MM) 2D
 LVIDs: 8.2 mm LVIDsn: _____ mm (MM) 2D
 LV EDVI (2D): _____ mL/m² LV ESVI (2D): _____ mL/m²
 SF: 51.9 % (MM) 2D EF (2D volumetric): _____ %
 IVS: 1.9 mm Normal Abnormal (MM) 2D
 PW: 1.0 mm Normal Abnormal (MM) 2D
 LA: Normal Enlarged: Mild Moderate Severe
 LA d: 12.5 mm SAX LAX (MM) 2D EPSS: _____ mm
 Ao Diameter: 9.1 mm LA:Ao: 1.35 Method: M
 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) 1.85 m/s
 AR: None Trivial Mild Moderate Severe m/s
 RVOT: Normal Intfundibular 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 1.13 m/s
 Comments: _____

ELECTROCARDIOGRAM NOT PERFORMED normal abnormal

Date: _____ Method: _____
 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 MMWD
 PDA PS SAS/SAS 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: 9/27/25

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 © Orthopedic Foundation for Animals



192008