

Companion Animal Eye Registry (CAER)

Ophthalmologist Name: Adam King, DVM, DACVO
 EC555
 Ophthalmologist Address: askingdvm@gmail.com
 State: Zip/postal code:
 City: Phone: ACVO #:
 Email:

Call name: Studio
 Registered name: Maple Grove Studio
 Breed: Cavalier
 Sex: F
 ID Number (if any): Tattoo Microchip
 900215002632719
 Registration Number: AKC Other
 T58025903
 Date of Birth (mm/dd/yyyy): 03/01/24

Owner Name: Allen Miller
 Co-Owner Name:
 Owner Address: 1916 TR 122
 Phone: 330-231-9802
 City: Millersburg
 State: OH Zip/postal code: 44654
 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 ophthalmologist 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 the results of the evaluation of the animal described on this application to the public if the results are non-passing (initials)

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

I certify that I have performed this ophthalmic examination using pharmacological mydriasis, ophthalmoscopy, and biomicroscopy.

Signature:
 Date: 2/1/24
 ACVO #:

Diplomate, American College of Veterinary Ophthalmologists
FEE AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



873489

RIGHT EYE **GLOBE** **LEFT EYE**
 microphthalmos
 keratoconjunctivitis sicca
 glaucoma
EYELIDS
 entropion
 ectropion
 distichiasis
 ectopic cilia
 imperforate lacrimal punctum
NICTITANS
 cartilage anomaly/eversion
 gland prolapse
 plasmoma/atypical pannus
CORNEA
 dystrophy—epithelial/stromal
 dystrophy—endothelial
 pannus
 pigmentary keratitis/keratopathy
UVEA
 uveal cyst
 iris coloboma
 iris hypoplasia
 iris sphincter dysplasia
 pigmentary uveitis

CORNEA
 T N
 A P
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 multiple
 single
 free floating
 multiple
 single
 free floating
 endothelial opacity/no strands
 lens pigment foci/no strands
 iris sheets
 iris to cornea
 iris to lens
 iris to iris
 multiple
 single
 free floating
 multiple
 single
 free floating
 endothelial opacity/no strands

LENS
 persistent pupillary membranes
 Incmp. Pnc. Incp. Pnc. Incmp. Pnc.
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
CATARACT
 T N
 A P
CATARACT
 T N
 A P
 anterior chamber
 synchysis
 degeneration
 posterior Y-suture tip opacities
 subluxation/luxation
VITREOUS
 PHPV/PHTVL
 persistent hyaloid artery
 ant. chamber
 synchysis
 degeneration

RIGHT EYE **FUNDUS** **LEFT EYE**
 detached
 geographic
 folds
 retinal detachment
 retinal atrophy—generalized
 CMR/CMR-like retinopathy
 other presumed inherited retinopathy
 retinal dysplasia
 choroidal hypoplasia
 coloboma
 optic nerve coloboma
 optic nerve hypoplasia
 micropapilla

OTHER CONDITIONS
 Unlisted conditions suspected as inherited. Describe in comments
 Unlisted conditions suspected as not inherited

NORMAL

Comments



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 Studio

Call name: Studio Weight: kg lbs
 Estimate Gender: F

Breed: Cavalier

Sire Registration #: TS39489902 Dam Registration #: TS40458603

Registration Number: AKC Other

ID Number (if any): TS58025903 Tattoo Microchip

Date of Birth: (MMDDYY) 900215002632719

Date of Exam: (MMDDYY) 110722 072524

Owner Name: Allen Miller Phone: 330-231-9802

Co-Owner Name: _____

Owner Address: 1916 TR 122 State: OH Zip/postal code: 44654

City: MILLERSBURG

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) _____

Cardiologist: Megan McLane, DVM DACVIM
 (Cardiology)
 Phone #: _____
 E-Mail: cardiology@carecenterpets.com
CM07

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



161050

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Normal Abnormal Arrhythmia VI

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 _____ mm _____

RA: Normal Enlarged: Mild Moderate Severe mm _____ mm _____

LV: Normal Enlarged: Mild Moderate Severe

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

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

LVEDVI (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: _____ Method: normal abnormal

HR: _____

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: _____ Date: 7/25/24

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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