

Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806
 Phone: (573) 442-0418; Email: ofa@ofa.org
 www.ofa.org, A not-for-profit organization



Call name: Molly
 Registered name: Maple Grove Molly Sex: F
 Breed: Cavalier
 ID Number (if any): Tattoo Microchip
900215002632702
 Registration Number: SM AKC Other
TS57201407
 Date of Birth (mm/dd/yy): 092622 Date of Exam (mm/dd/yy): 030124

Owner Name: Allen Miller
 Co-Owner Name: Phone: 330-231-9802
 Owner Address: 1116 TR 122
 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: [Signature] Date: 3/1/24
 ACVO # 6

Diplomate, American College of Veterinary Ophthalmologists

FEEs AND CREDIT CARD INFORMATION ON THE BACK OF THE WHITE (OWNER) COPY



873488

Companion Animal Eye Registry (CAER)

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
 persistent pupillary membranes

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

LENS
 Incomp. Punc. Incp.
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 Significance Unknown/Suspect Not Inherited
 posterior Y-suture tip opacities
 subluxation/luxation
VITREOUS
 ant. chamber
 synchysis
 degeneration

CATARACT
 T N
 A P
 Incomp. Punc. Incp.
 anterior cortex
 posterior cortex
 equatorial cortex
 anterior sutures
 posterior sutures
 nucleus
 capsular
 generalized/complete
 resorbing/hypermature
 Significance Unknown/Suspect Not Inherited
 posterior Y-suture tip opacities
 subluxation/luxation
VITREOUS
 ant. chamber
 synchysis
 degeneration

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

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

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

Registered name: Maple Grove Molly

Call name: Molly Weight: kg lbs Estimate
 Breed: Cavalier Gender: F

Sire Registration #: TS39489902 Dam Registration #: TS37758501

Registration Number: AKC Other

ID Number (if any): TS57201407 Tattoo Microchip

Date of Birth: (MMDDYY) 900215002632702

Date of Exam: (MMDDYY) 092622072524

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

Co-Owner Name: _____

Owner Address: 1916 TR 122

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 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

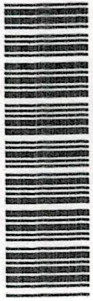
I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiac: Megan McLane, DVM DACVIM

Phone: (Cardiology)

E-Mail: CM107
cardiology@carecentervets.com

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



161049

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)



EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Murmur Grade: Normal Abnormal Arrhythmia I II III IV V VI 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 _____ mm _____

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

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

© Orthopedic Foundation for Animals