

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

endothelial opacity/no strands

lens pigment foci/no strands

iris sheets

iris to cornea

iris to lens

iris to iris

multiple

single

free floating

CATARACT

T N A P

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

PHPV/PHTVL

persistent hyaloid artery

degeneration

ant. chamber

syneresis

CORNEA

T N A P

detached

geographic

folds

RIGHT EYE **FUNDUS** **LEFT EYE**

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

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 7/11/24

ACVO # _____

Diplomate, American College of Veterinary Ophthalmologists

Call name: Heather

Registered name: Maple Grove Heather

Breed: Cavalier

ID Number (if any): 900111881984628

Registration Number: 7850166707

Date of Birth (mm/dd/yy): 03052103024

Sex: F

Owner Name: Allen Miller

Co-Owner Name: _____

Owner Address: 1916 TR 122

City: Millsburg

E-Mail (use both lines if needed): _____

Phone: 330-231-9802

State: OH

Zip/postal code: 44654

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) _____

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

Signature _____ Date 7/11/24

ACVO # _____

Diplomate, American College of Veterinary Ophthalmologists

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

911425

11/18/21

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 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 Heather

Call name: Heather Weight: kg lbs Estimate

Breed: Cavalier Gender: F

Sire Registration #: TS41033501 Dam Registration #: TS33091404

Registration Number: AKC Other

ID Number (if any): TS501166707 Tattoo Microchip

Date of Birth: (MMDDYY) 900111881984628

Date of Exam: (MMDDYY) 030521072524

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) _____

Cardiolo _____

Phone #: _____

E-Mail (u) Megan McLane, DVM DACVIM (Cardiology)
CM07
cardiology@carecenterpets.com

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



161040

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Normal Abnormal Arrhythmia V 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 _____

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: _____ Method: _____

HR: _____

Rhythm: _____

EXAMINATION RESULTS

NORMAL (CHECK ALL THAT APPLY)

No evidence for congenital 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 ECVM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy
 PINK = Diplomat copy
 YELLOW = Research copy

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