

**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: Coco Sex: M  
 Registered name: Miller's Coco Xx111  
 Breed: Poodle  
 ID Number (if any):  Tattoo  Microchip  
900115000308882  
 Registration Number:  AKC  Other  
PR20288201  
 Date of Birth (mm/dd/yyyy): 090117 030124  
 Owner Name: Allen Miller  
 Co-Owner Name: Allen Miller Phone: 330-231-9802  
 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 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: 3/1/22  
 ACVO # W

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



873497

**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** **CORNEA**

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

**LENS**

**CATARACT** **CATARACT**

T N T  
 A P A  
 persistent pupillary membranes  
 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  
 synechias  
 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: Miller's Coco

Call name: Coco Weight:  kg  lbs 16 Estimate

Breed: Poodle Gender: M

Sire Registration #: PR17568907 Dam Registration #: PR17665501

ID Number (if any):  Tattoo  Microchip

Registration Number:  AKC  Other

Date of Birth: (MMDDYY) 090117 Date of Exam: (MMDDYY)

Owner Name: Allen Miller Phone: 330-674-6679

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) \_\_\_\_\_

Megan McLane, DVM DACVIM (Cardiology)  
 CM07  
 Care Center Cincinnati  
 513-530-0911  
 cardiology@carecentervets.com

Fees and credit card information on back of WHITE sheet.  
 12/22/15



C112410

Genetic Test Status: Test \_\_\_\_\_  
 Negative  Abnormal: Heterozygous  Homozygous

### EXAMINATION FINDINGS

#### AUSCULTATION

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 NOT PERFORMED

RA: Normal  Enlarged \_\_\_\_\_ mm RV: Normal  enlarged \_\_\_\_\_ mm

TV: Normal  Abnormal: Mild  Moderate  Severe

TR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s

LA: Normal  Enlarged: Mild  Moderate  Severe

LAd \_\_\_\_\_ mm: SAx  LAx  (MM  2D

MV: Normal  Abnormal: Mild  Moderate  Severe

MR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_ m/s

LV: Normal  Enlarged: Mild  Moderate  Severe

LVIDd: \_\_\_\_\_ mm MM  2D  LVIDs: \_\_\_\_\_ mm MM  2D

SF: \_\_\_\_\_ % (MM  2D  EF: \_\_\_\_\_ % (MM  2D  volumetric)

ESVI: \_\_\_\_\_ mL/m<sup>2</sup> Sphericity Index \_\_\_\_\_ EPSS: \_\_\_\_\_ mm

IVS: IVSd \_\_\_\_\_ mm Normal  Abnormal  (MM  2D

PW: PWd \_\_\_\_\_ mm Normal  Abnormal  (MM  2D

PapMuscle: Normal  Abnormal

LVOT Normal  Abnormal  Ridge  Other \_\_\_\_\_

AoV: Normal  Abnormal: Mild  Moderate  Severe

Ao Diameter: \_\_\_\_\_ mm LA/Ao: \_\_\_\_\_ Method: \_\_\_\_\_

AoV/LVOT Vel: Normal  Abnormal  (Apical  Subcostal  \_\_\_\_\_ m/s

DLVOTO:  Vmax \_\_\_\_\_ m/s SAM:

AR: None  Mild  Moderate  Severe  \_\_\_\_\_ m/s

RVOT: Normal  Infundibular narrowing  Vmax (if abnormal) \_\_\_\_\_ m/s

DRVOTO:  Vmax \_\_\_\_\_ m/s

PV: Normal  Abnormal  Mild  Moderate  Severe

PV Vel: Normal  Abnormal  (Right  Left apex  \_\_\_\_\_ m/s

### ELECTROCARDIOGRAM (ECG)

normal  abnormal  not performed

Date: \_\_\_\_\_ Method: \_\_\_\_\_

HR: \_\_\_\_\_ bpm Rhythm: \_\_\_\_\_

### HOLTER ECG

Date performed: \_\_\_\_\_  pending  not performed

normal:  equivocal:  abnormal:  (see Holter report for details)

### EXAMINATION RESULTS

**NORMAL**

No evidence for congenital heart disease

No evidence for adult onset inherited heart disease

**Valid for 1 year** (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)

**EQUIVOCAL**

Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

**ABNORMAL**  
 (evidence of congenital or adult onset inherited heart disease)

Diagnosis:  ARVC  ASD  DCM  HCM  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: 11/26/2020

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology),  
 or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)