



**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 Diamond  
 Call name: Diamond Weight:  kg  lbs  
 Breed: Cavalier Gender: F  
 Sire Registration #: TS39489902  Microchip  
 Registration Number: TS57201504  Other  
 ID Number (if any): 900215003632707  Tattoo  Microchip  
 Date of Birth: (MMDDYY) 092022 Date of Exam: (MMDDYY) 072524

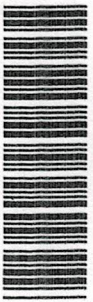
Owner Name: Allen Miller  
 Co-Owner Name: \_\_\_\_\_  
 Owner Address: 1916 TR 122  
 City: Millersburg Phone: 330-231-9802  
 State: OH Zip/postal code: 44654  
 E-Mail (use both lines if needed): \_\_\_\_\_

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) \_\_\_\_\_

Cardiologist Name: 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



161041

# 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)**  
 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   
 LVIDd: mm LVIDdn: mm (MM  2D   
 LVIDs: mm LVIDsn: mm (MM  2D   
 LVEDVI (2D): mL/m<sup>2</sup> LVESVI (2D): mL/m<sup>2</sup>  
 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: mm 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**  normal  abnormal  
 Date: \_\_\_\_\_ Method: \_\_\_\_\_  
 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 ECVM (European College of Veterinary Internal Medicine - Cardiology)  
 WHITE = Owner/OFA Registration copy  
 PINK = Diplomat copy  
 YELLOW = Research copy  
 © Orthopedic Foundation for Animals



# Orthopedic Foundation for Animals

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Phone: (573) 442-0418; Email: ofa@ofa.org

www.ofa.org, A not-for-profit organization

# Companion Animal Eye Registry (CAER)

Adam King, DVM, DACVO

EC555

Call name: Diamond

Registered name: Maple Grove Diamond

Breed: Cavalier Sex: F

ID Number (if any):  Tattoo  Microchip

900215002632707

Registration Number:  AKC  Other

TS57201504

Date of Birth (mm/dd/yy): 092022 Date of Exam (mm/dd/yy): 030124

Owner Name: Allen Miller

Co-Owner Name: \_\_\_\_\_ 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] ACVO #: \_\_\_\_\_ Date: 3/11/24

Diplomate, American College of Veterinary Ophthalmologists

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



873485

RIGHT EYE	GLOBE	LEFT EYE
<input type="checkbox"/>	microphthalmos	<input type="checkbox"/>
<input type="checkbox"/>	keratoconjunctivitis sicca	<input type="checkbox"/>
<input type="checkbox"/>	glaucoma	<input type="checkbox"/>
<b>EYELIDS</b>		
<input type="checkbox"/>	entropion	<input type="checkbox"/>
<input type="checkbox"/>	ectropion	<input type="checkbox"/>
<input type="checkbox"/>	distichiasis	<input type="checkbox"/>
<input type="checkbox"/>	ectopic cilia	<input type="checkbox"/>
<input type="checkbox"/>	imperforate lacrimal punctum	<input type="checkbox"/>
<b>NICTITANS</b>		
<input type="checkbox"/>	cartilage anomaly/eversion	<input type="checkbox"/>
<input type="checkbox"/>	gland prolapse	<input type="checkbox"/>
<input type="checkbox"/>	plasmoma/atypical pannus	<input type="checkbox"/>
<b>CORNEA</b>		
<input type="checkbox"/>	dystrophy — epithelial/stromal	<input type="checkbox"/>
<input type="checkbox"/>	dystrophy — endothelial	<input type="checkbox"/>
<input type="checkbox"/>	pannus	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary keratitis/keratopathy	<input type="checkbox"/>
<b>UVEA</b>		
<input type="checkbox"/>	uveal cyst	<input type="checkbox"/>
<input type="checkbox"/>	iris coloboma	<input type="checkbox"/>
<input type="checkbox"/>	iris hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	iris sphincter dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	pigmentary uveitis	<input type="checkbox"/>
<b>persistent pupillary membranes</b>		
<b>LENS</b>		
<input type="checkbox"/>	anterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	posterior cortex	<input type="checkbox"/>
<input type="checkbox"/>	equatorial cortex	<input type="checkbox"/>
<input type="checkbox"/>	anterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	posterior sutures	<input type="checkbox"/>
<input type="checkbox"/>	nucleus	<input type="checkbox"/>
<input type="checkbox"/>	capsular	<input type="checkbox"/>
<input type="checkbox"/>	generalized/complete	<input type="checkbox"/>
<input type="checkbox"/>	resorbing/hypermature	<input type="checkbox"/>
<input type="checkbox"/> <b>Significance Unknown/Suspect Not Inherited</b>		
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
<b>VITREOUS</b>		
<input type="checkbox"/>	PHPV/PHTVL	<input type="checkbox"/>
<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_

Ophthalmologist Address: askingdvm@gmail.com

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

Phone: \_\_\_\_\_ ACVO #: \_\_\_\_\_

Email: \_\_\_\_\_

RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<b>retinal dysplasia</b>		
<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
<b>OTHER CONDITIONS</b>		
<input type="checkbox"/>	Unlisted conditions suspected as <b>inherited</b> . Describe in comments	
<input type="checkbox"/>	Unlisted conditions suspected as <b>not inherited</b>	

**NORMAL**

Comments

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