Application for Advanced Cardiac Database

Orthopedic Foundation for Animals
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www.ofa.org. A not-for-profit organization

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)

ACVIM American College of Veterinary Internal Medicine

Registered name: CH Lost in Space Navaho Boy

Call name: Tonin

Breed: Golden Ret

Weight: ☐ kg ☐ lbs ☐ Estimate

Sire Registration #:

Dam Registration #:

Gender: M

Registration Number: FD-SE415226 ☐ AKC ☑ Other

ID Number (if any): 616039015792237 ☐ Tattoo ☑ Microchip

Date of Birth: (MMDDYY): 031901

Date of Exam: (MMDDYY): 091022

Owner Name: Mary Greenwood

Co-Owner Name: ____ **Phone:** ____

Owner Address: 5166 Conc. Rd 4

City: Everett **State:** ON CANADA **Zip/postal code:** ____

E-Mail (use both lines if needed): mjgcagoldens03set
kennels.ca

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

I hereby certify that 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 *(signed)*

Cardiologist Name: AshleyJones *(signed)*

OFA Examiner #: CJ04

Phone #:

E-Mail (use both lines if needed):

☐ Fees and credit card information on back of WHITE sheet.

12/01/20

C135641

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)

	Normal	Enlarged: Mild	Moderate	Severe	
RV:	☑	☐	☐	☐	mm
RA:	☑	☐	☐	☐	mm
LV:	☑	Enlarged: Mild ☐	Moderate ☐	Severe ☐	
LA:	☑	Enlarged: Mild ☐	Moderate ☐	Severe ☐	

LVIDd: 45 mm **LVIDdn:** 1.5 (MM ☐ 2D ☑)

LVIDs: 34 mm **LVIDsn:** ____ mm (MM ☐ 2D ☑)

LV EDVI (2D): ____ mL/m² **LV ESVI (2D):** ____ mL/m²

SF: 25 % (MM ☐ 2D ☑) **EF (2D volumetric):** ____ %

IVS: IVSd 12 mm Normal ☑ Abnormal ☐ (MM ☐ 2D ☑)

PW: PWd 10 mm Normal ☑ Abnormal ☐ (MM ☐ 2D ☑)

LAd: 43 mm: SAx ☐ LAx ☑ (MM ☐ 2D ☑) **EPSS:** ____ mm

Ao Diameter: 24 mm **LA/Ao:** 1.71 **Method:** RI Simin

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 ☐				
LVOT Vel:	Normal ☑	Abnormal ☐			____ m/s
AoV: Normal ☑	Abnormal: Mild ☐	Moderate ☐	Severe ☐		
AoV Vel: Normal ☑	Abnormal ☐ (Apical ☐ Subcostal ☑)				1.57 m/s
AR: None ☑	Trivial ☐	Mild ☐	Moderate ☐	Severe ☐	
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 ☐)			1.16 m/s	

Comments: ____

Genetic Test Status **Test:** ____
Negative ☐ Abnormal: Heterozygous ☐ Homozygous ☐

EXAMINATION RESULTS

ELECTROCARDIOGRAM ☑ NOT PERFORMED

Date: ____ ☐ normal ☐ abnormal

HR: ____ **Method:** ____

Rhythm: ____

NORMAL (CHECK ALL THAT APPLY)

☑ No evidence for adult-onset inherited heart disease
Valid for 1 year
☐ No evidence for adult-onset inherited heart disease
☐ 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
☐ Arrhythmia

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 *(signed)* **Date** 9/10/22

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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