



*Micah Halpern*

Micah Halpern, PhD  
Principal Scientist

*Mary Simonson*

Mary Simonson  
Laboratory Manager

**CERTIFICATE OF RESULTS FOR SAMPLE ID #:**

205508

**OWNER'S NAME:** ALLEN MILLER  
**PET'S NAME\*:** MAPLE GROVE JASMINE  
**PET'S REGISTRATION #:** TS50166904  
**PET'S BREED:** CAVALIER KING CHARLES SPANIEL  
**DATE TESTED:** 2/25/2026

TEST	RESULT**	TEST RESULT EXPLANATION***
Dry Eye Curly Coat Syndrome (CKCSID)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop dry eye curly coat syndrome.

\*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

\*\*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

\*\*\*For detailed result explanation visit [www.gensoldx.com](http://www.gensoldx.com). Please consult a licensed veterinarian to discuss the implications.

125 North Main Street Unit 1846, Clayton, GA 30525  
1-844-369-3686 - [info@Gensoldx.com](mailto:info@Gensoldx.com) - [www.gensoldx.com](http://www.gensoldx.com)

**FAST - ACCURATE - AFFORDABLE**



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**PET'S BREED:** CAVALIER KING CHARLES SPANIEL  
**DATE TESTED:** 2/25/2026

TEST	RESULT**	TEST RESULT EXPLANATION***
Episodic Falling (EF)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop episodic falling.

\*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

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# 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

# Companion Animal Eye Registry (CAER)

Call name: <b>Jasmine</b>	Coat Color: <b>Blen</b>
Registered name: <b>Maple Grove Jasmine</b>	
Breed: <b>CKC</b>	Sex: <b>Fe</b>
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip <b>900113002990926</b>	
Registration Number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> Other <b>7550166904</b>	
Date of Birth (mm/dd/yy): <b>02/5/21</b>	Date of Exam (mm/dd/yy): <b>03/03/25</b>
Owner Name: <b>Allen Miller</b>	
Co-Owner Name:	Phone: <b>330-231-9802</b>
Owner Address: <b>1916 TR 122</b>	
City: <b>Millersburg</b>	State: <b>OH</b>
Zip/postal code: <b>44654</b>	
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)

<input type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	NO MICROCHIP/TATTOO PRESENT

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

Signature 	ACVO # <b>534</b>	Date <b>3/3/25</b>
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Diplomate, American College of Veterinary Ophthalmologists

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

	<b>RIGHT EYE</b>	<b>GLOBE</b>	<b>LEFT EYE</b>
	<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"/>	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"/>	Significance Unknown/Suspect Not Inherited	<input type="checkbox"/>
	<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: <b>Dr. Eric J Miller</b>			
City:	<b>EC 534</b>	State:	Zip/postal code:
Phone:		ACVO #:	
Email:			

	<b>RIGHT EYE</b>	<b>FUNDUS</b>	<b>LEFT EYE</b>
	<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 inherited. Describe in comments	<input type="checkbox"/>
	<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>

**NORMAL**

Comments



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# 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 Jasmine

Call name: Jasmine Weight:  kg  lbs  
 Estimate

Breed: Cavalier Gender: Fe

Sire Registration #: FS39489902 Dam Registration #: FS34495303

Registration Number:  AKC  Other  
FS50166904

ID Number (if any):  Tattoo  Microchip  
900113002490926

Date of Birth: (MMDDYY) 02/5/21 Date of Exam: (MMDDYY) 08/21/25

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 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  
513-530-0911  
cardiology@carecentervets.com

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



182784

### 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 )

LV EDVI (2D): \_\_\_\_\_ mL/m<sup>2</sup> LV ESVI (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: \_\_\_\_\_ 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: \_\_\_\_\_  normal  abnormal

HR: \_\_\_\_\_ Method: \_\_\_\_\_

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: 8/21/25

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