



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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

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

Call name:	Muffin		
Registered name:	Maple Grove Muffin		
Breed:	Cavalier	Sex:	F
ID Number (if any):	<input type="checkbox"/> Tattoo	<input checked="" type="checkbox"/> Microchip	
Registration Number:	<input checked="" type="checkbox"/> AKC	<input type="checkbox"/> Other	
Date of Birth (mm/dd/yy):	Date of Exam (mm/dd/yy):		
040720	030124		
Owner Name:	Allen Miller		
Co-Owner Name:	Phone:	330-231-9802	
Owner Address:	1916 TR 122		
City:	State:	Zip/postal code:	
Millersburg	OH	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)

<input checked="" 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: [Signature] ACVO # [blank] Date: 3/1/24

Diplomate, American College of Veterinary Ophthalmologists

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



911434

Companion Animal Eye Registry (CAER)

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"/>
	EYELIDS	
<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"/>
	NICTITANS	
<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"/>
	CORNEA	
<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"/>
	UVEA	
<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"/>
	persistent pupillary membranes	
	LENS	
CATARACT	Incomp. Incip. Punc. Punc. Incip. Incomp.	CATARACT
<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"/>
	Significance Unknown/Suspect Not Inherited	
<input type="checkbox"/>	posterior Y-suture tip opacities	<input type="checkbox"/>
<input type="checkbox"/>	subluxation/luxation	<input type="checkbox"/>
	VITREOUS	
<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:	Adam King, DVM, MS, DACVO		
Ophthalmologist Address:	EC 555		
City:	State:	Zip/postal code:	
askingeyeclinik@gmail.com			
Phone:	www.askingdvm.com		
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"/>
<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<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"/>
	OTHER CONDITIONS	
<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"/>
<input checked="" type="checkbox"/>	NORMAL	<input checked="" type="checkbox"/>

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 Muffin

Call name: _____ Weight: ☐ kg ☐ lbs ☐ Estimate

Breed: Cavalier Gender: F

Sire Registration #: TS39489902 Dam Registration #: TS27421203

ID Number (if any): ☐ Tattoo ☒ Microchip

Registration Number: 900215000346133

Date of Birth: (MMDDYY) 1546077903 Date of Exam: (MMDDYY) 040720

Owner Name: Allen Miller

Co-Owner Name: _____ Phone: 330-674-6679

Owner Address: 1916 TR122

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



C112406

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: Sx ☐ 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/m² 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: 11/28/2020

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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