

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

MAPLE GROVE RHONDA  
*registered name*

CAVALIER KING CHARLES SPANIEL  
*breed*

*film/test/lab #*

900215002633027  
*tattoo/microchip/DNA profile*

2615655  
*application number*

03/02/2026  
*date of report*

**RESULTS:**

The results of the examination submitted to OFA indicate that no evidence of patellar luxation was recognized.

**owner** ALLEN MILLER  
1916 TR 122  
MILLERSBURG OH 44654

OFA eCert



Verify QR scan

TS64100301  
*registration no.*

F  
*sex*

01/22/2024  
*date of birth*

24  
*age at evaluation in months*



A Not-For-Profit Organization

KCS-PA15018/24F/P-VPI  
*O.F.A. NUMBER*

*This number issued with the right to correct or revoke by the Orthopedic Foundation for Animals.*

NORMAL - PRACTITIONER

G.G. KELLER, DVM, MS, DACVR  
CHIEF OF VETERINARY SERVICES

[www.ofa.org](http://www.ofa.org)

This electronic OFA certificate was generated on: 03/02/2026

This certification can be verified on the OFA website by entering the animal's registration number into the orange search box located at the top of the page or by scanning the QR code above.

If there are any errors on this certificate, please email [CORRECTIONS@OFA.ORG](mailto:CORRECTIONS@OFA.ORG) to request a correction.

Orthopedic Foundation for Animals, Inc.  
2300 E. Nifong Blvd.  
Columbia, MO 65201-3806

OFA website: [www.ofa.org](http://www.ofa.org)  
E-mail address: [ofa@ofa.org](mailto:ofa@ofa.org)  
Phone number: 573-442-0418  
Fax number: 573-875-5073



**Orthopedic Foundation for Animals**  
 2300 E. Nifong Blvd, Columbia, MO 65201-3806  
 Phone: (573) 442-0418; Fax: (573)875-5073  
[www.ofa.org](http://www.ofa.org), A not-for-profit organization

Call name: Blonda Coat color: TRI  
 Registered name: Maple Grove Rhonda Sex: Fe  
 Breed: CKL  
 ID Number (if any):  Tattoo  Microchip 900215002633027  
 Registration Number:  NIC  Other 756410301  
 Date of Birth (mm/dd/yy): 012224 Date of Exam (mm/dd/yy): 030325

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] Date: 05/02/23  
 ACVO # 5343/3/25

Diplomate, American College of Veterinary Ophthalmologists

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

**Companion Animal Eye Registry (CAER)**

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: Dr. Eric J Miller  
 City: \_\_\_\_\_ State: EC 534 Zip/postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ ACVO #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**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  
 pigmentary uveitis

persistent pupillary membranes

**CORNEA**

T  N  A  P

endothelial opacity/no strands   
 lens pigment foci/no strands   
 iris sheets   
 iris to cornea   
 iris to lens   
 iris to iris   
 multiple   
 single   
 free floating   
 ruptured   
 multiple

**CATARACT**

T  N  A  P

endothelial opacity/no strands   
 lens pigment foci/no strands   
 iris sheets   
 iris to cornea   
 iris to lens   
 iris to iris   
 multiple   
 single   
 free floating   
 ruptured   
 multiple

**LENS**

Incp.  Punc.  Incp.  Punc.

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**

Grade 2/6  Grade 1  Grade 3/6   
 ant. chamber  synerisis   
 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



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 Phone: (573) 442-0418; Fax: (573) 875-5073  
 www.ofa.org, A not-for-profit organization

Registered name: Maple Grove B Honda

Call name: Rhonda Weight:  kg  lbs  
 Estimate Gender: Fe

Breed: Cavalier

Sire Registration #: TS41033501 Dam Registration #: TS34495303

Registration Number:  AIC  Other

ID Number (if any): TS64100301  Tattoo  Microchip

900215002633027  
 Date of Birth: (MMDDYY) 012224 Date of Exam: (MMDDYY) 082125

Owner Name: Allan Miller Phone: 330-231-9802

Co-Owner Name: \_\_\_\_\_

Owner Address: 1916 TRIZZ

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@carecenterpets.com

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



182773

# 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 )

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**  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: 8/21/25

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 = Diplomatate copy  
 YELLOW = Research copy

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