

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

MAPLE GROVE PENNY  
*registered name*

CAVALIER KING CHARLES SPANIEL  
*breed*

*film/test/lab #*

956000013819164  
*tattoo/microchip/DNA profile*

2340434  
*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

TS52637202  
*registration no.*

F  
*sex*

08/27/2021  
*date of birth*

53  
*age at evaluation in months*



A Not-For-Profit Organization

KCS-PA15014/53F/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; Email: ofa@ofa.org

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

# Companion Animal Eye Registry (CAER)

Call name: Penny  
 Registered name: Maple Grove Penny  
 Breed: Cavalier Sex: F  
 ID Number (if any): 956000013819164  
 Registration Number: TS52637202  
 Date of Birth (mm/dd/yy): 08/27/21 Date of Exam (mm/dd/yy): 03/07/24  
 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 # [Blank] Date: 3/11/24

Diplomate, American College of Veterinary Ophthalmologists

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



911431

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>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: Adam King, DVM, MS, DACVO  
 Ophthalmologist Address: EC 555  
 City: askingeyeclinik@gmail.com State: Zip/postal code:  
 Phone: www.askingdvm.com 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"/>
<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"/>
<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"/>
<input checked="" type="checkbox"/>	<b>NORMAL</b>	<input checked="" type="checkbox"/>

Comments

---

---

---

---

---

---

---

---

---

---



**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

# 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 Penny

Call name: Penny Weight:  kg  lbs  
 Estimate

Breed: Cavalier Gender: F

Sire Registration #: TS42189201 Dam Registration #: TS43531505

Registration Number:  AKC  Other  
TS52637202

ID Number (if any):  Tattoo  Microchip  
956000013819164

Date of Birth: (MMDDYY) 082721 Date of Exam: (MMDDYY) 092524

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) \_\_\_\_\_

Cardio/ Megan McLane, DVM DACVIM

Phone (Cardiology)

E-Mail CM07  
cardiology@carecentervets.com

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



161048

## 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):

same soft v murmur

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 ECVIM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy  
 PINK = Diplomate copy  
 YELLOW = Research copy © Orthopedic Foundation for Animals