

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

MAPLE GROVE HEATHER
registered name

CAVALIER KING CHARLES SPANIEL
breed

film/test/lab #

900111881984628
tattoo/microchip/DNA profile

2340469
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

TS50166707
registration no.

F
sex

03/05/2021
date of birth

59
age at evaluation in months



A Not-For-Profit Organization

KCS-PA15015/59F/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

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 to request a correction.

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

OFA website: www.ofa.org
E-mail address: ofa@ofa.org
Phone number: 573-442-0418
Fax number: 573-875-5073

Companion Animal Eye Registry (CAER)

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

iris sphincter dysplasia

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

LENS

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

PHPV/PHTVL

persistent hyaloid artery

degeneration

ant. chamber

syneresis

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

OTHER CONDITIONS

Unlisted conditions suspected as **inherited**. Describe in comments

Unlisted conditions suspected as **not inherited**

NORMAL

Comments

Call name: Heather

Registered name: Maple Grove Heather Sex: F

Breed: Cavalier

ID Number (if any): Tattoo Microchip

900111881984628

Registration Number: ARC Other

TS50166707

Date of Birth (mm/dd/yy): 030521 03024

Owner Name: Allen Miller

Co-Owner Name: 1916 TR 122

Owner Address: Millersburg

City: 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: 7/1/24

ACVO # W

Diplomate, American College of Veterinary Ophthalmologists

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



911425

WHITE = Owner/OFA Registration copy; PINK = ACVO Diplomat copy; YELLOW = ACVO Research copy



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 Heather

Call name: Heather Weight: kg lbs Estimate
 Breed: Cavalier Gender: F

Sire Registration #: TS41033501 Dam Registration #: TS33091404

Registration Number: AKC Other

ID Number (if any): TS501166707 Tattoo Microchip

900111881984628
 Date of Birth: (MMDDYY) 030521 072524

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

Co-Owner Name: _____

Owner Address: 1916 Tr 122 Zip/postal code: _____

City: Millersburg State: OH 44654

E-Mail (use both lines if needed): _____

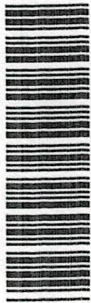
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public 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) _____

Cardiolo _____
 Phone #: _____
 E-Mail (u) Megan McLane, DVM DACVIM
(Cardiology)
CM07
cardiology@carecenterpets.com

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



161040

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Normal Abnormal Arrhythmia V VI

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/m² LV ESVI (2D): _____ mL/m²

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: _____ Method: _____

HR: _____

Rhythm: _____

EXAMINATION RESULTS

NORMAL (CHECK ALL THAT APPLY)

No evidence for congenital 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 7/25/24

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 = Diplomat copy
YELLOW = Research copy

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