



**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

Call name: Sunshine  
Registered name: Maple Grove Sunshine  
Breed: Cavalier Sex: Fe

ID Number (if any):  Tattoo  Microchip  
956000013411570  
Registration Number:  AKC  Other  
1552896206  
Date of Birth (mm/dd/yy): 092721 Date of Exam (mm/dd/yy):

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 # [Signature] Date: 3/4/22  
Diplomate, American College of Veterinary Ophthalmologists

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



817596

**Companion Animal Eye Registry (CAER)**

RIGHT EYE GLOBE LEFT EYE

microphthalmos   
 keratoconjunctivitis sicca   
 glaucoma   
**EYELIDS**  
 entropion   
 ectropion

CORNEA CORNEA  
T N N T  
A P A P  
 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   
 uveal melanoma   
 persistent pupillary membranes

endothelial opacity/no strands  lens pigment foci/no strands  free floating single multiple   
iris sheets  iris to cornea  iris to lens  iris to iris   
CATARACT LENS CATARACT  
T N T N  
A P A P  
Incomp. Incip. Punc. Punc. Incip. Incomp.  
 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

Ophthalmologist Name: Adam King, DVM, DACVO  
EC555  
Ophthalmologist Address: askingdvm@gmail.com  
City: State: Zip/postal code:  
Phone: ACVO #:  
Email:

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

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



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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 Sunshine

Call name: Sunshine Weight:  kg  lbs  
 Estimate

Breed: Cavalier Gender: F

Sire Registration #: \_\_\_\_\_ Dam Registration #: \_\_\_\_\_

Registration Number:  AKC  Other  
TS528904206

ID Number (if any):  Tattoo  Microchip  
956000013411570

Date of Birth: (MMDDYY) 092721 Date of Exam: (MMDDYY) \_\_\_\_\_

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

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

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) \_\_\_\_\_

Cardiologist Name: Megan McLane, DVM DACVIM

Phone #: \_\_\_\_\_ (Cardiology) OFA Examiner #: \_\_\_\_\_

E-Mail (use both lines if needed): mmclane@carecentervets.com

Fees and credit card information on back of WHITE sheet.  
12/01/20



C134618

### 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

LA d: \_\_\_\_\_ 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 3/19/22

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology),  
or Diplomate ECVM (European College of Veterinary Internal Medicine - Cardiology)

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