ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

PINEWOOD FARMS PRIDE CUDDLES SHADY GROVE
registered name

TS39489902
registration no.

CAVALIER KING CHARLES SPANIEL
breed

M
sex

2/4/2018
date of birth

953000010328761 DNA:V885440
tattoo/microchip/DNA profile

20
age at evaluation in months

OFA — THE CANINE HEALTH INFORMATION CENTER · SINCE 1966 ·

A Not-For-Profit Organization

2113176
application number

KCS-LP198/20M-VPI
O.F.A. NUMBER

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

12/26/2019
date of report

RESULTS:

Based upon the radiograph submitted, no phenotypic evidence of Legg-Calve-Perthes disease was recognized.

NORMAL

owner

ALLEN MILLER
1916 TR 122
MILLERSBURG, OH 44654

G.G.KELLER. D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.

PINEWOOD FARMS PRIDE CUDDLES SHADY GROVE
registered name

CAVALIER KING CHARLES SPANIEL
breed

668828
film/test/lab #

953000010328761 DNA:V885440
tattoo/microchip/DNA profile

2113176
application number

12/20/2019
date of report

TS39489902
registration no.

M
sex

2/4/2018
date of birth

20
age at evaluation in months

OFA
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KCS-EYE4319/20M-VPI
O.F.A. NUMBER

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

RESULTS:
Based upon the exam dated 10/28/2019, this dog has been found to be free of observable inherited eye disease and has been issued an Eye Certification Registry Number which is valid for one year from the time of the exam.

owner

ALLEN MILLER
1916 TR 122
MILLERSBURG, OH 44654

G.G.KELLER. D.V.M., M.S., DACVR
CHIEF OF VETERINARY SERVICES

www.ofa.org

Companion Animal Eye Registry (CAER)

Animal Information

Field	Value
Call name	Cuddles
Coat Color	Blen
Registered name	Pinewood farms Pride cuddles
Breed	Cavalier
Sex	M
ID Number (if any)	9 5 3 0 0 0 1 0 3 2 8 7 6 1 ☐ Tattoo ☒ Microchip
Registration Number	T S 3 9 4 8 9 9 0 2 ☐ AKC ☐ Other
Date of Birth (mm/dd/yy)	02 04 18
Date of Exam (mm/dd/yy)	03 03 25
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	

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.

Allen Miller
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 _____ ACVO # 534 Date 3/3/25

Diplomate, American College of Veterinary Ophthalmologists

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

Ophthalmologist Information

Field	Value
Ophthalmologist Name	
Ophthalmologist Address	
City	Dr. Eric J Miller
	EC 534
Zip/postal code	
Phone	
ACVO #	
Email	

GLOBE

RIGHT EYE		LEFT EYE
☐	microphthalmos	☐
☐	keratoconjunctivitis sicca	☐
☐	glaucoma	☐

EYELIDS

RIGHT EYE		LEFT EYE
☐	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

(RIGHT EYE columns: endothelial opacity/no strands, lens pigment foci/no strands, iris sheets, ruptured, free floating, single, multiple, iris to cornea, iris to lens, iris to iris — all ☐)

(LEFT EYE columns: multiple, single, free floating, ruptured, iris to iris, iris to cornea, iris to lens, iris sheets, lens pigment foci/no strands, endothelial opacity/no strands — all ☐)

LENS

CATARACT

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

(ant. chamber syneresis)
☐ Grades 2-6 ☐ Grade 1	PHPV/PHTVL	Grade 1 ☐ Grades 2-6 ☐
☐	persistent hyaloid artery	☐
☐	degeneration	☐
(syneresis, ant. chamber)

FUNDUS

RIGHT EYE		LEFT EYE
☐	retinal detachment	☐
☐	retinal atrophy— generalized	☐
☐	CMR/CMR-like retinopathy	☐
☐	other presumed inherited retinopathy	☐
	retinal dysplasia	

(RIGHT EYE: ☐ detached, ☐ geographic, ☐ folds)
(LEFT EYE: ☐ folds, ☐ geographic, ☐ detached)

☐	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

RIGHT EYE ☒   LEFT EYE ☒

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)*

ACVIM
American College of Veterinary Internal Medicine

Registered name: Pinewoods Farms Pride Cuddles

Call name: Cuddles

Weight: ☑ kg ☐ lbs ☐ Estimate

Breed: Cavalier

Gender: M

Sire Registration #: Met43316

Dam Registration #: Met 42416

Registration Number: ☑ AKC ☐ Other
✦ S 5 3 9 4 8 9 9 0 2

ID Number (if any): ☐ Tattoo ☒ Microchip
9 5 3 0 0 0 0 / 0 3 2 8 7 6 1

Date of Birth: (MMDDYY) 0 2 0 4 1 8
Date of Exam: (MMDDYY) 0 8 2 1 2 5

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) _____

Megan McLane, DVM DACVIM
Cardiology - CM07
513-530-0911
cardiology@carecentervets.com

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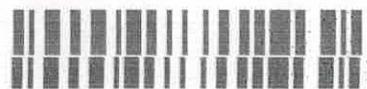
EXAMINATION FINDINGS

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^2 **LV ESVI (2D):** ____ mL/m^2

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):
_____
_____
_____

☑ **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 ECVIM (European College of Veterinary Internal Medicine – Cardiology)*

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

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182705

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A division of Genetic Veterinary Sciences, Inc.

Canine Genetic Health Certificate™

Call Name:	Dog 3	**Laboratory #:**	249182
Registered Name:	Pinewood Farms Pride Cuddles Shady Grove	**Registration #:**	ts39489902
		Microchip #:	328761
Breed:	Cavalier King Charles Spaniel	**Certificate Date:**	Sept. 13, 2021
Sex:	Male		
DOB:	Jan. 2021		

This canine's DNA showed the following genotype(s):

Disease	Gene	Genotype	Interpretation
Dry Eye Curly Coat Syndrome	*FAM83H*	WT/WT	Normal (clear)
Episodic Falling Syndrome	*BCAN*	WT/WT	Normal (clear)

WT, wild type (normal); M, mutant; Y, Y chromosome (male)

Blake C Ballif, PhD
Laboratory & Scientific Director

Christina J Ramirez, PhD, DVM, DACVP
Medical Director