Companion Animal Eye Registry (CAER)

Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Email: ofa@offa.org
www.ofa.org, A not-for-profit organization

Adam King, DVM, DACVO

Ophthalmologist Name:	EC555	
Ophthalmologist Address:	askingdvm@gmail.com	
City:	**State:**	**Zip/postal code:**
Phone:	**ACVO #:**	
Email:		

Call name: Tonya
Registered name: Maple Grove Tonya
Breed: Cavalier **Sex:** F
ID Number (if any): ☐ Tattoo ☒ Microchip 900111881984929
Registration Number: ☒ AKC ☐ Other TS51564804
Date of Birth (mm/dd/yy): 06/17/21 **Date of Exam (mm/dd/yy):** 03/01/24

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 _____ ACVO # _____ Date 3/1/24

Diplomate, American College of Veterinary Ophthalmologists

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

873495

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; free floating; single; multiple

RIGHT EYE	FUNDUS	LEFT EYE
☐	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	☐

detached; geographic; folds

OTHER CONDITIONS	
☐ Unlisted conditions suspected as **inherited**. Describe in comments	☐
☐ Unlisted conditions suspected as **not inherited**	☐

☑ **NORMAL** ☑

CATARACT (T N A P) — Incomp.; Incip.; Punc.

	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

Comments

11/18/21

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

Application for Advanced Cardiac Database

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

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: Maple Grove Tonya

Call name: Tonya | Weight: ☐ kg ☐ lbs ☐ Estimate

Breed: Cavalier | Gender: F

Sire Registration #: TS39489902 | Dam Registration #: TS42530403

Registration Number: ☒ AKC ☐ Other: TS51564804

ID Number (if any): ☐ Tattoo ☒ Microchip: 900111881984929

Date of Birth: (MMDDYY) 061721 | Date of Exam: (MMDDYY) 072524

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) _____

Cardi
Phon
E-Ma
Megan McLane, DVM DACVIM
(Cardiology)
CM07
cardiology@carecentervets.com

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

161043

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/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: ☐ 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 7/25/24

Diplomate ACVIM (American College of Veterinary Internal Medicine – Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine – Cardiology)

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