

**ORTHOPEDIC FOUNDATION FOR ANIMALS, INC.**

MAPLE GROVE BETH  
*registered name*

CAVALIER KING CHARLES SPANIEL  
*breed*

*film/test/lab #*

900215002633034  
*tattoo/microchip/DNA profile*

2615662  
*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

TS62601402  
*registration no.*

F  
*sex*

11/25/2023  
*date of birth*

26  
*age at evaluation in months*



A Not-For-Profit Organization

KCS-PA15019/26F/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; Fax: (573)875-5073

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

Call name: <b>Beth</b>	Coat Color: <b>Blen</b>
Registered name: <b>Maple Grove Beth</b>	
Breed: <b>CKC</b>	Sex: <b>Fe</b>
ID Number (if any): <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip	
<b>900215002633034</b>	
Registration Number: <input checked="" type="checkbox"/> AKC <input type="checkbox"/> Other	
<b>HS62601402</b>	
Date of Birth (mm/dd/yy): <b>11/25/23</b>	Date of Exam (mm/dd/yy): <b>03/03/25</b>
Owner Name: <b>Allen Miller</b>	
Co-Owner Name:	Phone: <b>330-231-9802</b>
Owner Address: <b>1916 TR 122</b>	
City: <b>Millersburg</b>	State: <b>OH</b>
Zip/postal code: <b>44654</b>	
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)

<input checked="" type="checkbox"/>	I DID verify microchip/tattoo on this dog
<input type="checkbox"/>	I DID NOT verify microchip/tattoo on this dog
<input type="checkbox"/>	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

## Companion Animal Eye Registry (CAER)

	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"/>
		EYELIDS	
	<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"/>
		NICTITANS	
	<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"/>
		CORNEA	
	<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"/>
		UVEA	
	<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"/>	pigmentary uveitis	<input type="checkbox"/>
		persistent pupillary membranes	
		LENS	
	<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"/>
		VITREOUS	
	<input type="checkbox"/>	Grades 2-6	<input type="checkbox"/>
	<input type="checkbox"/>	Grade 1 PHPV/PHTVL	<input type="checkbox"/>
	<input type="checkbox"/>	Grade 1	<input type="checkbox"/>
	<input type="checkbox"/>	Grades 2-6	<input type="checkbox"/>
	<input type="checkbox"/>	persistent hyaloid artery	<input type="checkbox"/>
	<input type="checkbox"/>	degeneration	<input type="checkbox"/>

Ophthalmologist Name: \_\_\_\_\_  
 Ophthalmologist Address: \_\_\_\_\_  
 City: **Dr. Eric J Miller** Zip/postal code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

	RIGHT EYE	FUNDUS	LEFT EYE
<input type="checkbox"/>	<input type="checkbox"/>	retinal detachment	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal atrophy—generalized	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	CMR/CMR-like retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	other presumed inherited retinopathy	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	retinal dysplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	choroidal hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve coloboma	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	optic nerve hypoplasia	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	micropapilla	<input type="checkbox"/>
		OTHER CONDITIONS	
<input type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as inherited. Describe in comments	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unlisted conditions suspected as not inherited	<input type="checkbox"/>
<b>NORMAL</b>			

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 Beth

Call name: Beth Weight:  kg  lbs  
 Estimate

Breed: Cavalier Gender: Fe

Sire Registration #: fs43089201 Dam Registration #: fs33091404

Registration Number:  AKC  Other  
fs62601402

ID Number (if any):  Tattoo  Microchip  
900215002633034

Date of Birth: (MMDDYY) 112523 Date of Exam: (MMDDYY) 082125

Owner Name: Allen Miller

Co-Owner Name: \_\_\_\_\_ Phone: 330-731-9802

Owner Address: 1916 TR 122

City: Millersburg State: OH Zip/postal code: 44664

E-Mail (use both lines if needed): \_\_\_\_\_

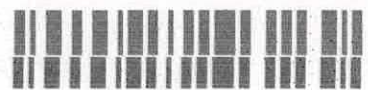
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public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



182789

### 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): \_\_\_\_\_

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 ECVM (European College of Veterinary Internal Medicine - Cardiology)

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



Micah Halpern, PhD  
Principal Scientist

Mary Simonson  
Laboratory Manager

**CERTIFICATE OF RESULTS FOR SAMPLE ID #:**

205502

**OWNER'S NAME:** ALLEN MILLER  
**PET'S NAME\*:** MAPLE VALLEY BETH  
**PET'S REGISTRATION #:** TS62601402  
**PET'S BREED:** CAVALIER KING CHARLES SPANIEL  
**DATE TESTED:** 2/25/2026

TEST	RESULT**	TEST RESULT EXPLANATION***
Dry Eye Curly Coat Syndrome (CKCSID)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop dry eye curly coat syndrome.

\*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

\*\*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

\*\*\*For detailed result explanation visit [www.gensoldx.com](http://www.gensoldx.com). Please consult a licensed veterinarian to discuss the implications.

125 North Main Street Unit 1846, Clayton, GA 30525  
1-844-369-3686 - [info@Gensoldx.com](mailto:info@Gensoldx.com) - [www.gensoldx.com](http://www.gensoldx.com)

**FAST - ACCURATE - AFFORDABLE**



*Micah Halpern*  
**Micah Halpern, PhD**  
 Principal Scientist

*Mary Simonson*  
**Mary Simonson**  
 Laboratory Manager

**CERTIFICATE OF RESULTS FOR SAMPLE ID #:**

205503

**OWNER'S NAME:** ALLEN MILLER  
**PET'S NAME\*:** MAPLE VALLEY BETH  
**PET'S REGISTRATION #:** TS62601402  
**PET'S BREED:** CAVALIER KING CHARLES SPANIEL  
**DATE TESTED:** 2/25/2026

TEST	RESULT**	TEST RESULT EXPLANATION***
Episodic Falling (EF)	A	(CLEAR/NORMAL): These dogs have two copies of the normal gene and will not develop episodic falling.

\*GenSol warrants its test results to be accurate for the sample obtained from the above pet. In the event of a valid claim, owner's sole remedy is a refund of the fee paid. IN NO EVENT SHALL GENSOL BE LIABLE FOR INDIRECT, CONSEQUENTIAL OR INCIDENTAL DAMAGES OF ANY KIND. Any claim must be asserted within one year of the report of test results.

\*\*All samples submitted to GenSol become the property of GenSol and may be used for internal quality control and/or research purposes. Test results provide information concerning a pet's DNA sequence and are not an indication or guarantee of pet's disease state or condition. Test results alone should not be used to diagnosis, treat or prevent disease.

\*\*\*For detailed result explanation visit [www.gensoldx.com](http://www.gensoldx.com). Please consult a licensed veterinarian to discuss the implications.

125 North Main Street Unit 1846, Clayton, GA 30525  
 1-844-369-3686 - [info@Gensoldx.com](mailto:info@Gensoldx.com) - [www.gensoldx.com](http://www.gensoldx.com)

**FAST - ACCURATE - AFFORDABLE**