

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

<p>CORNEA</p> <p>T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/></p> <p>endothelial opacity/no strands <input type="checkbox"/></p> <p>lens pigment foci/no strands <input type="checkbox"/></p> <p>iris sheets <input type="checkbox"/></p> <p>iris to cornea <input type="checkbox"/></p> <p>iris to iris <input type="checkbox"/></p> <p>iris to lens <input type="checkbox"/></p> <p>free floating <input type="checkbox"/></p> <p>single <input type="checkbox"/></p> <p>multiple <input type="checkbox"/></p>	<p>CORNEA</p> <p>T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/></p> <p>endothelial opacity/no strands <input type="checkbox"/></p> <p>lens pigment foci/no strands <input type="checkbox"/></p> <p>iris sheets <input type="checkbox"/></p> <p>iris to cornea <input type="checkbox"/></p> <p>iris to iris <input type="checkbox"/></p> <p>iris to lens <input type="checkbox"/></p> <p>free floating <input type="checkbox"/></p> <p>single <input type="checkbox"/></p> <p>multiple <input type="checkbox"/></p>
<p>CATARACT</p> <p>T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/></p> <p>anterior cortex <input type="checkbox"/></p> <p>posterior cortex <input type="checkbox"/></p> <p>equatorial cortex <input type="checkbox"/></p> <p>anterior sutures <input type="checkbox"/></p> <p>posterior sutures <input type="checkbox"/></p> <p>nucleus <input type="checkbox"/></p> <p>capsular <input type="checkbox"/></p> <p>generalized/complete <input type="checkbox"/></p> <p>resorbing/hypermature <input type="checkbox"/></p> <p>Significance Unknown/Suspect Not Inherited</p> <p>posterior Y-suture tip opacities <input type="checkbox"/></p> <p>subluxation/luxation <input type="checkbox"/></p> <p>VITREOUS</p> <p>ant. chamber <input type="checkbox"/></p> <p>synesis <input type="checkbox"/></p> <p>PHPV/PHTVL <input type="checkbox"/></p> <p>persistent hyaloid artery <input type="checkbox"/></p> <p>degeneration <input type="checkbox"/></p>	<p>CATARACT</p> <p>T <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/></p> <p>anterior cortex <input type="checkbox"/></p> <p>posterior cortex <input type="checkbox"/></p> <p>equatorial cortex <input type="checkbox"/></p> <p>anterior sutures <input type="checkbox"/></p> <p>posterior sutures <input type="checkbox"/></p> <p>nucleus <input type="checkbox"/></p> <p>capsular <input type="checkbox"/></p> <p>generalized/complete <input type="checkbox"/></p> <p>resorbing/hypermature <input type="checkbox"/></p> <p>Significance Unknown/Suspect Not Inherited</p> <p>posterior Y-suture tip opacities <input type="checkbox"/></p> <p>subluxation/luxation <input type="checkbox"/></p> <p>VITREOUS</p> <p>ant. chamber <input type="checkbox"/></p> <p>synesis <input type="checkbox"/></p> <p>PHPV/PHTVL <input type="checkbox"/></p> <p>persistent hyaloid artery <input type="checkbox"/></p> <p>degeneration <input type="checkbox"/></p>

Call name: Staci Sex: F

Registered name: Maple Grove Staci

Breed: Cavalier

ID Number (if any): Tattoo Microchip 991001002977568

Registration Number: AKC Other TS43333105

Date of Birth (mm/dd/yy): 061919 Date of Exam (mm/dd/yy): 030124

Owner Name: Allen Miller

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 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 3/1/24

ACVO #

Diplomate, American College of Veterinary Ophthalmologists

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



911428

Ophthalmologist: Adam King, DVM, MS, DACVO

Ophthalmologist Address: EC 555

City: askingeyeclinik@gmail.com

Phone: www.askingdvm.com ACVO #:

Email:

Zip/postal code:

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



American College of Veterinary Internal Medicine

Registered name: MAPLE GROVE STACI
 Call name: STACI Weight: kg lbs
 Breed: CAVALIER Gender: F
 Site Registration #: T541033501 Dam Registration #: T533091404
 Registration Number: AKC Other
T5433333105
 ID Number (if any): Tattoo Microchip
991001002977568
 Date of Birth: (MMDDYY) 061919 Date of Exam: (MMDDYY) 072524

Owner Name: _____ Phone: _____
 Co-Owner Name: _____ Zip/postal code: _____
 Owner Address: _____ State: _____ City: _____
 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: Megan McLane, DVM DACVIM
 Phone: Cardiology - CM07
 E-Mail: 513-530-0911
cardiology@carecenterpets.com

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



C175301

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)
 LVEDVI (2D): _____ mL/m² LVESVI (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
 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

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
 Diplomat ACVIM (American College of Veterinary Internal Medicine - Cardiology), or Diplomate ECVIM (European College of Veterinary Internal Medicine - Cardiology)
 WHITE = Owner/OFA Registration copy
 PINK = Diplomat copy
 YELLOW = Research copy
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