



Micah Halpern
Micah Halpern, PhD
 Principal Scientist

Mary Simonson
Mary Simonson
 Laboratory Manager

CERTIFICATE OF RESULTS FOR SAMPLE ID #:

205517

OWNER'S NAME: ALLEN MILLER
PET'S NAME*: MAPLE GROVE DONNA
PET'S REGISTRATION #: TS66083903
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. 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 - www.gensoldx.com

FAST - ACCURATE - AFFORDABLE



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CERTIFICATE OF RESULTS FOR SAMPLE ID #:

205518

OWNER'S NAME: ALLEN MILLER
PET'S NAME*: MAPLE GROVE DONNA
PET'S REGISTRATION #: TS66083903
PET'S BREED: CAVALIER KING CHARLES SPANIEL
DATE TESTED: 2/26/2026

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.

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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

Registered name: Maple Grove Donna

Call name: Donna Weight: kg lbs
 Estimate Gender: Fe

Breed: Cavalier

Sire Registration #: F543089201 Dam Registration #: F544293704

Registration Number: AKC Other
F566083903

ID Number (if any): Tattoo Microchip

900255602053109

Date of Birth: (MMDDYY) 082125

Owner Name: Allen Miller

Co-Owner Name: _____ Phone: 330-731-9802

Owner Address: 116 1/2 122

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) _____

Ce _____

P _____

E _____

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

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



182785

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)

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

Normal Abnormal Arrhythmia V VI

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 _____ mm _____ mm _____ mm

RA: Normal Enlarged: Mild Moderate Severe mm _____ mm _____ mm _____ mm

LV: Normal Enlarged: Mild Moderate Severe

LVIDd: _____ mm LVIDdn: _____ mm (MM 2D)

LVIDs: _____ mm LVIDsn: _____ mm (MM 2D)

LV EDVI (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: Sx 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 normal abnormal

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 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: 8/21/23

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
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