



Micah Halpern

Micah Halpern, PhD
Principal Scientist

Mary Simonson

Mary Simonson
Laboratory Manager

CERTIFICATE OF RESULTS FOR SAMPLE ID #:

205494

OWNER'S NAME: ALLEN MILLER
PET'S NAME*: MAPLE GROVE ROXIE II
PET'S REGISTRATION #: TS63205101 / 900215002633039
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 #:

205495

OWNER'S NAME: ALLEN MILLER
PET'S NAME*: MAPLE GROVE ROXIE II
PET'S REGISTRATION #: TS63205101 / 900215002633039
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.

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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

| | |
|---|---|
| Call name: Roxie | Coat Color: Blen |
| Registered name: Maple Grove Roxie II | |
| Breed: CKC | Sex: Fe |
| ID Number (if any): 900215002633039 | <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip |
| Registration Number: FS63205101 | <input checked="" type="checkbox"/> AKC <input type="checkbox"/> Other |
| Date of Birth (mm/dd/yy): 031824 | Date of Exam (mm/dd/yy): 030325 |
| 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)

| | |
|-------------------------------------|---|
| <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: [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"/> |
| | | peristent 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"/> | PHPV/PHTVL | <input type="checkbox"/> |
| | <input type="checkbox"/> | persistent hyaloid artery | <input type="checkbox"/> |
| | <input type="checkbox"/> | degeneration | <input type="checkbox"/> |

| | |
|---|-------------------------|
| Ophthalmologist Name: Dr. Eric J Miller | |
| Ophthalmologist Address: EC 534 | |
| City: | State: EC 534 |
| Phone: | ACVO #: |
| Zip/postal code: | |
| Email: | |

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

Comments





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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 Roxie II

Call name: Roxie Weight: kg lbs Estimate

Breed: Cavalier Gender: F

Sire Registration #: TS41033501 Dam Registration #: TS58026104

Registration Number: AKC Other

TS63205101

ID Number (if any): Tattoo Microchip

906215002633039

Date of Birth: (MMDDYY) 031824 Date of Exam: (MMDDYY) 082125

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): _____

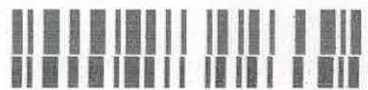
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public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



182767

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: 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 © Orthopedic Foundation for Animals