



# Orthopedic Foundation for Animals

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www.offa.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: \_\_\_\_\_

Call name: \_\_\_\_\_ Weight:  kg  lbs  Estimate

Breed: \_\_\_\_\_ Gender: \_\_\_\_\_

Sire Registration #: \_\_\_\_\_ Dam Registration #: \_\_\_\_\_

ID Number (if any):  Tattoo  Microchip

Registration Number:  AKC  Other

Date of Birth: (MMDDYY) \_\_\_\_\_ Date of Exam: (MMDDYY) \_\_\_\_\_

Owner Name: \_\_\_\_\_

Co-Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

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 Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ OFA Examiner #: \_\_\_\_\_

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

Genetic Test Status: Test \_\_\_\_\_  
 Negative  Abnormal: Heterozygous  Homozygous

**EXAMINATION FINDINGS**

**AUSCULTATION**

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**  NOT PERFORMED

RA: Normal  Enlarged \_\_\_\_\_mm RV: Normal  enlarged \_\_\_\_\_mm

TV: Normal  Abnormal: Mild  Moderate  Severe

TR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_m/s

LA: Normal  Enlarged: Mild  Moderate  Severe

LAd \_\_\_\_\_mm: SAx  LAx  (MM  2D

MV: Normal  Abnormal: Mild  Moderate  Severe

MR: None  Trivial  Mild  Moderate  Severe  Vel. \_\_\_\_\_m/s

LV: Normal  Enlarged: Mild  Moderate  Severe

LVIDd: \_\_\_\_\_mm MM  2D  LVIDs: \_\_\_\_\_mm MM  2D

SF: \_\_\_\_\_% (MM  2D  EF: \_\_\_\_\_% (MM  2D  volumetric)

ESVI: \_\_\_\_\_mL/m<sup>2</sup> Sphericity Index \_\_\_\_\_ EPSS: \_\_\_\_\_mm

IVS: IVSd \_\_\_\_\_mm Normal  Abnormal  (MM  2D

PW: PWd \_\_\_\_\_mm Normal  Abnormal  (MM  2D

PapMuscle: Normal  Abnormal

LVOT Normal  Abnormal  Ridge  Other \_\_\_\_\_

AoV: Normal  Abnormal: Mild  Moderate  Severe

Ao Diameter: \_\_\_\_\_mm LA/Ao: \_\_\_\_\_ Method: \_\_\_\_\_

AoV/LVOT Vel: Normal  Abnormal  (Apical  Subcostal ) \_\_\_\_\_m/s

DLVOTO:  Vmax \_\_\_\_\_m/s SAM:

AR: None  Mild  Moderate  Severe  \_\_\_\_\_m/s

RVOT: Normal  Infundibular narrowing  Vmax (if abnormal) \_\_\_\_\_m/s

DRVOTO:  Vmax \_\_\_\_\_m/s

PV: Normal  Abnormal  Mild  Moderate  Severe

PV Vel: Normal  Abnormal  (Right  Left apex ) \_\_\_\_\_m/s

**ELECTROCARDIOGRAM (ECG)**

normal  abnormal  not performed

Date: \_\_\_\_\_ Method: \_\_\_\_\_

HR: \_\_\_\_\_bpm Rhythm: \_\_\_\_\_

**HOLTER ECG**

Date performed: \_\_\_\_\_  pending  not performed

normal:  equivocal:  abnormal:  (see Holter report for details)

**EXAMINATION RESULTS**

NORMAL

No evidence for congenital heart disease

No evidence for adult onset inherited heart disease

**Valid for 1 year** (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)

EQUIVOCAL

Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

ABNORMAL (evidence of congenital or adult onset inherited heart disease)

Diagnosis:  ARVC  ASD  DCM  HCM  MVD  MMVD  PDA  PS  SAS/AS  TVD  VSD  Other \_\_\_\_\_

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 \_\_\_\_\_

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

Fees and credit card information on back of WHITE sheet.

