



# Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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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)



Registered name:	
Call name:	Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs <input type="checkbox"/> Estimate
Breed:	Gender:
Sire Registration #:	Dam Registration #:
ID Number (if any):	<input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip
Registration Number:	<input type="checkbox"/> AKC <input type="checkbox"/> 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):	

Fees and credit card information on back of WHITE sheet.

12/22/15

Genetic Test Status: Test _____	
Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>	
<b>EXAMINATION FINDINGS</b>	
<b>AUSCULTATION</b>	
Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Arrhythmia <input type="checkbox"/>	
Murmur Grade: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>	
PMI: Left <input type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/>	
Timing: Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous <input type="checkbox"/>	
Extra Sounds: Click <input type="checkbox"/> Gallop <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/>	
<b>ECHOCARDIOGRAM <input type="checkbox"/> NOT PERFORMED</b>	
RA: Normal <input type="checkbox"/> Enlarged _____ mm RV: Normal <input type="checkbox"/> enlarged _____ mm	
TV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
TR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s	
LA: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LAd _____ mm: SAx <input type="checkbox"/> LAx <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>	
MV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
MR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s	
LV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
LVIDd: _____ mm MM <input type="checkbox"/> 2D <input type="checkbox"/> LVIDs: _____ mm MM <input type="checkbox"/> 2D <input type="checkbox"/>	
SF: _____ % (MM <input type="checkbox"/> 2D <input type="checkbox"/> EF: _____ % (MM <input type="checkbox"/> 2D <input type="checkbox"/> volumetric)	
ESVI: _____ mL/m <sup>2</sup> Sphericity Index _____ EPSS: _____ mm	
IVS: IVSd _____ mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>	
PW: PWd _____ mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>	
PapMuscle: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	
LVOT Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other _____	
AoV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
Ao Diameter: _____ mm LA/Ao: _____ Method: _____	
AoV/LVOT Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Apical <input type="checkbox"/> Subcostal <input type="checkbox"/> _____ m/s	
DLVOTO: <input type="checkbox"/> Vmax _____ m/s SAM: <input type="checkbox"/>	
AR: None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ m/s	
RVOT: Normal <input type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) _____ m/s	
DRVOTO: <input type="checkbox"/> Vmax _____ m/s	
PV: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
PV Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input type="checkbox"/> Left apex <input type="checkbox"/> _____ m/s	

<b>ELECTROCARDIOGRAM (ECG)</b>	
<input type="checkbox"/> normal <input type="checkbox"/> abnormal <input type="checkbox"/> not performed	
Date:	Method:
HR: _____ bpm	Rhythm:
<b>HOLTER ECG</b>	
Date performed: _____ <input type="checkbox"/> pending <input type="checkbox"/> not performed	
normal: <input type="checkbox"/> equivocal: <input type="checkbox"/> abnormal: <input type="checkbox"/> (see Holter report for details)	
<b>EXAMINATION RESULTS</b>	
<input type="checkbox"/> <b>NORMAL</b>	
<input type="checkbox"/> No evidence for congenital heart disease	
<input type="checkbox"/> No evidence for adult onset inherited heart disease	
<input type="checkbox"/> <b>Valid for 1 year</b> (In Dobermans and Boxers preliminary clearance only. Holter required within 3 months of today for final clearance)	
<input type="checkbox"/> <b>EQUIVOCAL</b>	
<input type="checkbox"/> Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded	
<input type="checkbox"/> <b>ABNORMAL</b>	
(evidence of congenital or adult onset inherited heart disease)	
Diagnosis:	<input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> HCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD
	<input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TVD <input type="checkbox"/> VSD
	<input type="checkbox"/> Other _____
Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Comments (additional findings which would not result in a final abnormal diagnosis):	

<input 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

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