



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

Performed in association with the Orthopedic Foundation for Animals (OFA)
 and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)



OFA Health Clinic Discount
 Clinic Rate: \$7.50
 Club: Salisbury KC
 Date: June 1-2, 2019
 Valid on: OFA Cardiac, Eyes, BAER & Patella Exams

Registered name: **CH HUNTMAGIC GARFIELD**

Call name: **GABE** Weight: kg lbs Estimate

Breed: **CAVALIER KING CHARLES** Gender: **M**

Sire Registration #: _____ Dam Registration #: _____

ID Number (if any): Tattoo Microchip

Registration Number: AKC Other

Date of Birth: (MMDDYY) **031618** Date of Exam: (MMDDYY) **060119**

Owner Name: **JACOB YODER**

Co-Owner Name: _____ Phone: _____

Owner Address: **4318 TOWNSHIP RD 361**

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]
 Signature of owner or authorized agent/representative

I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiologist Name: **Margaret Sayer**

Phone #: **704-457-2300** OFA Examiner #: **CS18**

E-Mail (use both lines if needed): _____

Fees and credit card information on back of WHITE sheet.
 12/22/15



C086364

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/m² 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] **6/11/19**
 Signature Date

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

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