



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

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: Breeze Bengals Winnie

Call name: _____ Weight: kg lbs
 Estimate
 Breed: Bengal Cat Gender: F
 Site Registration #: _____ Dam Registration #: _____
 Registration Number: AKC Other

ID Number (if any): Tattoo Microchip
9520000001314867
 Date of Birth: (MMDDYY) _____ Date of Exam: (MMDDYY) _____
020721 042724

Owner Name: Sabrina Hower Phone: 780-512-5483
 Co-Owner Name: _____
 Owner Address: 10103 Saxon Rd
County of Gr. Prail, NB 78X0G4

E-Mail (use both lines if needed):
brezebengals@gmail.com

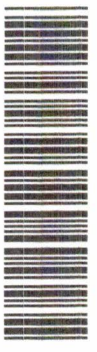
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public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

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

Cardiologist Name: Dr. Kim Haukes
 Phone #: 780-570-9999 OFA Examiner #: CH08

E-Mail (use both lines if needed):
kimh@pulsenet.com
narv@ba

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



C174568

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: 15.51 mm LVIDdn: _____ mm (MM 2D
 LVIDs: 7.34 mm LVIDsn: _____ mm (MM 2D
 LVEDVI (2D): _____ mL/m² LVEDSVI (2D): _____ mL/m²
 SF: 40 % (MM 2D EF (2D volumetric): _____ %
 IVS: IVSd 4.10 mm Normal Abnormal (MM 2D
 PW: PWd 3.84 mm Normal Abnormal (MM 2D
 LA: Normal Enlarged: Mild Moderate Severe
 LAd: 11.32 mm: SAX LAX (MM 2D EPSS: _____ mm
 Ao Diameter: 7.32 mm LA/Ao: 1.55 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 1.12 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 0.91 m/s

Comments: Transmitted for named

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/SAS TVD VSD
 Other _____
 Arrhythmia
 Severity: Mild Moderate Severe

Comments (additional findings which would not result in a final abnormal diagnosis): _____

DID verify microchip/tattoo on this dog at
 DID NOT verify microchip/tattoo on this dog
 NO MICROCCHIP/TATTOO PRESENT

Signature: Kim Haukes Date: Apr. 27/24

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 = Diplomat copy
 YELLOW = Research copy
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