



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)



American College of Veterinary Internal Medicine

Registered name: Honey's Leelon	
Call name: Lee Lou	Weight: ☐ kg ☒ lbs Estimate 19
Breed: King Charles Cavalier	Gender: F
Sire Registration #: 7531027525	Dam Registration #: 7544008003
Registration Number: ☐ AKC ☒ Other NHABA 2061586001	
ID Number (if any): ☐ Tattoo ☒ Microchip 956000015140377	
Date of Birth: (MMDDYY) 080722	Date of Exam: (MMDDYY) 040625
Owner Name: Carolyn Taylor	
Co-Owner Name:	Phone: 603 4726215
Owner Address: 586 Dudley Rd	
City: Alton	State: MO
Zip/postal code: 64602	
E-Mail (use both lines if needed): TTAY1CK.2009@yahoo.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 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: John MacGregor	
Phone #: 207-8783121	OFA Examiner #: 0m01
E-Mail (use both lines if needed): nevcard10@hotmail.com	

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



C173653

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: 23 mm LVIDdn: _____ mm (MM ☒ 2D ☐)	
LVIDs: 13 mm LVIDsn: _____ mm (MM ☒ 2D ☐)	
LV EDVI (2D): _____ mL/m ² LV ESVI (2D): _____ mL/m ²	
SF: 36 % (MM ☐ 2D ☐ EF (2D volumetric): 68 %	
IVS: IVSd 7 mm Normal ☒ Abnormal ☐ (MM ☒ 2D ☐)	
PW: PWd 7 mm Normal ☒ Abnormal ☐ (MM ☒ 2D ☐)	
LA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐	
LAAd: 15 mm SAx ☒ LAx ☐ (MM ☒ 2D ☐) EPSS: 3 mm	
Ao Diameter: 13 mm LA/Ao: 1.2 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 ☐) 1.3 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 ☐) 1.4 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 4/16/25	

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