



**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:                                                                 | StumptownCons Lm                                                              |                                                                                  |
| Call name:                                                                       | Whi                                                                           | Weight: <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs      |
| Breed:                                                                           | MCO                                                                           | Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Sire Registration #:                                                             | Dam Registration #:                                                           |                                                                                  |
| Registration Number: <input type="checkbox"/> AKC <input type="checkbox"/> Other |                                                                               |                                                                                  |
| ID Number (if any):                                                              | <input type="checkbox"/> Tattoo <input checked="" type="checkbox"/> Microchip |                                                                                  |
| 982091071082624                                                                  |                                                                               |                                                                                  |
| Date of Birth: (MMDDYY)                                                          | Date of Exam: (MMDDYY)                                                        |                                                                                  |
| 03-21-23                                                                         |                                                                               |                                                                                  |
| Owner Name:                                                                      | Colleen Schweser                                                              |                                                                                  |
| Co-Owner Name:                                                                   | Phone:                                                                        |                                                                                  |

results to the public. (initials)

|                                    |                    |                      |
|------------------------------------|--------------------|----------------------|
| Cardiologist Name:                 | NORA SHERMAN       |                      |
| Phone #:                           | 360 635 5302       | OFA Examiner #: 6547 |
| E-Mail (use both lines if needed): | CA-R-10106YCPAC11F |                      |
|                                    | ICN W VETS COM     |                      |

Fees and credit card information on back of WHITE sheet.

03/01/2023

| EXAMINATION FINDINGS                                                                                                                                                                            |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| AUSCULTATION (REQUIRED)                                                                                                                                                                         |                                     |
| Normal <input type="checkbox"/> Abnormal <input checked="" type="checkbox"/>                                                                                                                    | Arrhythmia <input type="checkbox"/> |
| Murmur Grade: I <input type="checkbox"/> II <input checked="" type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> |                                     |
| PMI: Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/> SYSTOLIC                                               |                                     |
| Timing: Systolic <input checked="" 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"/>                                                |                                     |
| ECHOGRAPHY (REQUIRED)                                                                                                                                                                           |                                     |
| RV: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> mm                                     |                                     |
| RA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> mm                                     |                                     |
| LV: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                     |
| LVIDd: 16.2 mm LVIDdn: mm (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> I)                                                                                                |                                     |
| LVIDs: 9.9 mm LVIDsn: mm (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> I)                                                                                                 |                                     |
| LV EDVI (2D): mm <sup>3</sup> EF (2D volumetric): 50 %                                                                                                                                          |                                     |
| SF: 39 % (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> I)                                                                                                                 |                                     |
| IVS: 4.03 mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/> I)                                |                                     |
| PW: PWd 4.48 mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/> I)                             |                                     |
| LA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                     |
| LAd: 14.5 mm: SAX <input type="checkbox"/> LAX <input checked="" type="checkbox"/> (MM <input type="checkbox"/> 2D <input checked="" type="checkbox"/> I) EPSS: mm                              |                                     |
| Ao Diameter: mm LA/Ao: 1.42 Method: Sweden                                                                                                                                                      |                                     |
| TV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                     |
| TR: None <input type="checkbox"/> Trivial <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. m/s          |                                     |
| MV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                     |
| MR: None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. m/s          |                                     |
| LVOT: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other                                                                         |                                     |
| LVOT Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> m/s                                                                                                                 |                                     |
| AoV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                       |                                     |
| AoV Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Apical <input checked="" type="checkbox"/> Subcostal <input type="checkbox"/> ) 2.6 m/s                  |                                     |
| AR: None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> m/s               |                                     |
| RVOT: Normal <input checked="" type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) m/s                                                                         |                                     |
| RVOT Vel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> m/s                                                                                                                 |                                     |
| PV: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                |                                     |
| PV Vel: Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input checked="" type="checkbox"/> Left apex <input type="checkbox"/> ) 0.89 m/s                   |                                     |
| Comments                                                                                                                                                                                        |                                     |
| Genetic Test Status                                                                                                                                                                             | Test:                               |
| Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>                                                                           |                                     |

| ELECTROCARDIOGRAM <input type="checkbox"/> NOT PERFORMED                                                                                |                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                                                                                                                                   | <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal                                                                                                                                                                                                                                                                                             |
| HR:                                                                                                                                     | Method:                                                                                                                                                                                                                                                                                                                                                                  |
| Rhythm:                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                          |
| EXAMINATION RESULTS                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                          |
| NORMAL (CHECK ALL THAT APPLY)                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> No evidence for congenital heart disease                                                            |                                                                                                                                                                                                                                                                                                                                                                          |
| <input checked="" type="checkbox"/> No evidence for adult-onset inherited heart disease                                                 |                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Holter monitor required within 90 days for final clearance (see back of white form for additional information) |                                                                                                                                                                                                                                                                                                                                                                          |
| EQUIVOCAL (CHECK ALL THAT APPLY)                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Congenital heart disease cannot be definitively diagnosed nor excluded                                         |                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded                              |                                                                                                                                                                                                                                                                                                                                                                          |
| ABNORMAL (CHECK ALL THAT APPLY)                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Evidence of congenital heart disease                                                                           |                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Evidence of adult-onset inherited heart disease                                                                |                                                                                                                                                                                                                                                                                                                                                                          |
| Diagnosis:                                                                                                                              | <input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <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 <input type="checkbox"/> Arrhythmia |
| 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 checked="" 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   |
|           | 6/7/25 |

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  
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