## **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

164766

<b>Application</b>	for	<b>Advanced</b>	Cardiac	<b>Database</b>
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Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)

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Method: I Noush

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MACK 1988			
Registered name:  COZO SCICULO TO A	<b>EXAMINATION FINDINGS</b>		
Coaddo Ma Wida	AUSCULTATION (REQUIRED)		
Call name: Weight: D kg Drbs _ ~	Normal Abnormal Arrhythmia		
EV16 DEstinate 75	Murmur Grade: I II III III N I V V V		
Breed: BOY 701	PMI: Left ☐ Right ☐ Base ☐ Apex ☐		
Sire Registration 4: Dam Registration 4:			
Registration Number: MAKC Other	Timing: Systolic Diastolic Continuous		
4052753203	Extra Sounds: Click Gallop Split S1 Split S2		
ID Number (if any): Tattoo Microchip	ECHOCARDIOGRAM (REQUIRED)		
956000009635796	RV: Normal 🗓 Enlarged: Mild 🗆 Moderate 🗆 Severe 🗀 _		
Date of Birth: (MMDDYY)  Date of Exam: (MMDDYY)	RA: Normal W Enlarged: Mild Moderate Severe		
111816 060325	LV: Normal Enlarged: Mild Moderate Severe		
Owner Name:	LVIDd: 3/1./ mm LVIDdn: mm (MM 7/20 [])		
Helley Fram	LVIDs: 16.5 mm LVIDsn:mm (MM 20 1)		
Co-Owner Name:	1.V EDVI (2D):mL/m² LV ESVI (2D):mL		
Owner A	SF: _30.6 % (MM □ 20 □) , EF (2D volumetric):		
A SEAL - MINISTER AND	IVS: IVSd_10.7 mm Normal D, Abnormal D (MM D) 2		
City	PW: PWd 12-1 mm Normal M Abnormal M (MM) 2		
E-Mail (use both lead):			
t MAILUS BOTH II dedi:	LA: Normal		
	LAd: 91 + mm: SAx  LAX  (MM 2D ) EPSS:		
	Ao Dianetti.		
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	TV: Normal Abnormal: Mild Moderate Severe		
o the data base for statistical gathering purposes. I understand that only passing results	TR: None Ty Trivial Mild Moderate Severe Vel.		
will be released to the public unless the initials of a registered owner 9LQ uthorized agent appear in the authorization box below which promits the CEA to be ask non-passing	MV: Normal Abnormal: Mild Moderate Severe		
esults to the public.	MR: None Trivial Mild Moderate Severe Vel.		
	LVOT: Normal Abnormal Ridge Other		
I hereby authorize the OFA to release equivocal or abnormal	LVOT Vel: Normal Abnormal m/s		
results to the public. (initials)	AoV: Normal Apnormal: Mild Moderate Severe		
	AoV Vel: Normal Abnormal (Apical Subcostal ) 0.5		
Cardiologist Name: O Carlos Hatton	AR: None [ / Trivial  Mild  Moderate  Severe		
Phone#: OFA Examiner#;	RVOT: Normal Infundibular narrowing Vmax (if abnormal)_		
E-Mail (use both lines if needed):	RVOT Vel: Normal Abnormalm/s		
Le a John of a amail	PV: Normal Abnormal Mild Moderate Severe		
Ma I Loui o La Co di Lacia	PV Vel: Normal ☑ Abnormal ☑ (Right ☑ Left apex ☑)		
COM	PV VEL NORMALI ADNORMALI (RIGHT LERT apex L.)		
Fees and credit card information on back of WHITE sheet. 03/01/2023	Comments		
040112029			

Genetic Test Status Test:

Negative Abnormal: Heterozygous Homozygous

10	Sit	Link Britished Battle Landing Chrysler -					
11/19	ELEC	TROCARDIOGRAM D NOT PERFORMED					
Date	2:	□ normal □ abnormal					
HR:		Method:					
Rhyt	hm:						
		EXAMINATION RESULTS					
1	*******	NORMAL (CHECK ALL THAT APPLY)					
M	No ev	idence for congenital heart disease					
M	No evidence for adult-onset inherited heart disease  Valid for 1 year						
		olter monitor required within 90 days for final clearance see back of white form for additional information)					
		EQUIVOCAL (CHECK ALL THAT APPLY)					
	_	enital heart disease cannot be definitively diagnosed ccluded					
		onset inherited heart disease cannot be definitively osed nor excluded					
		ABNORMAL (CHECK ALL THAT APPLY)					
	Evide	nce of congenital heart disease					
	Evide	nce of adult-onset inherited heart disease					
Diag	nosis:	□ ARVC □ ASD □ DCM □ MVD □ MMVD □ PDA □ PS □ SAS/AS □ TVD □ VSD □ Other □ Arrhythmia					
Seve	rity:	☐ Mild ☐ Moderate ☐ Severe					
		(additional findings which would not result in a final iagnosis):					
_		INC. COLUMN AND A STREET					
_							
_							
	- /	The second services and the services and the services are					
Ī	1	I DID verify microchip/tattoo on this dog					
		I DID NOT verify microchip/tattoo on this dog					
		NO MICROCHIP/TATTOO PRESENT					
Sign	Lature	12th 6/3/23					
		/IM / American College of Veterinary Internal Medicine - Cardiology					

PINK = Diplomate copy YELLOW = Research copy

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or Diplomate ECVIM (European College of Veterinary Internal Medicia	ne – Cardiol
WHITE = Owner/OFA Registration copy	