



**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:                   | Widdie Gray 'Bout A Mercury HT |                                                                                        |           |
| Call name:                         | Mercury                        | Weight: <input checked="" type="checkbox"/> kg <input checked="" type="checkbox"/> lbs | 95        |
| Breed:                             | Labrador Retriever             | Gender:                                                                                | M         |
| Registration #:                    | 5848155307                     | Dog Registration #:                                                                    | 580184207 |
| Registration Number:               | 5848155307                     | Other:                                                                                 |           |
| ID Number (if any):                | 58338012401                    |                                                                                        |           |
| Date of Birth: (MM/DD/YY)          | 95100000147                    | Date of Exam: (MM/DD/YY)                                                               | 070517    |
| Date of Birth: (MM/DD/YY)          | 150522                         | Date of Exam: (MM/DD/YY)                                                               | 042025    |
| Owner Name:                        | Sara Pearce                    | Phone:                                                                                 |           |
| Co-Owner Name:                     | Juanita Ronda Dik              | Phone:                                                                                 |           |
| Owner Address:                     | 391 Cherry Acres Rd.           | City:                                                                                  | 2001      |
| State:                             | GA                             | Zip/Postal code:                                                                       | 35014     |
| E-Mail (use both lines if needed): | willabovce1absegma<br>li.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: Sara Pearce

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

Cardiologist Name: RICHARD KENZLE

Phone #: 408 8422899 OFA Examiner #: CK03

E-Mail (use both lines if needed): mvrvc@mvrvc-biz

Fees and credit card information on back of WHITE sheet.

03/01/2023



196516

| EXAMINATION FINDINGS                                                                                                                                                                            |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| AUSCULTATION (REQUIRED)                                                                                                                                                                         |                                       |
| Normal <input checked="" type="checkbox"/>                                                                                                                                                      | Abnormal <input type="checkbox"/>     |
| Murmur Grade: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI |                                       |
| PMI: Left <input type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/>                                                                   |                                       |
| Timing: Systolic <input 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"/>                                                |                                       |
| ECHOCARDIOGRAM (REQUIRED)                                                                                                                                                                       |                                       |
| RV: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                       |
| RA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                       |
| LV: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                       |
| LVID: 39.6 mm LVIDdn: 1.3 mm (MM) <input checked="" type="checkbox"/> 2D <input type="checkbox"/>                                                                                               |                                       |
| LVIDs: 28.8 mm LVIDsn: 0.9 mm (MM) <input checked="" type="checkbox"/> 2D <input type="checkbox"/>                                                                                              |                                       |
| LV EDVI (2D): _____ mL/m <sup>2</sup>                                                                                                                                                           | LV ESVI (2D): _____ mL/m <sup>2</sup> |
| SF: 27 % (MM) <input checked="" type="checkbox"/> 2D <input type="checkbox"/>                                                                                                                   | EF (2D volumetric): _____ %           |
| IVS: IVSd 8.2 mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM) <input checked="" type="checkbox"/> 2D <input type="checkbox"/>                              |                                       |
| PW: PWD 10.2 mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM) <input checked="" type="checkbox"/> 2D <input type="checkbox"/>                               |                                       |
| LA: Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                       |
| LAd: 40.5 mm SAX <input type="checkbox"/> LAX <input type="checkbox"/> (MM) <input checked="" type="checkbox"/> 2D <input type="checkbox"/>                                                     | EPSS: 4.9 mm                          |
| Ao Diameter: 18.3 mm LA/Ao: 2.2 Method: <u>2D</u>                                                                                                                                               |                                       |
| TV: Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>                                        |                                       |
| TR: None <input checked="" type="checkbox"/> Trivial <input 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"/>                                        |                                       |
| MIR: 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 checked="" 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/Subcostal) <input type="checkbox"/> 1.2 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 checked="" 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/Left apex) <input type="checkbox"/> 0.6 m/s                                                         |                                       |
| Comments:                                                                                                                                                                                       |                                       |
| Genetic Test Status                                                                                                                                                                             | Test:                                 |
| Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>                                                                           |                                       |

| ELECTROCARDIOGRAM                                                                                                                                                                                                                                                                                                                                     |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 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"/> Valid for 1 year                                                                                                                                                                                                                                                                                                  |                                                                              |
| <input 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 _____ |                                                                              |
| 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): _____                                                                                                                                                                                                                                                            |                                                                              |
| Signature: <u>Richard Kenzle</u> Date: <u>4/26/25</u>                                                                                                                                                                                                                                                                                                 |                                                                              |
| I DID verify microchip/tattoo on this dog <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                         |                                                                              |
| I DID NOT verify microchip/tattoo on this dog <input type="checkbox"/>                                                                                                                                                                                                                                                                                |                                                                              |
| NO MICROCHIP/TATTOO PRESENT <input type="checkbox"/>                                                                                                                                                                                                                                                                                                  |                                                                              |

Diplomate ACVIM (American College of Veterinary Internal Medicine - Cardiology),  
or Diplomate ECVM (European College of Veterinary Internal Medicine - Cardiology)

WHITE = Owner/OFA Registration copy  
PINK = Research copy  
YELLOW = Research copy

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