



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 Sukki Soft Paws**
 Call name: **Suki**
 Breed: **Bengals** Weight: kg lbs Estimate
 Sex: **Female**
 Site Registration #: **581 088917 005 581 09618 012**
 ID Number (if any): Tattoo Microchip
 Registration Number: **9002190000506408**
 SBT: **011621 015**
 Date of Birth: (MMDDYY) **011621** Date of Exam: (MMDDYY) **082002**
 Owner Name: **SABRINA HEWER**
 Co-Owner Name: _____ Phone: _____
 Owner Address: **10103 Saxony Rd**
 City: **Courty of Grand Prairie TX 75004** State: _____ Zip/Postal code: _____
 E-Mail use both lines if needed: **BREEZEBENGALS@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 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: **Jess Hever**

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

Dr. Kim Hawkes, DACVIM (Cardiology)
Pulse Veterinary Specialists & Emergency
780-570-9999 CH08
cardiology@pulseveterinary.ca

Fees and credit card information on back of WHITE sheet.
 12/22/15



C122067

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

Genetic Test Status: Test
 Negative Abnormal: Heterozygous Homozygous

EXAMINATION FINDINGS

AUSCULTATION

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 NOT PERFORMED

RA: Normal Enlarged mm RV: Normal enlarged mm
 TV: Normal Abnormal: Mild Moderate Severe
 TR: None Trivial Mild Moderate Severe Vel. _____ m/s
 LA: Normal Enlarged: Mild Moderate Severe
 LA13.5 mm: SAX LAX (MM) 2D
 MV: Normal Abnormal: Mild Moderate Severe
 MR: None Trivial Mild Moderate Severe Vel. _____ m/s
 LV: Normal Enlarged: Mild Moderate Severe
 LVID: 17.7 mm MM 2D LVIDs: 12.3 mm MM 2D
 SF: 31 % (MM) 2D EF: _____ % (MM) 2D volumetric)
 ESVI: _____ mL/m² Sphericity Index _____ EPSS: _____ mm
 IVS: IVSD 3.72 mm Normal Abnormal (MM) 2D
 PW: PWD 3.38 mm Normal Abnormal (MM) 2D
 PapMuscle: Normal Abnormal
 LVOT Normal Abnormal Ridge Other _____
 AOV: Normal Abnormal: Mild Moderate Severe
 Ao Diameter: 8.77 mm LA/Ao: 1.57 Method: _____
 AOV/LVOT Vel: Normal Abnormal (Apical/Subcostal) 1.32 m/s
 DLVOTO: Vmax _____ m/s SAM:
 AR: None Mild Moderate Severe m/s
 RVOT: Normal Infundibular narrowing Vmax (if abnormal) _____ m/s
 DRVOTO: Vmax _____ m/s
 PV: Normal Abnormal Mild Moderate Severe
 PV Vel: Normal Abnormal (Right Left apex) 1.04 m/s

ELECTROCARDIOGRAM (ECG)

normal abnormal not performed

Date: _____ Method: _____
 HR: _____ bpm Rhythm: _____
HOLTER ECG
 Date performed: _____ pending not performed
 normal: equivocal: abnormal: (see Holter report for details)

EXAMINATION RESULTS

NORMAL
 No evidence for congenital heart disease
 No evidence for adult onset inherited heart disease
 Valid for 1 year (in Dobermans and Boxers preliminary clearance only, Holter required within 3 months of today for final clearance)
 CONGENITAL or adult onset inherited heart disease cannot be definitively diagnosed or excluded
 ABNORMAL
 (evidence of congenital or adult onset inherited heart disease)
 AR/C ASD DCM HCM MVD MMVD
 PDA PS SAS/AS TVD VSD
 Other _____
 Severity: Mild Moderate Severe

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

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

Signature: **Jess Hever** Date: **01/26/12**

OFA Advanced Cardiac Clearance Database Fees

- Animals over 12 months of age \$15.00
- Litter of 3 or more submitted together \$30.00
- Kennel Rate—Minimum of 5 individuals submitted as a group, owned/co-owned by same person. \$7.50 ea.
- Submission of non-passing results in the open database: NO CHARGE

Credit Card Payment Information

Payments can be made by check, money order (U.S. funds drawn on a U.S. bank), cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals. To pay by credit card, fill out the following information.

Visa/Master Card Number (1 digit per cell, no dashes)

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Cardholder name:

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Exp. (MM|YY)

CW

Abbreviations of diseases listed on front page

- ARVC:** Arrhythmogenic right ventricular cardiomyopathy
ASD: Atrial septal defect
DCM: Dilated cardiomyopathy
HCM: Hypertrophic cardiomyopathy
MMVD: Myxomatous mitral valve disease
PDA: Patent ductus arteriosus
PS: Pulmonic stenosis
SAS/AS: Subaortic stenosis/aortic stenosis
TVD: Tricuspid valve dysplasia
VSD: Ventricular septal defect

Purpose of cardiac health screening in dogs

- To identify dogs free from any cardiac abnormality
- To ascertain the prevalence of heart murmurs, abnormal rhythms or specific heart defects in specific breeds
- To confirm the cause of heart murmurs or abnormal rhythms by further investigation of affected animals
- To collate data for investigation of a possible genetic basis to a specific heart problem in a given breed
- To advise the owner, breeder and dog's veterinarian when an abnormality has been identified and recommendations about any further investigation, if indicated

Methods of heart testing

1. Auscultation: examination with a stethoscope

Auscultation allows detection of heart murmurs, the specific timing and localization as well as grading of intensity (grade 0 - 6). The heart rhythm is also assessed during auscultation. Heart murmurs occur with many congenital heart defects and adult onset inherited cardiac diseases such as myxomatous mitral valve disease (MMVD). Some common forms of congenital heart disease include subaortic stenosis (SAS), patent ductus arteriosus (PDA), pulmonic stenosis (PS) and tricuspid valve dysplasia (TVD). Abnormal heart rhythms may occur in animals without murmurs in dilated cardiomyopathy (DCM) or arrhythmogenic right ventricular cardiomyopathy (ARVC). It may be difficult for the veterinarian to detect a soft murmur in a noisy room or in a dog that is squirmy. Some murmurs may change intensity at different heart rates, after exercise or excitement.

2. Electrocardiogram (ECG)

This is always indicated if an abnormal heart rhythm is detected. It is most often used to screen certain breeds of dogs for DCM or ARVC.

3. Echocardiogram (with Doppler)

Echocardiography allows visualization the heart chambers and valves in real-time. M-mode is used for measurements to be taken and compared with normal values for breed or size of dog. Doppler is required to confirm the diagnosis of a specific type of congenital defect and to identify mildly versus severely affected animals. In some cases, it is difficult to be certain whether a dog has mild disease or an "innocent" murmur.

4. Holter ECG (separate report required)

This test is indicated in breeds predisposed to DCM or arrhythmogenic right ventricular cardiomyopathy. Affected dogs may display ventricular arrhythmias early in the disease process, when the echocardiogram does not reveal any abnormalities yet. A Holter (24h ECG) allows detection of infrequent, but significant arrhythmias.

For final clearance a 24 hour Holter is required in Boxers and Doberman Pinschers.

Adult onset of inherited heart disease can appear at any age of an adult dog or cat. Testing for DCM, ARVC, MMVD and HCM is thus only valid for 1 year, after which time retesting is required to screen for onset of new abnormalities.