



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: **EH Basterlexotis Foxy of Breeze bengals**
 Call name: **Foxy** Weight: **3.66** lbs Estimate
 Breed: **Bengal** Gender: **F**
 Dan Registration #: **5BT072515072 5BT03512091**
 ID Number (if any): **95200000011251163**
 Registration Number: **5BT090918043**
 Date of Birth: (MMDDYY) **090918** Date of Exam: (MMDDYY) **031921**

Owner Name: **Sabrina Hewer** Phone: **(780) 570-5483**
 Co-Owner Name: _____
 Owner Address: **10103 Saxony Road** State: **AB** Zip/postal code: **78064**
 City: **County Prairie** State: **TX** Zip/postal code: **78064**
 E-Mail (use both lines if needed): **Sabrina.hewer@gmail.com**

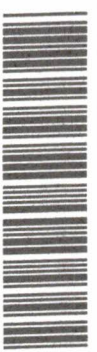
I hereby certify that the animal examined is the animal described on this application, and understand that the results of this exam will be submitted by the examining cardiologist to the database for statistical gathering purposes. I understand that only passing results will be released to the public 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: *Sabrina Hewer*

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

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

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

C113631



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
 LA: **10.44** mm: SAX LAX (MM) 2D
 MW: Normal Abnormal: Mild Moderate Severe
 MR: None Trivial Mild Moderate Severe Vel. _____ m/s
 LV: Normal Enlarged: Mild Moderate Severe
 LV: **13.91** mm MM 2D LV: **6.86** mm MM 2D
 SF: **51** % (MM) 2D EF: _____ % (MM) 2D volumetric
 ESVI: _____ mL/m² Sphericity Index _____ EPSS: _____ mm
 IVS: **4.70** mm Normal Abnormal (MM) 2D
 PWT: **4.41** mm Normal Abnormal (MM) 2D
 PapMuscle: Normal Abnormal

LVOT Normal Abnormal Ridge Other _____
 AAV: Normal Abnormal: Mild Moderate Severe
 Ao Diameter: **8.78** mm LA/Ao: **1.19** Method: _____
 AAV/LVOT Vel: Normal Abnormal (Apical Subcostal) **1.15** 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) **1.47** m/s

ELECTROCARDIOGRAM (ECG)

normal abnormal not performed

Date: _____ Method: _____
 HR: _____ bpm Rhythm: **HOLTER ECG**
 Date performed: _____ pending not performed
 normal: equivoval: 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)
 EQUIVOCAL
 Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded

ABNORMAL
 (evidence of congenital or adult onset inherited heart disease)
 ARVC ASD DCM HCM MVD MMWD
 Diagnosis: PPA PS SAS/AS TVD VSD
 Other: _____
 Severity: Mild Moderate Severe
 Comments (additional findings which would not result in a final abnormal diagnosis): _____

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

Signature: *[Signature]* Date: **Mar 19/21**

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