



Orthopedic Foundation for Animals
2300 E Nifong Blvd, Columbia, MO 65201-3806
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www.ofa.org A not-for-profit organization

ACVIM
American College of Veterinary Internal Medicine

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: <i>Key Salt Lime & Lentil LLC</i>	
Call name: <i>Zoey</i> Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs <input type="checkbox"/> Estimate	
Breed: <i>Labradoodle</i> Gender: <input type="checkbox"/>	Site Registration#: <i>5293048501</i> Dam Registration#: <i>550347102</i>
Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> Other	ID Number (if any): <input type="checkbox"/> microchip <input type="checkbox"/> tattoo
Date of Birth: (MM/DD/YY) <i>03/15/21</i>	Date of Exam: (MM/DD/YY) <i>10/15/22</i>
Owner Name: <i>Kory E Hite</i>	
Co-owner Name: <i></i>	
Phone#: <i>434-770-3000</i>	
Owner Address: <i>1814 Granite Dr, Cedar Park, TX 78614</i>	
City: <i>Cedar Park, TX</i>	
State: <i>TX</i>	
Zip/postal code: <i>78614</i>	
E-Mail (use both lines if needed): <i>KeySaltLimeLentil@gmail.com</i>	
<p><i>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.</i></p>	
<p><i>Signature of owner or authorized agent/representative</i></p>	
<p><i>I hereby authorize the OFA to release equivocal or abnormal results to the public. (Initials)</i></p>	
<p><i>E-Mail (use both lines if needed): <i>804-567-8940</i> OFA Examiner #: <i>CWB</i></i></p>	

Fees and credit card information on back of WHITE sheet.

12/01/20

EXAMINATION FINDINGS		AUSCULTATION (REQUIRED)		EXAMINATION RESULTS	
Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
Murmur Grade: I <input type="checkbox"/>	II <input type="checkbox"/>	III <input type="checkbox"/>	IV <input type="checkbox"/>	V <input type="checkbox"/>	VI <input type="checkbox"/>
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"/>		ECHO CARDIOPHGRAM (REQUIRED)		Rhythm:	
RA: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> mm		LV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> mm		RV: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> mm	
LVIDd: <i>40</i> mm LVIDs: <i>40</i> mm (MM <input type="checkbox"/> 2D <input type="checkbox"/>)		LVEDd: <i>40</i> mm LVEDs: <i>40</i> mm (MM <input type="checkbox"/> 2D <input type="checkbox"/>)		LVEF(2D): <i>40</i> % (MM <input type="checkbox"/> 2D <input type="checkbox"/>)	
SF: <i>40</i> % (MM <input type="checkbox"/> 2D <input type="checkbox"/>)		IVS: LVID <i>10</i> mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>)		EF(2D/volumetric): <i>40</i> % (MM <input type="checkbox"/> 2D <input type="checkbox"/>)	
PW: PWD <i>10</i> mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>)		LA: Normal <input type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>		LAd: <i>25</i> mm SAX <input type="checkbox"/> LAX <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>) EPSS: <i>10</i> mm	
Ao Diameter: <i>25</i> mm LA/Ao: <i>10</i> Method: <i>W</i>		IVC: <i>10</i> mm Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input type="checkbox"/> 2D <input type="checkbox"/>)		Method: <i>W</i>	
TV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>		TR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. <i>10</i> m/s		Diagnosis: <input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD	
MV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>		MR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. <i>10</i> m/s		<input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TWD <input type="checkbox"/> VSD	
IVOT: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other <i>10</i> m/s		IVOTVel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <i>10</i> m/s		<input type="checkbox"/> Other <input type="checkbox"/> Arrhythmia	
AoV: Normal <input type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>		AoVVel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Apical <input type="checkbox"/> Subcostal <input type="checkbox"/>) <i>10</i> m/s		Severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
AR: None <input type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <i>10</i> m/s		RVOT: Normal <input type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) <i>10</i> m/s		Comments (additional findings which would not result in a final abnormal diagnosis):	
RIVOTVel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <i>10</i> m/s		PV: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> <i>10</i> m/s			
PVVel: Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input type="checkbox"/> Left apex <input type="checkbox"/>) <i>10</i> m/s					
Comments _____					
<p><input type="checkbox"/> DID verify microchip/tattoo on this dog</p> <p><input type="checkbox"/> DID NOT verify microchip/tattoo on this dog</p> <p><input type="checkbox"/> NO MICROCHIP/TATTOO PRESENT</p>					

Signature _____
Date _____



Genetic Test Status: Test: _____

Negative Abnormal: Heterozygous Homozygous

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 = Registered copy

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