



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: **ATLASCATS DARLING NIKKI**
 Call name: **Nikki**
 Breed: **Maine Coon**
 Sire Registration #: **SBT 071013 11D**
 ID Number (if any): **SBT 07112 047**
 Registration Number: **933000120045180**
 Date of Birth: **SBT 041716054**
 Weight: **12** kg lb Estimate
 Gender: **F**
 Dam Registration #: **SBT 071013 11D**
 Microchip: **933000120045180**
 Other: **THCA**
 Date of Exam: (MMDDYY) **041714**

Owner Name: **M. HARRIMAN**
 Co-Owner Name: **C. CONDON**
 Phone: **603-588-2403**
 Owner Address: **169 Clinton Rd,**
 City: **Antrim**
 State: **NH**
 Zip/postal code: **03440**
 E-Mail (use both lines if needed): **ATLASCATS@BMA1L.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: **Ms. Harriman**

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

Cardiologist Name: **Ivan Sosa Samper**
 Phone #: **DVM, Dip. ACVIM (Cardiology)** OFA Examiner #: _____
 E-Mail (use both lines if needed): _____

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



C109621

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
 LAd _____ 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
 LVIDD: _____ mm MM 2D LVIDs: _____ mm MM 2D
 SF: _____ % (MM 2D EF: _____ % (MM 2D volumetric) _____ mm
 ESVI: _____ mL/m² Sphericity Index _____ EPSS: _____ mm
 IVS: IVSd _____ mm Normal Abnormal (MM) 2D
 PW: PWd _____ mm Normal Abnormal (MM) 2D
 PapMuscle: Normal Abnormal Ridge Other _____

LVOT Normal Abnormal Moderate Severe
 AoV: Normal Abnormal: Mild Moderate Severe
 Ao Diameter: _____ mm LA/Ao: _____ Method: _____
 AoV/LVOT Vel: Normal Abnormal (Apical) Subcostal _____ m/s
 DLVOTO: Vmax _____ m/s SAM:
 AR: None Mild Moderate Severe _____ m/s
 RVOT: Normal Intfundibular narrowing Vmax (if abnormal) _____ m/s
 DRVOTO: Vmax _____ m/s
 PV: Normal Abnormal Mild Moderate Severe
 PV Vel: Normal Abnormal (Right Left apex _____ 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)
 EQUIVOCAL
 Congenital or adult onset inherited heart disease cannot be definitively diagnosed or excluded
 ABNORMAL
 (evidence of congenital or adult onset inherited heart disease)
 Diagnosis: ARVC ASD DCM HCM MVD MMVD PDA PS SAS/AS TVD VSD Other _____
 Severity: Mild Moderate Severe
 Comment: **OFA Health Clinic Discount**
 Clinic Rate: \$7.50
 Club: Posenah Vet Hospital
 Date: 5/2/21
 Valid on: OFA Cardiac & Eye Exams

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

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

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

© Orthopedic Foundation for Animals