



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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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: Atlastcats Tizzy

Call name: Tizzy Weight: kg lbs 10 lbs
 Breed: MAINE COON Gender: F

Sire Registration #: SBV 081520 090 Dam Registration #: SBV 051516 070

Registration Number: AKC Other TILA

ID Number (if any): Tattoo Microchip SBV 021323 010

Date of Birth: (MMDDYY) 021323 Date of Exam: (MMDDYY) 042224

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): ATLASTCATS@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]
Signature of owner or authorized agent/representative

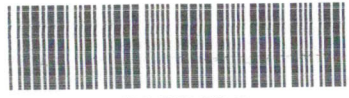
I hereby authorize the OFA to release equivocal or abnormal results to the public. (initials) _____

Cardiologist Name: Ann Saenger DVM DACVIM

Phone #: _____ OFA Examiner #: CS32

E-Mail (use both lines if needed): _____

Fees and credit card information on back of WHITE sheet. 12/01/20



C137605

EXAMINATION FINDINGS

AUSCULTATION (REQUIRED)

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 (REQUIRED)

RV: Normal Enlarged: Mild Moderate Severe _____ mm

RA: Normal Enlarged: Mild Moderate Severe _____ mm

LV: Normal Enlarged: Mild Moderate Severe

LVIDd: 13 mm LVIDdn: _____ mm (MM 2D

LVIDs: 8 mm LVIDsn: _____ mm (MM 2D

LV EDVI (2D): _____ mL/m² LV ESVI (2D): _____ mL/m²

SF: 35 % (MM 2D EF (2D volumetric): _____ %

IVS: IVSd 5.8 mm Normal Abnormal (MM 2D

PW: PWd 4.6 mm Normal Abnormal (MM 2D

LA: Normal Enlarged: Mild Moderate Severe

LAd: 12 mm: SAX LAX (MM 2D EPSS: _____ mm

Ao Diameter: 7.5 mm LA/Ao: 1.26 Method: R

TV: Normal Abnormal: Mild Moderate Severe

TR: None Trivial Mild Moderate Severe Vel. _____ m/s

MV: Normal Abnormal: Mild Moderate Severe

MR: None Trivial Mild Moderate Severe Vel. _____ m/s

LVOT: Normal Abnormal Ridge Other _____

LVOT Vel: Normal Abnormal _____ m/s

AoV: Normal Abnormal: Mild Moderate Severe

AoV Vel: Normal Abnormal (Apical Subcostal) _____ m/s

AR: None Trivial Mild Moderate Severe _____ m/s

RVOT: Normal Infundibular narrowing Vmax (if abnormal) _____ m/s

RVOT Vel: Normal Abnormal _____ m/s

PV: Normal Abnormal Mild Moderate Severe

PV Vel: Normal Abnormal (Right Left apex) _____ m/s

Comments _____

Genetic Test Status Test: _____

Negative Abnormal: Heterozygous Homozygous

ELECTROCARDIOGRAM NOT PERFORMED

Date: _____ normal abnormal

HR: _____ Method: _____

Rhythm: _____

EXAMINATION RESULTS

NORMAL (CHECK ALL THAT APPLY)

No evidence for congenital heart disease

No evidence for adult-onset inherited heart disease
Valid for 1 year

Holter monitor required within 90 days for final clearance (see back of white form for additional information)

EQUIVOCAL (CHECK ALL THAT APPLY)

Congenital heart disease cannot be definitively diagnosed nor excluded

Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded

ABNORMAL (CHECK ALL THAT APPLY)

Evidence of congenital heart disease

Evidence of adult-onset inherited heart disease

Diagnosis: ARVC ASD DCM MVD MMVD
 PDA PS SAS/AS TVD VSD
 Other
 Arrhythmia

Severity: Mild Moderate Severe

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

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

NO MICROCHIP/TATTOO PRESENT

[Signature] 4/21/24

Signature _____ Date _____

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 © Orthopedic Foundation for Animals