



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806
Phone: (573) 442-0418; Fax: (573) 875-5073
www.offa.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: **Anademant Frederick Finnegan**
 Call name: **Freddie** Weight: kg lbs Estimate **11.08**
 Breed: **Bengal** Gender: **M**
 Sire Registration #: _____ Dam Registration #: _____
 ID Number (if any): Tattoo Microchip
 Registration Number: AKC Other **TICA**
 Date of Birth: (MMDDYY) **031917** Date of Exam: (MMDDYY) **070517**
 Owner Name: **DIANA SNGIELLA**
 Co-Owner Name: **N/A** Phone: _____
 Owner Address: _____
 City: **Plymouth** State: **MN** Zip/postal code: **55441**
 E-Mail (use both lines if needed): _____

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

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

Cardiologist Name: **Janet Olson**
 Phone #: **(612) 353 7440** OFA Examiner #: **CO02**
 E-Mail (use both lines if needed): **janet_olson@vetcardiologist.com**

Fees and credit card information on back of WHITE sheet.

12/22/15



C018628

Genetic Test Status: Test **0**
 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 **14** 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: **15** mm MM 2D LVIDs: **7** mm MM 2D
 SF: **49** % (MM 2D EF: **84** % (MM 2D volumetric)
 ESVI: _____ mL/m² Sphericity Index _____ EPSS: **2** mm
 IVS: IVSd **5** mm Normal Abnormal (MM 2D
 PW: PWd **4** mm Normal Abnormal (MM 2D
 PapMuscle: Normal Abnormal
 LVOT Normal Abnormal Ridge Other _____
 AoV: Normal Abnormal: Mild Moderate Severe
 Ao Diameter: **9** mm LA/Ao: **1.62** Method: **Swedish**
 AoV/LVOT Vel: Normal Abnormal (Apical Subcostal **1.24** m/s
 DLVOT: Vmax _____ m/s SAM:
 AR: None Mild Moderate Severe _____ m/s
 RVOT: Normal Infundibular narrowing Vmax (if abnormal) _____ m/s
 DRVOT: Vmax _____ m/s
 PV: Normal Abnormal Mild Moderate Severe
 PV Vel: Normal Abnormal (Right Left apex **0.93** 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

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: _____ Date: **7/5/17**

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