



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:
Westlane's Honkeytonk Badonkadonk At Moon Creek JH

Call name:
Adi Weight: kg lbs Estimate **65**

Breed:
Labrador Gender:
bitch

Sire Registration #: **SR76808102** Dam Registration #: **SR65162001**

Registration #: AKC Other
SR95606902

Microchip/Tattoo #: Microchip Tattoo
933000220009678

Date of Birth: (MMDDYY) **10/02/2016** Date of Exam: (MMDDYY) **020821**

Owner Name:
Jessica Smith

Co-Owner Name:
Sonja Phelps Phone:
458-215-5419

Owner Address:
38902 Hwy 99E NE

City:
Albany State/Prov:
OR Zip/Postal Code:
97322

E-Mail:
westlanelabradors@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

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

Cardiologist Name:
Dr. J. A. Woodfield

Phone #:
(206) 781-7021 OFA Examiner #:
CW-05

E-Mail:
nwcardiology@icloud.com

Fees and credit card information on back of WHITE sheet.
05/03/20

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 **36.2** 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: **41.4** mm MM 2D LVIDs: **28.4** mm MM 2D

SF: **32** % (MM 2D EF: **60** % (MM 2D volumetric)

ESVI: ___mL/m² Sphericity Index _____ EPSS: ___mm

IVS: IVSd **8.7** mm Normal Abnormal (MM 2D

PW: PWd **9.5** mm Normal Abnormal (MM 2D

PapMuscle: Normal Abnormal

LVOT Normal Abnormal Ridge Other _____

AoV: Normal Abnormal: Mild Moderate Severe

Ao Diameter: **26.6** mm LA/Ao: **1.20** Method: **S**

AoV/LVOT Vel: Normal Abnormal: (Apical Subcostal **1.18** 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 **0.90** 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): **NWCC Exam#: 21-44420-01**

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

NO MICROCHIP/TATTOO PRESENT

J. A. Woodfield **2-8-21**

Signature _____ Date _____

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