



Orthopedic Foundation for Animals
 2300 E Nifong Blvd, Columbia, MO 65201-3806
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 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)



OFA Health Clinic Discount
 Clinic Rate: \$7.50
 Club: Yakima KC
 Date: 6/30/20
 Valid on: OFA Cardiac Exams

Registered name:
Westernsky's Midnight Sun

Call name:
Soleil Weight: kg lbs Estimate

Breed:
Labrador Gender:
female

Sire Registration #:
SR90186203 Dam Registration #:
SR73599701

Registration #: AKC Other
SS02507901

Microchip/Tattoo #: Microchip Tattoo
933000120128934

Date of Birth: (MMDDYY) **09/27/17** Date of Exam: (MMDDYY)

Owner Name:
Jessica Smith

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 **40.9** 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: **42.5** mm MM 2D LVIDs: **26.0** mm MM 2D

SF: **39** % (MM 2D) EF: **70** % (MM 2D volumetric)

ESVI: _____ mL/m² Sphericity Index _____ EPSS: _____ mm

IVSd: **10.4** mm Normal Abnormal (MM 2D)

PW: **10.4** mm Normal Abnormal (MM 2D)

PapMuscle: Normal Abnormal

LVOT Normal Abnormal Ridge Other _____

AoV: Normal Abnormal: Mild Moderate Severe

Ao Diameter: **20.9** mm LA/Ao: **1.26** Method: **S**

AoV/LVOT Vel: Normal Abnormal: (Apical Subcostal) **1.66** 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) _____ 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 #: 20-42809-22**

I DID verify microchip/tattoo on this dog

I DID NOT verify microchip/tattoo on this dog

NO MICROCHIP/TATTOO PRESENT

J. A. Woodfield **6-28-20**

Signature _____ Date _____

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