Application for Advanced Cardiac Database

Orthopedic Foundation for Animals
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www.ofa.org, A not-for-profit organization

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: BlackMtnBengals Kirby
Call name: Kirby | Weight: ☒ kg ☐ lbs ☒ Estimate 15
Breed: Bengal | Gender: M
Sire Registration #: | Dam Registration #:
Registration Number: ☐ AKC ☐ Other
ID Number (if any): ☐ Tattoo ☐ Microchip
Date of Birth: (MMDDYY) 050721 | Date of Exam: (MMDDYY) 120824

Owner Name: Janet Rennecker
Co-Owner Name: | Phone: 858 254-0544
Owner Address: 121 Letton St.
City: Ramona | State: CA | Zip/postal code: 92065
E-Mail (use both lines if needed): jrennecker2@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: Brett Boorstein
Phone #: 949-272-8885 | OFA Examiner #: CB31
E-Mail (use both lines if needed): cvcasj@cvcavets.com

Fees and credit card information on back of WHITE sheet.
03/01/2023

C169969

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: 19.0 mm LVIDdn: ____ mm (MM ☒ 2D ☐)
LVIDs: 12.4 mm LVIDsn: ____ mm (MM ☒ 2D ☐)
LV EDVI (2D): ____ mL/m² LV ESVI (2D): ____ mL/m²
SF: 34.7 % (MM ☒ 2D ☐) EF (*2D volumetric*): ____ %
IVS: *IVSd* 3.52 mm Normal ☒ Abnormal ☐ (MM ☒ 2D ☐)
PW: *PWd* 4.78 mm Normal ☒ Abnormal ☐ (MM ☒ 2D ☐)
LA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐
LAd: 12.0 mm: SAx ☒ LAx ☐ (MM ☐ 2D ☒) EPSS: ____ mm
Ao Diameter: 10.0 mm LA/Ao: 1.2 Method: Swedish
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* ☐) 0.83 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 ☐) 0.85 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 _____ Date 12/18/24

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

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