



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: Anfarra Riata of Secret Haven
 Call name: Riata Weight: kg lbs 35.7
 Estimate Gender: _____
 Breed: Borzoi
 Sire Registration #: 1133812 Dam Registration #: 1135719
 Registration Number: AKC Other
HE4007767
 ID Number (if any): Tattoo Microchip
990000001210611
 Date of Birth: (MMDDYY) 031020 Date of Exam: (MMDDYY) 032824

Owner Name: Michele Fink
 Co-Owner Name: _____ Phone: _____
 Owner Address: _____
 City: _____ State: _____ Zip/postal code: _____
 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) _____

Cardiologist Name: Amelie Beaumier
 Phone #: 514-633-9998 OFA Examiner #: CB28
 E-Mail (use both lines if needed):
abeaumier@centrodmvot.com

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



C142435

EXAMINATION FINDINGS	
AUSCULTATION (REQUIRED)	
Normal	<input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Arrhythmia <input type="checkbox"/>
Murmur Grade:	I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/>
PMI:	Left <input type="checkbox"/> Right <input type="checkbox"/> Base <input type="checkbox"/> Apex <input type="checkbox"/>
Timing:	Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous <input type="checkbox"/>
Extra Sounds:	Click <input type="checkbox"/> Gallop <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/>
ECHOCARDIOGRAM (REQUIRED)	
RV:	Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ mm
RA:	Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ mm
LV:	Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
LVIDd:	<u>40.0</u> mm LVIDdn: <u>14.0</u> mm (MM <input type="checkbox"/> 2D <input type="checkbox"/>
LVIDs:	<u>30.3</u> mm LVIDsn: <u>9.8</u> mm (MM <input type="checkbox"/> 2D <input type="checkbox"/>
LV EDVI (2D):	_____ mL/m ² LV ESVI (2D): _____ mL/m ²
SF:	<u>24</u> % (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> EF (2D volumetric): _____ %
IVS:	<u>15.5</u> mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/>
PW:	<u>13.1</u> mm Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/>
LA:	Normal <input checked="" type="checkbox"/> Enlarged: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
LAd:	<u>29.8</u> mm: SAx <input checked="" type="checkbox"/> LAx (MM <input checked="" type="checkbox"/> 2D <input type="checkbox"/> EPSS: _____ mm
Ao Diameter:	<u>30</u> mm LA/Ao: <u>0.98</u> Method: <u>SAx 2D</u>
TV:	Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
TR:	None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s
MV:	Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
MR:	None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Vel. _____ m/s
LVOT:	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Ridge <input type="checkbox"/> Other _____
LVOT Vel:	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> _____ m/s
AoV:	Normal <input checked="" type="checkbox"/> Abnormal: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
AoV Vel:	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Apical <input type="checkbox"/> Subcostal <input type="checkbox"/>) _____ m/s
AR:	None <input checked="" type="checkbox"/> Trivial <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> _____ m/s
RVOT:	Normal <input checked="" type="checkbox"/> Infundibular narrowing <input type="checkbox"/> Vmax (if abnormal) _____ m/s
RVOT Vel:	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> _____ m/s
PV:	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
PV Vel:	Normal <input checked="" type="checkbox"/> Abnormal <input type="checkbox"/> (Right <input type="checkbox"/> Left apex <input type="checkbox"/>) _____ m/s
Comments _____	
Genetic Test Status Test: _____	
Negative <input type="checkbox"/> Abnormal: Heterozygous <input type="checkbox"/> Homozygous <input type="checkbox"/>	

ELECTROCARDIOGRAM <input type="checkbox"/> NOT PERFORMED	
Date:	<u>03/28/24</u> <input checked="" type="checkbox"/> normal <input type="checkbox"/> abnormal
HR:	<u>108</u> Method: <u>During echo</u>
Rhythm:	<u>NSR</u>
EXAMINATION RESULTS	
NORMAL (CHECK ALL THAT APPLY)	
<input checked="" type="checkbox"/>	No evidence for congenital heart disease
<input checked="" type="checkbox"/>	No evidence for adult-onset inherited heart disease Valid for 1 year
<input type="checkbox"/>	Holter monitor required within 90 days for final clearance (see back of white form for additional information)
EQUIVOCAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	Congenital heart disease cannot be definitively diagnosed nor excluded
<input type="checkbox"/>	Adult-onset inherited heart disease cannot be definitively diagnosed nor excluded
ABNORMAL (CHECK ALL THAT APPLY)	
<input type="checkbox"/>	Evidence of congenital heart disease
<input type="checkbox"/>	Evidence of adult-onset inherited heart disease
<input type="checkbox"/> ARVC <input type="checkbox"/> ASD <input type="checkbox"/> DCM <input type="checkbox"/> MVD <input type="checkbox"/> MMVD <input type="checkbox"/> PDA <input type="checkbox"/> PS <input type="checkbox"/> SAS/AS <input type="checkbox"/> TVD <input type="checkbox"/> VSD <input type="checkbox"/> Other <input type="checkbox"/> Arrhythmia	
Diagnosis:	_____
Severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> 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

Amelie Beaumier 03/28/24
 Signature Date

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

WHITE = Owner/OFA Registration copy
 PINK = Diplomate copy
 YELLOW = Research copy © Orthopedic Foundation for Animals