Application for Advanced Cardiac Database

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

Performed in association with the Orthopedic Foundation for Animals (OFA) and the American College of Veterinary Internal Medicine-Cardiology (ACVIM)

ACVIM American College of Veterinary Internal Medicine

Registered name: Exquisite Elizabeth of Simon Hill Benyosef
Call name: Betsy
Weight: ☐ kg ☐ lbs ☐ Estimate
Breed: Lab
Gender: F
Sire Registration #: SS30032902
Dam Registration #: SS26900107
Registration Number: ☐ ARC ☐ Other: SS54849281
ID Number (if any): ☐ Tattoo ☐ Microchip: 981020045043155
Date of Birth: (MMDDYY): 062524
Date of Exam: (MMDDYY): 101826

Owner Name: Gabriel Ben-Yosef
Co-Owner Name:
Phone: 6178217944
Owner Address: 58 Simon Hill Rd
City: Norwell
State: MA
Zip/postal code: 02061
E-Mail (use both lines if needed): gabriel@ben-yosef.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: John MacGregor
Phone #: 603-397-5561
OFA Examiner #: CM-01
E-Mail (use both lines if needed): nevcardio@hotmail.com

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

220896

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: 47 mm LVIDdn: _____ mm (MM ☐ 2D ☐)
LVIDs: 27 mm LVIDsn: _____ mm (MM ☐ 2D ☐)
LV EDVI (2D): _____ mL/m² LV ESVI (2D): _____ mL/m²
SF: 43 % (MM ☐ 2D ☐) EF (2D volumetric): 74 %
IVS: IVSd 11 mm Normal ☒ Abnormal ☐ (MM ☐ 2D ☐)
PW: PWd 10 mm Normal ☒ Abnormal ☐ (MM ☐ 2D ☐)
LA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐
LAd: 30 mm: SAx ☒ LAx ☐ (MM ☐ 2D ☐) EPSS: 2 mm
Ao Diameter: 29 mm LA/Ao: 1.04 Method: _____
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 ☐) 1.2 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 ☐) 1.1 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 10/18/26

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

© Orthopedic Foundation for Animals