



Orthopedic Foundation for Animals

2300 E Nifong Blvd, Columbia, MO 65201-3806

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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)



American College of Veterinary Internal Medicine

Registered name: 4 Petakeoons Princess Rocky Road

Call name: Rocky Weight: ☐ kg ☒ lbs 10
☐ Estimate

Breed: Maine Coons Gender: F

Sire Registration #: SBT060119172 Dam Registration #: SBT011821090

Registration Number: ☐ AKC ☒ Other
SBT110522088

ID Number (if any): ☐ Tattoo ☒ Microchip
985141005225459

Date of Birth: (MMDDYY) 110522 Date of Exam: (MMDDYY) 112723

Owner Name: Hilary Gratt

Co-Owner Name: _____ Phone: _____

Owner Address: _____

E-Mail (use both lines if needed):
Doc-4PAWS@yahoo.com

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: 16.6 mm LVIDdn: _____ mm (MM ☒ 2D ☐)

LVIDs: 11.4 mm LVIDsn: _____ mm (MM ☒ 2D ☐)

LV EDVI (2D): _____ mL/m² LV ESVI (2D): _____ mL/m²

SF: 31 % (MM ☒ 2D ☐) EF (2D volumetric): _____ %

IVS: IVSd 4.2 mm Normal ☒ Abnormal ☐ (MM ☐ 2D ☐)

PW: PWd 3.3 mm Normal ☒ Abnormal ☐ (MM ☐ 2D ☐)

LA: Normal ☒ Enlarged: Mild ☐ Moderate ☐ Severe ☐

LAd: 11 mm: SAx ☒ LAx ☐ (MM ☐ 2D ☒) EPSS: _____ mm

Ao Diameter: 8 mm LA/Ao: 1.38 Method: Abbott

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 ☐ 0.92 m/s

AoV: Normal ☒ Abnormal: Mild ☐ Moderate ☐ Severe ☐

AoV Vel: Normal ☒ Abnormal ☐ (Apical ☒ Subcostal ☐) _____ m/s

AR: None ☒ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ _____ m/s

RVOT: Normal ☒ Infundibular narrowing ☐ Vmax (if abnormal) _____ m/s

RVOT Vel: Normal ☒ Abnormal ☐ 0.81 m/s

PV: Normal ☒ Abnormal ☐ Mild ☐ Moderate ☐ Severe ☐

PV Vel: Normal ☒ Abnormal ☐ (Right ☐ Left apex ☐) _____ 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 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.

Gregg Rapoport
Signature of owner or authorized agent/representative

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

Card _____
Phone _____
E-Mail _____

Gregg Rapoport, DACVIM
#CR01
503-869-1136
cvcaportland@cvcavets.com

Fees and credit card information on back of WHITE sheet.

12/01/20



C132869

☒ I DID verify microchip/tattoo on this dog

☐ I DID NOT verify microchip/tattoo on this dog

☐ NO MICROCHIP/TATTOO PRESENT

Gregg Rapoport 11/27/2023
Signature Date

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