



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)

ACVIM
American College of Veterinary Internal Medicine

Registered name:

Ataway Lakeside Black Betty

Cell name:

BETTY

Weight: ☐ kg ☒ lbs

80

Breed:

LABRADOR RETRIEVER F

Sex:

Female

Registration Number:

5530293202 SS13201007

ID Number (if any):

5536104301

Date of Birth: (MM/DD/YY)

10/01/21

Date of Exam: (MM/DD/YY)

08/24/25

Owner Name:

Keri Holdash + Kalli Holdash

Co-Owner Name:

[Redacted]

Owner Address:

[Redacted]

E-Mail (use your times if needed):

OH10BR00KS1DELAB
S@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 any 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:

Robert Hamlin

5614-561-1926, CH01

rhamlin@qtestlabs.com

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



183039

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 ☐

LVID: 4.42 mm LVIDd: mm (MM 2D) ☐

LVIDs: mm LVIDsr: mm (MM 2D) ☐

LV EDV (2D): mm³ LV ESV (2D): mm³ mL/m²

SV: 24 mL/m² EF (2D volumetric): 56 %

IVS: 1.52 mm Normal ☐ Abnormal ☐ (MM 2D) ☐

PW: PWD 0.884 mm Normal ☐ Abnormal ☐ (MM 2D) ☐

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

LAD: 3.38 mm SAX ☐ LAX ☐ (MM 2D) ☐ EPSS: mm

Ao Diameter: 2.04 mm LA/Ao: 1.28 Method: Standard

TV: Normal ☐ Abnormal: Mild ☐ Moderate ☐ Severe ☐

TR: None ☐ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. mm/s

MV: Normal ☐ Abnormal: Mild ☐ Moderate ☐ Severe ☐

MR: None ☐ Trivial ☐ Mild ☐ Moderate ☐ Severe ☐ Vel. 95 cm/s

LVOT: Normal ☐ Abnormal ☐ Ridge ☐ Other ☐

LVOT Vel: Normal ☐ Abnormal ☐ 140 cm/s

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

AoV Vel: Normal ☐ Abnormal ☐ (Apical) Subcostal ☐ 163 cm/s

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

RVOT: Normal ☐ Infundibular narrowing ☐ Vmax (if abnormal) mm/s

RVOT Vel: Normal ☐ Abnormal ☐ 114 cm/s

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

PV Vel: Normal ☐ Abnormal ☐ (Right) Left apex ☐ mm/s

Comments:

Genetic Test Status Test:

Negative ☐ Abnormal: Heterozygous ☐ Homozygous ☐

ELECTROCARDIOGRAM NOT PERFORMED

Date: _____ Method: ☐ normal ☐ abnormal

HR: _____

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):

WVVL

Signature _____ Date 8-24-25

☐ DID verify microchip/tattoo on this dog

☐ DID NOT verify microchip/tattoo on this dog

☐ NO MICROCHIP/TATTOO PRESENT

White = Owner/OFA Registration copy
Pink = Diplomat copy
Yellow = Research copy
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