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A Not-For-Profit Organization

572892



SN21194001

PI

GR-CA03

Previous application in _____
If not provided this evaluation may be jeopardized!

Application for Congenital Cardiac Database

CH SHEFFIELD-DOUGLAS SPELBOOND

registered name

GADEN RETRIEVER

breed

SN211940/01 (DNA# V33369)

Required Permanent ID - tattoo, microchip or DNA profile

registration number of sire SM791347/03

BARBARA SHEFFIELD & MIKE BUTLER

owner's name

1600 PANTHER LOOP

mailing address

PLEASANTVILLE, TX 78660

city

state

zip

telephone number 512 989-8202

SN211940/01

registration no.

M

sex

12-5-94

date of birth

registration number of dam SM925964/07

Charla L. Jones, DVM

veterinarian's name or veterinary hospital

4106 N. Lamar

mailing address

Austin

city

TX

state

78756

zip

telephone number () 512-451-1070

I hereby certify that the animal examined is the animal described on this application. I understand that this information will be part of a confidential cardiology database maintained by OFA for research purpose only. I hereby authorize the OFA to release information to the public: ☐ only if the animal is found to be normal ☒ both normal and abnormal information may be released. Please check one, otherwise only normal information will be released.

Barbara Sheffield

owner or agent's signature

5/20/02

date

Cardiac Auscultation (see accompanying procedures information for details):

- ☒ Auscultation is within normal limits. Additional diagnostic studies are not indicated.
- ☐ Auscultation reveals a soft (grade 1 or grade 2) murmur at rest.
- ☐ Auscultation reveals a moderate to loud heart murmur.
- ☐ Auscultation was performed after exercise and revealed:
- ☐ Normal heart sounds without a cardiac murmur.
- ☐ A soft (grade 1 or grade 2) murmur.

Describe any cardiac murmurs: Timing: ☐ systolic ☐ diastolic ☐ continuous

Point of maximal intensity: ☐ mitral valve area ☐ aortic or subaortic area ☐ pulmonary valve area

☐ tricuspid valve area ☐ other location _____

Radiation or other characteristics: _____

Echocardiography if indicated (see accompanying procedures information for details):

- ☐ Echocardiography with Doppler was performed and the results were within limits of normal.
- ☐ Echocardiography with Doppler was performed and the results were equivocal: _____
- ☐ Echocardiography with Doppler was performed and the results were indicative of congenital heart disease.

Describe any abnormal echocardiographic or Doppler findings, including transvalvular or other pertinent velocities in m/sec: _____

circle: ☐ pulse/continuous wave

circle: ☐ left apical/subcostal

Summary evaluation and opinion of the examiner:

- ☒ Normal cardiovascular examination - congenital heart disease is not evident.
- ☐ Equivocal cardiovascular examination - congenital heart disease cannot be diagnosed nor excluded - status uncertain for breeding.
- ☐ Abnormal cardiovascular examination indicative of congenital heart disease; indicate diagnosis below _____

I certify that the standards for cardiac examination as set forth by the OFA were carefully followed in performing this examination.

Charla L. Jones, DVM

veterinarian's signature

ACVIM cardiology

area of specialty

5-20-02

date