

Orthopedic Foundation for Animals Preliminary (Consultation) Report



A Not-For-Profit
Organization

ARROWHEAD LOTUS
registered name

LABRADOODLE
breed

952000001030573
tattoo/microchip/DNA profile

1935112
application number

film/case no(s)

87181
registration number

F
sex

12/23/2016
date of birth

10
age at evaluation in months

12/13/2017
date of report

Owner
LUKE ERB
5121 PERTH LINE 89 RR 1
GOWANSTOWN, ON N0G1Y0
CANADA

Veterinarian
NEWRY VETERINARY SERVICE
6005 PERTH LINE 72 RR #2
ATWOOD, ON N0G1B0
CANADA

RADIOGRAPHIC EVALUATION OF PELVIC PHENOTYPE WITH RESPECT TO HIP DYSPLASIA

* The study must be repeated when the animal is 24 months of age or older to qualify for an OFA number.

- _____ **EXCELLENT HIP JOINT CONFORMATION***
superior hip joint conformation as compared with other
individuals of the same breed and age
- ✓ _____ **GOOD HIP JOINT CONFORMATION***
well formed hip joint conformation as compared with other
individuals of the same breed and age
- _____ **FAIR HIP JOINT CONFORMATION***
minor irregularities of the hip joint conformation as compared
with other individuals of the same breed and age

- _____ **BORDERLINE HIP JOINT CONFORMATION**
marginal hip joint conformation of indeterminate status with
respect to hip dysplasia at this time – Repeat study in six
months
- _____ **MILD HIP DYSPLASIA**
radiographic evidence of minor dysplastic changes of the hip
joints
- _____ **MODERATE HIP DYSPLASIA**
well defined radiographic evidence of dysplastic changes of
the hip joints
- _____ **SEVERE HIP DYSPLASIA**
radiographic evidence of marked dysplastic changes of the
hip joints

HIP JOINTS - STANDARD VD VIEW

- _____ subluxation
- _____ remodeling of femoral head/neck
- _____ osteoarthritis/degenerative joint disease
- _____ shallow acetabula
- _____ acetabular rim/edge change
- _____ unilateral pathology _____ left _____ right
- _____ transitional vertebra
- _____ spondylosis
- _____ panosteitis
- _____ other

RADIOGRAPHIC FINDINGS

ELBOW JOINTS – FLEXED LATERAL VIEW

✓ _____ negative for elbow dysplasia _____ L _____ R

ELBOW DYSPLASIA

Grade I L _____ R _____

Grade II L _____ R _____

Grade III L _____ R _____

RADIOGRAPHIC FINDINGS

degenerative joint disease (DJD) L _____ R _____

united anconeal process (UAP) L _____ R _____

fragmented coronoid process (FCP) L _____ R _____

osteochondrosis L _____ R _____

Consultation by:

G.G. Keller DVM
G.G. KELLER, DVM, MS, DACVR
CHIEF OF VETERINARY SERVICES

Office Use Only

APPL _____

RAD _____

CK _____



Orthopedic Foundation for Animals

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Phone: (573) 442-0418; Fax: (573) 875-5073

www.offa.org

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Application for Congenital Cardiac Database

Registered name: Arrowhead Lotus		Registration number: <input type="checkbox"/> AKC <input type="checkbox"/> CKC		Other registry name: MDBA	
Breed: Australian Labradoodles		Sex: F		Date of Birth (month-day-year): 10/30/2017 12-23-2016	
ID Number (if any): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip 952000001030573		Registration number of sire: PR17553804		Registration number of dam: 66094	
Owner name: Luke Erb		Co-Owner name:		Examining veterinarian's name or veterinary hospital: Newry Veterinary Services	
Mailing address: Perth Line 89 #5121		Mailing Address: 6005 Perth Line 72		Date of Evaluation (mm/dd/yy): 10/31/17	
City: Gowanstown	State: ON	Zip/postal code: N0G1Y0	City: Atwood	State: ON	Zip/postal code: N0G 1B0
Phone: 519-343-3484	E-mail: erbluke@yahoo.com	Phone: (519) 356-9012		E-mail: newryvet@cyg.net	

I hereby certify that the animal examined is the animal described on this application. I understand that all normal results will be released to the public.

Signature of owner or authorized representative _____

Authorization to Release Abnormal Results	Authorization to Collect Statistical Data
<input type="checkbox"/> I hereby authorize the OFA to release the abnormal results of the animal described on this application to the public . <div style="text-align: right;">INITIAL <input type="text"/></div>	<input type="checkbox"/> I hereby authorize the examining veterinarian to submit the results of the animal described on this application for statistical purposes . The results may be shared with the ACVIM or canine health researchers, but will not be disclosed to the general public . <div style="text-align: right;">INITIAL <input type="text"/></div>

Veterinary Instructions

Clinical findings based on cardiac auscultation is required. (see page 2)

- ☒ Auscultation is within normal limits. Additional diagnostic studies 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:

Timings: ☐ 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 page 2):

- ☐ Echocardiography with Doppler was performed and the results were within limits of normal.
- ☐ Echocardiography with Doppler was performed and the results were equivocal: mild congenital heart disease cannot be conclusively diagnosed nor excluded based on this study.
- ☐ 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.

☐ pulse/continuous wave ☐ 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.

☒ I DID verify tattoo/microchip on this dog

☐ I DID NOT verify tattoo/microchip on this dog

Cathy Hoshel
Veterinarian Signature

Specialty: ☒ Practitioner, ☐ Specialist, ☐ Cardiologist

Oct. 31/17
Date

Fees

Animals Over 12 Months. \$15.00

Litter of 3 or more submitted together \$30.00

Kennel Rate—Individuals submitted as a group, owned/co-owned by same person.

Minimum of 5 individuals \$7.50 per study

Exams on animals under 12 months of age are considered preliminary evaluations and are not eligible for OFA numbers

Payments can be made by check, money order, (U.S. funds drawn on a U.S. bank) cash, Visa, or Mastercard, payable to the Orthopedic Foundation for Animals.

Visa/Master Card Number

Name on Card

Exp Date

CVV (security code)

Affected Animals, Statistical Data Submission and Resubmissions at No Charge