Place Client/Patient Label Here

The Center of Veterinary Expertise

Cardiology Report

Reason for Visit: ______________________________

____

pcDVM: ____________________ **Hospital** ____________________

Date: _______ **Reviewed:** ________ **Time In:** _________

LVT: _________ **Chart Back:** ________ **LVT SW:** ________

Dr.PE ______ **Dr.SW:** ______ **LVT DC:** _______ **To O'**_______

VHS: ____________

____

____

Last Labs:_________ **Last CXR:** _________ **Last Echo:** ________ **Last BP:** _________

Physical Exam **T:** _________ **HR:** _______bpm **RR:** ______bpm **Wt:** ________ **# /** _______**Kgs** **BCS:** _______**/9**

BP: _______mmHg **Cuff #:** ______ **Location:** ________ **Position:** _______ **Pulse Quality:** ___________.

Owner's to Fill Out (Circle where applicable)

Comments

1. Cough - None Occasional Frequent Progressive — 1. ____________________
2. Breathing- Normal Labored Rapid Open Mouth
   If abnormal, when does it occur? Always With Activity/Excitement — 2. ____________________
   ** Respiratory Rate: __________________
3. Appetite- Good Ok Poor Not Eating — 3. ____________________
   Current Diet: __________________ Amount Fed: ________________
4. Energy/Exercise Level- Stable Decreased Intolerant Weak — 4. ____________________
5. Thirst- No Change Increased Decreased Intolerant Weak — 5. ____________________
6. Vomiting- None Occasional Frequent — 6. ____________________
7. Defecation- No Change Constipated Soft Loose — 7. ____________________
8. Urination- No Change Increased Decreased — 8. ____________________
9. Any other problems or concerns? ____

____

Medications: **ON HWP: Y or N** **Type:** ______________________ **Last HW Test:**______________

	Drug Name	Strength	Frequency	Refill Needed?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				