

|                |                   |
|----------------|-------------------|
| Pet:           |                   |
| Owner:         |                   |
| Referring Vet: | Appointment Date: |

## CONNOLLY ANIMAL CLINIC



2606 N. University Dr.  
Nacogdoches, TX 75965  
Phone: 936-569-9726  
Fax: 936-569-1108

**AAHA**  
AMERICAN ANIMAL HOSPITAL ASSOCIATION

### CARDIOVASCULAR EXAM

**General:**  
 Temp: \_\_\_\_\_ Heart Rate: \_\_\_\_\_ Resp Rate: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ BCS: 1 2 3 4 5

Peripheral edema  Ascites  Tachypnea  Dyspnea  Harsh cough  Soft Cough  Wet Cough

**Mucous membranes:**  
 Pink  Pale  Gray  Blue  Other: \_\_\_\_\_ CRT: \_\_\_\_\_ seconds

**Pulses:**  
 Normal  Bounding  Parvus tardus  Brisk  Pulsus paradoxus  Pulsus begiminus  Deficits

|  |  |  |   |
|--|--|--|---|
| <b>Auscult Heart:</b><br>Normal <input type="checkbox"/><br>Muffled <input type="checkbox"/> | Normal Sinus Rhythm <input type="checkbox"/><br>Resp Sinus Arrhythmia <input type="checkbox"/><br>Arrhythmia <input type="checkbox"/><br>Describe: _____ | PMI: L Apex <input type="checkbox"/> L Base <input type="checkbox"/><br>R Apex <input type="checkbox"/> R Base <input type="checkbox"/><br>Other: _____  | Murmur Timing:<br>Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/><br>Continuous <input type="checkbox"/> |
| Murmur:<br>Regular <input type="checkbox"/><br>Intermittent <input type="checkbox"/>         | Murmur Grade:<br>I II III IV V VI  | Murmur: Flat <input type="checkbox"/> Ejection <input type="checkbox"/> Machinery <input type="checkbox"/> To and Fro <input type="checkbox"/><br>Gallop <input type="checkbox"/> Musical <input type="checkbox"/> Split S2 <input type="checkbox"/> Systolic Click <input type="checkbox"/><br>Other: _____ |   |

**Auscult Lungs:** Normal  Harsh  Pleural Rubs  Crackles  Upper Airway Noises  Dull

|   |  |   |
|---|--|---|
| <b>Jugular Veins:</b><br>Distended – yes <input type="checkbox"/> no <input type="checkbox"/> | Pulses – yes <input type="checkbox"/> no <input type="checkbox"/><br>Describe: _____ | Hepatojugular reflux – yes <input type="checkbox"/> no <input type="checkbox"/> |
|---|--|---|

**Comments:**

### Thoracic Radiographs:

|   |   |
|---|---|
| <b>Lateral:</b><br>Vertebral Heart Score: _____ (n. 9.5-10.5)<br>Trachea: Collapsed <input type="checkbox"/> Where:<br>Elevated <input type="checkbox"/> Compress L Bronchus <input type="checkbox"/><br>Aorta: | Pulmonary Infiltrates: perihilar <input type="checkbox"/> interstitial <input type="checkbox"/> alveolar <input type="checkbox"/><br>Pleural effusion: none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/><br>Cranial Lobar Veins: normal <input type="checkbox"/> enlarged <input type="checkbox"/> ( 1.5x 2x 3x )<br>Enlarged : LA <input type="checkbox"/> PA <input type="checkbox"/> LV <input type="checkbox"/> R auricle <input type="checkbox"/> RV <input type="checkbox"/><br>Generalized Cardiomegaly <input type="checkbox"/> Caudal Vena Cava <input type="checkbox"/> |
|---|---|

|  |                  |
|--|------------------|
| <b>VD/DV:</b><br>Enlarged: RA <input type="checkbox"/> RV <input type="checkbox"/> Aorta <input type="checkbox"/> PA <input type="checkbox"/> Left auricle <input type="checkbox"/><br>Pleural effusion: none <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/><br>Caudal Lobar Arteries: normal <input type="checkbox"/> enlarged <input type="checkbox"/> tortuous <input type="checkbox"/> | <b>Comments:</b> |
|--|------------------|

### EKG:

**Rhythm:**  
**P waves:**  
**QRS:**  
**T Waves:**  
**Axis shift:**  
**Other:**

**ECHOCARDIOGRAM****Weight:****Sedation:****Short Axis Views****Ventricular Apex:****Comments:****LV Papillary Muscles:****Patient****Normal Dog****Normal Cat****Comments:**

RV

&lt;3

RVIDD

3-7

IVSTD

3-6

LVIDD

10-21

LVPWD

3-6

IVSTS

4-9

LVIDS

4-11

LVPWS

4-10

FS =  $\frac{(LVIDD - LVIDS)}{LVIDD}$ 

30-46%

40-67%

EF

&gt;70%

&gt;70%

**LV Chor dae Tendinae:****Comments:****Mitral Valve:****Patient****Normal Dog****Normal Cat****Comments:**

EPSS

0-6

0-3

**Aorta/RVOT:****Patient****Normal Dog****Normal Cat****Comments:**

AoS

6-12

LAD

7-15

LA/Ao

0.8-1.3

0.8-1.4

**Pulmonary A Branching:****Comments:****Long Axis Views****4 Chamber:****Comments:****LVOT:****Comments:****Hepatic Veins:****Comments/Recommendation:**