Place Patient Sticker On Both Pages	VETERINARY TEACHING HOSPITAL WASHINGTON STATE UNIVERSITY **CARDIOVASCULAR CONSULTATION FORM**	
Exam Date:	Clinician/Pager:	Student/Pager:

History/Problem:_____

_____

Current Medications/Doses:_____

_____Current Weight:_____(lb/kg)

Laboratory Abnormalities:

Cardiovascular Examination (completed by cardiology service):

General:_____ Mucous Membranes:_____

Heart Rate:_____/min Rhythm:_____ Arterial Pulse:_____ Jugular distension/pulse:_____/_____

Murmur: ☐ No ☐ Yes Grade_____/VI PMI:_____ Radiation:_____ Gallop: ☐ No ☐ Yes

Auscultation: | | | | Precordium:_____ Respiratory Rate/Character _____min/_____
S1 S2 S1 S2

☐ **ECG:** HR:_____/min Rhythm:_____ Axis_____° ☐ Normal ☐ Left ☐ Right

P_____sec _____mV PQ_____sec QRS_____sec R_____mV QT_____sec

ST_____ Interpretation:_____

☐ **Echocardiography** (see report): ☐ 2-D only ☐ 2-D & M-Mode ☐ 2-D & M-Mode & Doppler

_____

_____

☐ **Blood Pressure**: _____(Systolic) mmHg Cuff size: _____cm **Limb used:** RH LH RF LF

☐ **Sedation:** _____

☐ **Radiography consultation**: _____

_____

Assessment and Recommendations:_____

_____

_____

_____

_____

_____

_____

_____D.V.M.