



Cardiology Northwest

Part of Animal Care Group of Lake Oswego

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“Collaboration for Compassionate Care through World-Class Medicine”

Feline Echocardiogram Report

Registered Name _____ Call Name _____

Registration No. _____ Microchip No. _____ []

Confirmed

Breed _____ Sex _____ DOB _____ Color _____

Owner(s) Name(s) _____ Phone _____

Address _____

Mucous Membrane Color: [] Pink [] Other _____ Weight _____ lbs. _____ Kg.

Femoral Pulse: [] Normal [] Abnormal _____

Auscultation

Heart rate _____ bpm

[] Normal heart sounds, no audible murmur

[] Abnormal heart sounds _____

Echocardiogram Findings (refer to additional report)

LA: _____ cm Ao: _____ cm LA/Ao Ratio: _____

Comments

Recommendations

Date _____