



Cardiology Northwest

10629 SW Barbur Blvd Portland OR 97219

Dr. Gary L. Wood, DVM, ACVIM (Cardiology)

Phone: 503-246-9689; Fax: 503-246-6407

www.heartvet.com; info@heartvet.com

Canine Echocardiogram Report

Registered Name _____ Call Name _____

Registration No. _____ Microchip No. _____ [] Confirmed

Breed _____ Sex _____ DOB _____ Color _____

Owner(s) Name(s) _____ Phone _____

Address _____

Weight _____ lbs. _____ Kg.

Mucous Membrane Color: [] Pink [] Other _____

Femoral Pulse: [] Normal [] Abnormal _____

Auscultation

Heart rate _____ bpm

[] Normal heart sounds, no audible murmur

[] Abnormal heart sounds _____

Electrocardiogram (EKG) Findings

Echocardiogram Findings (refer to additional report)

Comments

Recommendations

Date _____
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Occult Dilated Cardiomyopathy Criteria in Dobermans: LVIDD >46mm if <39Kg body weight. LVIDD >49mm if >39Kg. body weight. Fractional shortening (FS) <25%. One premature ventricular beat on ECG, or more than 50 premature ventricular beats on a 24 hour Holter Monitor ECG.