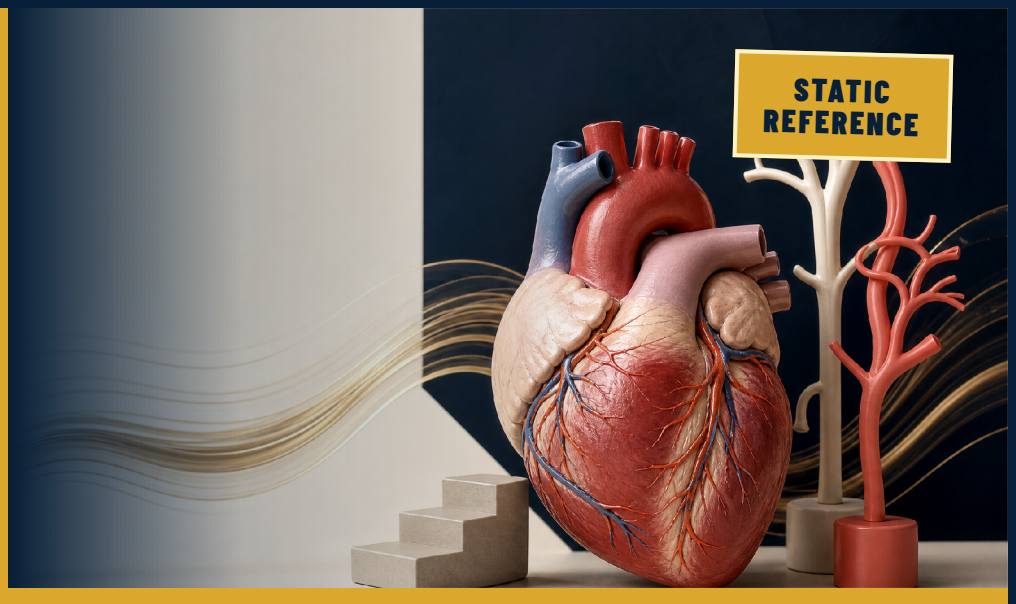
RATE MY VSO // VISUAL FIELD GUIDE

CARDIOVASCULAR CONDITIONS

VA RATING GUIDE

Separate the heart, artery, vein, and hypertension frameworks before measuring severity.



DIAGNOSIS // METS // OBJECTIVE FINDINGS

Separate the heart, artery, vein, and hypertension frameworks before measuring severity.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DIAGNOSIS SELECTS THE CARDIOVASCULAR RATING METHOD

Many heart diseases use the current General Rating Formula, which considers workload symptoms plus certain objective findings or medication. Arterial, venous, hypertensive, rhythm, surgical, and other diagnoses may use different criteria.

HEART
When the general formula applies, document workload symptoms, hypertrophy or dilation, and medication.

VESSELS
Use code-specific pressures, indexes, swelling, ulcers, or episodes.

SEPARATION
Identify the diagnosis and each non-overlapping manifestation.

02 SERVICE-CONNECTION PATHS

DIRECT
A current cardiovascular diagnosis is medically linked to an in-service disease, event, injury, or exposure.

PRESUMPTIVE
Named chronic diseases or exposure-related conditions may qualify when the diagnosis, timing, and service requirements are met.

SECONDARY
A service-connected disability caused or aggravated a distinct cardiovascular condition, supported by veteran-specific medical reasoning.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Breathlessness with activity
- Fatigue
- Chest pain or pressure
- Dizziness or fainting
- Palpitations
- Leg swelling or reduced circulation

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Cardiology, vascular, imaging, laboratory, rhythm, or procedure evidence identifying the condition.
2. **WORKLOAD AND SYMPTOMS**
   Exercise METs or a medically supported estimate with the activities that trigger symptoms.
3. **OBJECTIVE FINDINGS**
   ECG, echocardiogram, MRI, angiography, vascular testing, pressures, or other code-specific results.
4. **TREATMENT**
   Medication, procedures, implants, surgery, rehabilitation, and response.
5. **EPISODES AND FUNCTION**
   Syncope, arrhythmia, heart failure, hospitalization, walking limits, standing, and work impact.
6. **SERVICE ROUTE**
   Onset, continuity, qualifying presumption, exposure facts, or a reasoned direct or secondary nexus.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — DIAGNOSIS OR CODE MISMATCH
Evidence for one heart or vascular condition was applied to a different rating framework.

B — WORKLOAD EVIDENCE VAGUE
A METs estimate did not identify the activity and symptoms supporting it.

C — OBJECTIVE SUPPORT MISSING
Hypertrophy, dilation, rhythm, vessel findings, procedure history, or other required facts were absent.

D — SERVICE PATH NOT ESTABLISHED
The record did not prove qualifying service, timing, exposure, or a persuasive medical nexus.

06 CARDIOVASCULAR CAUSES AND EFFECTS TO EVALUATE

Cardiovascular diagnoses have different mechanisms. These possibilities require condition-specific medical evidence.

CONDITIONS THAT CAN DAMAGE HEART OR VESSELS

Atherosclerosis // high blood pressure // valve disease // heart-muscle disease // rhythm disorder // diabetes or kidney disease

EFFECTS CARDIOVASCULAR DISEASE MAY PRODUCE

Heart failure // arrhythmia // reduced circulation // stroke or embolic events // kidney or liver injury // exercise intolerance

07

DO THIS, NOT THAT

DO

- Identify the exact diagnosis and code.
- Tie symptoms to workload and activity.
- Keep objective studies and treatment records.

DO NOT

- Use one formula for every condition.
- Treat ejection fraction as the only heart measure.
- Assume every cardiovascular disease is presumptive.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NHLBI cardiovascular guidance and VA cardiovascular DBQs. Rating rules: 38 CFR 4.100 and 4.104. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.