Leg Artery US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER Beach ER

Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: MMI: DOB:

History/Symptoms:

INDICATION (at least one **MUST** be circled)

Peripheral Vascular Disease Rest Pain R L Pain w/ Exertion R L Arterial Injury R L

ULCER (with atherosclerosis) RIGHT Leg / Ankle / Feet / Toes LEFT Leg / Ankle / Feet / Toes

GANGRENE (with atherosclerosis) RIGHT Leg / Ankle / Feet / Toes LEFT Leg / Ankle / Feet / Toes

OTHER SYMPTOMS (circle any that apply)

Cold Leg R L Blue Leg (Cyanosis) R L Absent Pulse R L Hair Loss R L Thick Nails R L

	RIGHT LEG		LEFT LEG	
	PSV (cm/sec)	**Waveforms**	**PSV** (cm/sec)	**Waveforms**
Common Femoral		tri / bi / mono		tri / bi / mono
Deep Femoral		tri / bi / mono		tri / bi / mono
Proximal Femoral		tri / bi / mono		tri / bi / mono
Mid Femoral		tri / bi / mono		tri / bi / mono
Distal Femoral		tri / bi / mono		tri / bi / mono
Popliteal		tri / bi / mono		tri / bi / mono
Posterior Tibial		tri / bi / mono		tri / bi / mono
Anterior Tibial		tri / bi / mono		tri / bi / mono
Plaque Burden	none / minimal / mild / moderate / severe		none / minimal / mild / moderate / severe	
Blood Pressures	Brachial		Brachial	
	Posterior Tibial		Posterior Tibial	
	Dorsalis Pedis		Dorsalis Pedis	
ABIs	Posterior Tibial		Posterior Tibial	
	Dorsalis Pedis		Dorsalis Pedis	

Use the higher of the two brachial pressures for the ABI calculation on both sides.

Why if ABI not done (for St Vincent sites)?

Sonographer's Impression:

Sonographer's Name, Date & Time: # Images