

Carotid 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)

Weakness R L	Vision Loss R L	Syncope/Collapse	Stroke/TIA/Infarct	Carotid Artery Trauma
Numbness R L	Bruit R L	Slurred Speech	Pre Op Evaluation	Endarterectomy R L

RISK FACTORS (circle any that apply)

Current Smoker	Hypertension	Chronic Kidney Dz	Coronary Artery Dz	Prior Stroke/TIA
Lack of Exercise	High Cholesterol	Peripheral Vasc Dz	Prior Heart Attack	Fam Hx Atherosclerosis

RIGHT

Blood Pressure	_____ / _____
Intima-Media Thickness	_____ mm

CCA	Proximal	_____ / _____	cm/sec
	Distal	_____ / _____	cm/sec
ICA	Proximal	_____ / _____	cm/sec
	Mid	_____ / _____	cm/sec
	Distal	_____ / _____	cm/sec
ICA/CCA PSV Ratio			

ECA PSV			cm/sec
Vertebral Artery	antegrade	bidirectional	
	retrograde	not visualized	
			cm/sec
Amount of Plaque	none	moderate	
	minimal	severe	
	mild	occluded	

ICA Stent (if applicable)	Proximal	_____	cm/sec
	Mid	_____	cm/sec
	Distal	_____	cm/sec
Stent/CCA PSV Ratio			

LEFT

Blood Pressure	_____ / _____
Intima-Media Thickness	_____ mm

CCA	Proximal	_____ / _____	cm/sec
	Distal	_____ / _____	cm/sec
ICA	Proximal	_____ / _____	cm/sec
	Mid	_____ / _____	cm/sec
	Distal	_____ / _____	cm/sec
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ECA PSV			cm/sec
Vertebral Artery	antegrade	bidirectional	
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Amount of Plaque	none	moderate	
	minimal	severe	
	mild	occluded	

ICA Stent (if applicable)	Proximal	_____	cm/sec
	Mid	_____	cm/sec
	Distal	_____	cm/sec
Stent/CCA PSV Ratio			

Sonographer's Name, Date & Time: _____ # Images _____