

ABIs Only 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	
	Systolic BP (mmHg)	ABI	Systolic BP (mmHg)	ABI
Brachial				
Posterior Tibial				
Dorsalis Pedis				

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

Ankle-Brachial Index Grading Criteria:

0.90-1.40 **NORMAL**

0.70-0.89 **MILD** peripheral arterial disease

0.51-0.69 **MODERATE** peripheral arterial disease

≤0.50 **SEVERE** peripheral arterial disease

≥1.40 **CALCIFIED** vessels

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0650B
(Revised 6/2025)

Tech Wrksht - "ABIs Only Chrtform"