

# US AORTA (W/DOPPLER)

DATE: \_\_\_/\_\_\_/\_\_\_

TECH: \_\_\_\_\_

ID #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

SEX: M / F

**ACUTE HX** (location, duration, severity) :

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**CHRONIC HX:** \_\_\_\_\_

Diabetes      HTN      COPD      CHF      DVT

Smoking      ETOH      Obesity      Renal Failure

**Surgeries:** \_\_\_\_\_

**COMPARISON:** YES · NO

**DATE:** \_\_\_\_\_

<b>PROXIMAL</b>	Normal	Max dimension: _____ cm	
<b>MID</b>	Normal	Max dimension: _____ cm	
<b>DISTAL</b>	Normal	Max dimension: _____ cm	
<b>RIGHT ILIAC</b>	Normal	Max dimension: _____ cm	
<b>LEFT ILIAC</b>	Normal	Max dimension: _____ cm	
Normal = Less than 3 cm (most adults) <b>OR</b> less than 1.5 X proximal aorta (small adults)			
<b>AAA (if present)</b>	Fusiform · Saccular		
	Suprarenal · Infrarenal		
	Mural thrombus: YES · NO		
	Length: _____ cm		
<b>DOPPLER</b>	<b>PROXIMAL</b>	Normal (low resistance)	Abnormal
	<b>DISTAL</b>	Normal (triphasic)	Abnormal

Tech Summary: