

US AORTA (WITHOUT 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: _____

PROXIMAL	Normal	Max dimension: _____ cm
MID	Normal	Max dimension: _____ cm
DISTAL	Normal	Max dimension: _____ cm
RIGHT ILIAC	Normal	Max dimension: _____ cm
LEFT ILIAC	Normal	Max dimension: _____ cm

Normal = Less than 3 cm (most adults) **OR** less than 1.5 X proximal aorta (small adults)

AAA (If present)	Fusiform · Saccular
	Suprarenal · Infrarenal
	Mural thrombus: YES · NO
	Length: _____ cm

Tech Summary:
