

US ARTERIAL DUPLEX - LOWER

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT		VESSEL	LEFT	
Waveform	Velocity (cm/s)		Velocity (cm/s)	Waveform
Tri Bi Mono		COMMON FEMORAL		Tri Bi Mono
Tri Bi Mono		PROFUNDA 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		PROXIMAL ANTERIOR TIBIAL		Tri Bi Mono
Tri Bi Mono		DORSALIS PEDIS		Tri Bi Mono
Tri Bi Mono		POSTERIOR TIBIAL		Tri Bi Mono
OTHER				

Tech Summary:
