

US GROIN

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: _____

PSEUDOANEURYSM	Absent	Present	Size : ____ cm x ____ cm x ____ cm
FISTULA	Absent	Present	
COMMON FEMORAL ARTERY	Patent	Occluded	
COMMON FEMORAL VEIN	Patent	Occluded	
OTHER			

Tech Summary:
