

Abdominal Aorta US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER
Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____ MMI: _____ DOB: _____

History/Symptoms: _____

INDICATION: (one must be circled)

SCREEN in a Current Smoker SCREEN in a Former Smoker SCREEN with Family Hx of Cardiovascular Disease
 F/U Known Aneurysm Abdominal Mass Pulsatile Mass Abdominal Bruit Pre Op Evaluation

PERSONAL RISK FACTORS: (circle any that apply)

Current Smoker Hypertension Chronic Kidney Dz Coronary Artery Dz Prior Stroke/TIA
 Lack of Exercise High Cholesterol Peripheral Vasc Dz Prior Heart Attack Fam Hx Atherosclerosis

Outer Diameter (cm)

	Front Back		Left Right
	(long image)	(trans image)	(trans image)
Proximal Aorta			
Mid Aorta			
Distal Aorta			

Distal Aorta

PSV (cm/sec)	Waveforms tri / bi / mono
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Outer Diameter (cm)

	Front Back	Left Right
	(long image)	(trans image)
Right Common Iliac		
Left Common Iliac		

Aortic Plaque Burden

none	minimal
mild	moderate
severe	

Abdominal Aorta: <2.5 cm (normal caliber), 2.5-3.0 cm (ectatic), ≥3.0 cm (aneurysm) or 1.5x more proximal caliber, repair when 5.5 cm or >2.5x more proximal caliber or growth >5 mm in 6 months, normal PSV is 60-110 cm/sec

Common Iliac Artery: ≥1.5 cm (aneurysm), repair when >3.0-3.5 cm

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____ # Images _____

Not Intended for Treatment Planning

MI-0637 (Revised 3/2024)

Tech Wrksht - "Abdominal Aorta US Chrtform"