

Arm Artery 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 (at least one **MUST** be circled)

Peripheral Vascular Disease Rest Pain R L Pain w/ Exertion R L Arterial Injury R L
 ULCER (with atherosclerosis) RIGHT Arm / Wrist / Hand / Fingers LEFT Arm / Wrist / Hand / Fingers
 GANGRENE (with atherosclerosis) RIGHT Arm / Wrist / Hand / Fingers LEFT Arm / Wrist / Hand / Fingers

OTHER SYMPTOMS (circle any that apply)

Cold Arm R L Blue Arm (Cyanosis) R L Absent Pulse R L Hair Loss R L Thick Nails R L

RIGHT ARM

LEFT ARM

Blood Pressure	/	/
Plaque Burden	none / minimal / mild / moderate / severe	none / minimal / mild / moderate / severe

	PSV (cm/sec)	Waveforms	PSV (cm/sec)	Waveforms
Common Carotid		tri / bi / mono		tri / bi / mono
Subclavian		tri / bi / mono		tri / bi / mono
Axillary		tri / bi / mono		tri / bi / mono
Brachial		tri / bi / mono		tri / bi / mono
Radial		tri / bi / mono		tri / bi / mono
Ulnar		tri / bi / mono		tri / bi / mono

Sonographer's Impression: _____

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