## **Arm Artery Segmental 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 cir	rcled)			
Peripheral Vascular Disease	Rest Pain R L Pain w/ Exert	tion R L Arterial Injury R L		
ULCER (with atherosclerosis) RI	GHT Arm / Wrist / Hand / Fingers	<u>LEFT</u> Arm / Wrist / Hand / Fingers		
GANGRENE (with atherosclerosis) RI	GHT Arm / Wrist / Hand / Fingers	<u>LEFT</u> Arm / Wrist / Hand / Fingers		
OTHER SYMPTOMS (circle any that apply)				
Cold Arm R L Blue Arm (Cyanosi	s) R L Absent Pulse R L I	Hair Loss R L Thick Nails R L		
	T			

	RIGHT ARM		LEFT ARM	
	Systolic BP (mmHg)	WBI/FBI	Systolic BP (mmHg)	WBI/FBI
Brachial				
Radial				
Ulnar				
1st Finger				
2nd Finger				
3rd Finger				
4th Finger				
5th Finger				

Use right brachial pressure for right indices and left brachial pressure for left indices.

## Peripheral Arterial Disease Grading Criteria

Tempheral Afterial Disease Graunig Criteria.				
Wrist-Brachial Index - ≥0.90 (normal), 0.75-0.89 (mild), 0.60-0.74 (moderate), 0.40-0.59 (severe	), ≤0.39 (critical)			
Finger-Brachial Index - ≥0.86 (normal), 0.70-0.85 (mild), 0.50-0.69 (moderate), 0.30-0.49 (severe), ≤0.29 (critical)				
Sonographer's Impression:				
Sonographer's Name, Date & Time:	# Images			