

# Leg 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 Leg / Ankle / Feet / Toes LEFT Leg / Ankle / Feet / Toes  
 GANGRENE (with atherosclerosis) RIGHT Leg / Ankle / Feet / Toes LEFT Leg / Ankle / Feet / Toes

**OTHER SYMPTOMS** (circle any that apply)

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

	RIGHT LEG		LEFT LEG	
	PSV (cm/sec)	Waveforms	PSV (cm/sec)	Waveforms
<b>Common Femoral</b>		tri / bi / mono		tri / bi / mono
<b>Deep Femoral</b>		tri / bi / mono		tri / bi / mono
<b>Proximal Femoral</b>		tri / bi / mono		tri / bi / mono
<b>Mid Femoral</b>		tri / bi / mono		tri / bi / mono
<b>Distal Femoral</b>		tri / bi / mono		tri / bi / mono
<b>Popliteal</b>		tri / bi / mono		tri / bi / mono
<b>Posterior Tibial</b>		tri / bi / mono		tri / bi / mono
<b>Anterior Tibial</b>		tri / bi / mono		tri / bi / mono
<b>Plaque Burden</b>	none / minimal / mild / moderate / severe		none / minimal / mild / moderate / severe	
<b>Blood Pressures</b>	Brachial		Brachial	
	Posterior Tibial		Posterior Tibial	
	Dorsalis Pedis		Dorsalis Pedis	
<b>ABIs</b>	Posterior Tibial		Posterior Tibial	
	Dorsalis Pedis		Dorsalis Pedis	

Use the higher of the two brachial pressures for the ABI calculation on both sides.

Why if ABI not done (for St Vincent sites)? \_\_\_\_\_

Sonographer's Impression: \_\_\_\_\_

Sonographer's Name, Date & Time: \_\_\_\_\_ # Images \_\_\_\_\_