

Radial Artery Mapping 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: pre CABG evaluation, coronary artery disease

CIRCLE ANY THAT APPLY:

Right Hand Dominate Ischemic Fingers R L AV Fistula R L
 Left Hand Dominate Hand/Finger Ulcers R L Raynaud's Disease R L

RIGHT ARM

LEFT ARM

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

Radial Artery	AP diameter (mm)	PSV (cm/sec)	AP diameter (mm)	PSV (cm/sec)
AC Fossa				
Proximal Forearm				
Mid Forearm				
Distal Forearm				
Wrist				

Modified US Allen Test: (response in radial side of superficial palmer arch with radial artery compression)

Right Hand	reversed flow	no flow
Left Hand	reversed flow	no flow

A normal complete arch is indicated by reversed flow.
 A variant incomplete arch is indicated by no flow.

Sonographer's Impression: _____

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