Abdomen Complete US Technologist Worksheet

St Vincents	s River	side S	Southside	Clay	St Johns	Imagin	ng Center	Arli	ngton ER	Westsie	le ER
Optimal	Forbes	South	side Clay	Mand	larin W	estside	St Johns	в Том	vn Center	Orange	Park
Patient Name:					MMI:	:				Age:	
History/Symptoms:											
Diffuse Pain	Epiga	astric Pai	in Na	usea	Constipa	ition	Abnl LI	FTs	Gallston	es I	Renal Stones
RUQ Pain	Flank	Pain R	L Voi	niting	Diarrh	ea	↑ Biliru	bin	Pancreati	itis	Hematuria
Pancreas	wnl		poor vzld								
Aorta	wnl		poor vzld	Ma	x Diameter	r	cm				
IVC	wnl		poor vzld								
Livor	wnl		poor vzld	CC	Dimension	1	cm				
LIVEI	wiii		echogenic								
Gallbladder			poor vzld	wa	.11	mn	n s	tones	pe	richolecy	stic fluid
and	wnl		out	CB	D	mn	n si	ludge	Mu	rphy's sig	gn N Y
Bile Duct											
Right	wnl		poor vzld	C	C Length		cm				
Kidney	wiii		echogenic								
Left	wnl		poor vzld	С	C Length		cm				
Kidney	vv 111		echogenic								
Spleen	wnl		poor vzld	CC	Dimension	1	cm				
Other/Ascite	es										

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0602A (Revised 3/2024) Tech Wrksht - "Abdomen Complete US Chrtform"

Images

Abdomen Limited (RUQ) US Technologist Worksheet

St Vincent	s River	rside South	nside	Clay St Jo	ohns Ima	ging Cer	nter Arli	ngton ER	Westside ER
Optimal	Forbes	Southside	Clay	Mandarin	Westsic	e St Jo	ohns Tov	vn Center	Orange Park
Patient Name:				Ν	MMI:				Age:
History/Symptoms:									
Diffuse Pain	Epig	astric Pain	Nau	isea Co	onstipation	Abn	l LFTs	Gallstone	s Renal Stones
RUQ Pain	Flank	Pain R L	Vom	iting I	Diarrhea	↑ B	ilirubin	Pancreatit	is Hematuria
Pancreas	wnl	poor	r vzld						
Aorta	wnl	poor	r vzld	Max Dia	umeter	cm			
IVC	wnl	poor	r vzld						
T •	1	poor	r vzld	CC Dime	ension	cm			
Liver	wni	echo	genic						
Callbladdar		poor	r vzld	wall		mm	stones	per	icholecystic fluid
and Bile Duct	wnl	c	out	CBD		mm	sludge	Murj	phy's sign N Y
Right	1	poor	r vzld	CC Le	ngth	cm			
Kidney	wnl	echo	ogenic						
Other/Ascit	es								

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0602B (Revised 3/2024) Tech Wrksht - "Abdomen Limited US Chrtform"

Renal Complete US Technologist Worksheet

St Vincents H Optimal For	Riverside Sou bes Southsid	uthside Cl	ay St Johr Mandarin	ns Imag Westside	ing Cen St Jol	ter Arli hns Tov	ngton ER vn Center	Westsic Orange	le ER Park
Patient Name:			MN	/ I:				Age:	
History/Symptoms:									
GFR:	Flank Pain	Hydro	Stones	Hema	aturia	Nau	sea .	ARF	HTN
	R L	R L	R L	Dys	uria	Vom	iting (CKD	DM
	1	Size		Ec	hogenic	city	Hyd	roneph	irosis
RIGHT KIDNEY	x	X	cm	wnl	ſ	\downarrow	none moderate	;	mild severe
LEFT KIDNEY	x	х	cm	wnl	1	↓	none moderate	;	mild severe
wun sıze.		22		R	2017				
BLADDER	wnl de	ecompressed	l Fc	ley	poor	vzld	Jets? (if	`hydro)	R L
Other Findings:									
Sonographer's Impression:									
Sonographer's Name, Date	& Time:							# Image	s
Not Intended for T	reatment Pla	inning	MI-0616 (Re	evised 3/202	24)	Tech Wrks	ht - "Renal Cor	nplete US	S Chrtform"

Urinary Bladder US Technologist Worksheet

St V	ince	nts Rive	rside Sc	outhside Clay	St Johns Imag	ing Center	· Arlington ER	Westside ER
Opt	timal	Forbes	Southsi	de Clay Mano	darin Westside	St Johns	s Town Center	Orange Park
Patient Name	e:				MMI:			Age:
History/Sym _j	ptom	s:						
Dysuria		UT	T	Urgency	Bladder Ca	ancer	Prostate Ca	Prostatectomy
Hematuria		Outlet Of	ostruct	Incontinence	TURB Su	gery	TURP Surgery	Hysterectomy
BLADDER	2							
distended	ļ	decomp	ressed	Foley	suprapubic	po	oorly vzld	Jets? R L
Mass	Ν	Y	Wall	Thickness	mm (<3 r	nm when di	istended, <5 mm w	hen nondistended)
Stones	Ν	Y	Pre-Vo	id Volume	mL (norr	nal 300-400	0 mL when distend	ed)
Debris	N	Y	Post-V	oid Volume	mL (<50	mL adults,	<50-100 mL in el	derly)
Other Findir	ngs:							
PROSTAT	Έ							

Size		Х	Х	cm	(normal 3 x 3 x 5 cm or 15-30 mL)
Mass	Ν	Y			
Vascularity	nml	1			
Other Findings:					

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0603 (Revised 8/2020)

Tech Wrksht - "Urinary Bladder US Chrtform"

Thyroid 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 MMI: Patient Name: Age: History/Symptoms: Abnormal TFTs Neck Pain Weight 1 Ţ Fam Hx of Thyroid Ca Neck Swelling Hyperthyroidism Thyroid Nodule R L Radioiodine Therapy **Difficulty Swallowing** Hypothyroidism Thyroid FNA R L Parathyroid Disease Thyroid Enlargement Head/Neck Radiation Energy 1 Calcium ↓ ſ 1 **Right Lobe** homogeneous nml vascularity х heterogeneous hypervascular Х cm heterogeneous Left Lobe х х homogeneous nml vascularity hypervascular cm Isthmus mm Indicate nodule position by Document up to 6 most suspicious nodules. Do not measure cystic or almost entirely placing number on diagram. cystic nodules unless they are very large as they are always benign. Nodule 1 solid / cystic / complex / hypo / iso / hyper х х mm Nodule 2 solid / cystic / complex / hypo / iso / hyper х х mm Nodule 3 mm solid / cystic / complex / hypo / iso / hyper Х Х Nodule 4 solid / cystic / complex / hypo / iso / hyper х х mm

	TI-RADS Nodule Features - The More Points The More Suspicious The Nodule
Composition	cystic or almost entirely cystic (0), spongiform (0), mixed solid/cystic (1), solid (2)
Echogenicity	anechoic (0), hyper/isoechoic (1), hypoechoic (2), very hypoechoic to strap muscles (3)
Shape	wider-than-tall (0), taller-than-wide (3)
Margin	smooth (0), ill-defined (0), lobulated (2), irregular (2), extends outside thyroid (3)
Echogenic Foci	none (0), large comet tail (0), macrocalcs (1), rim calcs (2), punctate echogenic foci (3)

solid / cystic / complex / hypo / iso / hyper

solid / cystic / complex / hypo / iso / hyper

Sonographer's Impression:

Nodule 5

Nodule 6

Sonographer's Name, Date & Time:

х

х

х

х

mm

mm

Images

Not Intended for Treatment Planning

MI-0605 (Revised 3/2024)

Tech Wrksht - "Thyroid US Chrtform"

Post Thyroidectomy US Technologist Worksheet

St Vincents	River	side South	nside	Clay	St Johns	Imagi	ng Center	Arlington EF	R We	stside ER	
Optimal	Forbes	Southside	Clay	Man	darin W	estside	St Johns	Town Cente	r Ora	ange Park	
Patient Name:					MM	[:			Ag	ge:	
History/Symptoms:							Side of Can	cer Right	Left		
							Thyroidecto	my Right	Left	Date:	
							Positive No	des N	Y		
							Radioiodir	ne N	Y	Date:	

THYROIDECTOMY BED (residual thyroid tissue, nodules/masses, nodes)

No Findings

Positive Findings

CERVICAL LYMPH NODES

Indicate side, level and size of any abnormal appearing nodes.



Images

<u>Features that favor a **benign lymph node** include</u>: less than 10 mm in short-axis and elongated or kidney bean shaped (although level II nodes can measure up to 15 mm in short-axis and be more rounded) and have a thin homogeneous hypoechoic cortex surrounding an echogenic hilum.

<u>Features that favor a malignant lymph node include</u>: larger in size, more rounded in shape, eccentric cortical thickening, irregular or nodular borders, loss of the echogenic hilum, increased echogenicity relative to adjacent muscle and peripheral blood flow. Lymph nodes containing calcifications or areas of cystic change are almost always malignant.

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0624 (Revised 3/2024) Tech Wrksht - "Post Thyroidectomy US Chrtform"

Scrotum/Testes US Technologist Worksheet

St Vincent	s River	side South	side	Clay	St Johr	ns Imag	ging Center	Arlington I	ER Westsi	de ER
Optimal	Forbes	Southside	Clay	Man	darin	Westside	e St Johns	Town Cen	ter Orange	e Park
Patient Name:					MN	/II:			Age:	
History/Symptoms:										
Pain	Swelling	Rec	ness		Mass		Trauma	Hematur	ia Vas	sectomy
R L	R L	R	L		R L		R L	Dysuria	L SI	urgery
		RIG	нт т	ESTIS	5			LEFT	TESTIS	
Size		Х	х			cm		Х	Х	cm
Parenchyma	hoi	nogeneous		het	erogene	ous	homog	geneous	heter	ogeneous
Mass	none	solie	1	cysti	c co	omplex	none	solid	cystic	complex
Microlithiasis		none		>5 c	calcs/tes	ticle	no	one	>5 cal	cs/testicle
Blood Flow	WI	nl		↓	abs	sent	wnl	1	\downarrow	absent
	•									

Testicular Findings:

		RIGH	T EPIDI	IDYMIS, E	ГС.	LEFT EPIDIDYMIS, ETC.					
Head Size				cm		cm					
Parenchyma	homogeneous heterogeneous				homogeneous			heterogeneous			
Mass	none	e	solid	cystic	complex	none	e	solid	cystic	complex	
Blood Flow	wnl		1	\downarrow	absent	wnl		1	\downarrow	absent	
Hydrocele	none	trace	small	moderate	large	none	trace	small	moderate	large	
Varicocele	none	trace	small	moderate	large	none	trace	small	moderate	large	

Scrotal Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0601 (Revised 3/2024)

Images

Tech Wrksht - "Scrotum/Testes US Chrtform"

Penis US Technologist Worksheet

St Vincents Riverside South	side Clay St Johr	ns Imaging Cent	ter Arlington E	ER Westside ER
Optimal Forbes Southside	Clay Mandarin	Westside St Joh	nns Town Cent	er Orange Park
Patient Name:	MN	/ II:		Age:
History/Symptoms:				
Trauma Pain Swe	elling Redness	Mass	Hematuri	a
RL RL R	L R L	R L	Dysuria	
		Intact Tunic	a Albuginea	
	Shaft	Tip of Penis		
Corpus Spongiosum	Y N	Y	N	Y N
Right Corpus Cavernosum	Y N	Y	N	Y N
Right Corpus Cavernosum	Y N	Y	Ν	Y N
	Diameter (mm)	PSV (cm/sec)	EDV (cm/sec)	RI
Right Corpus Cavernosal Artery				
Left Corpus Cavernosal Artery				
	normal 0.5-1.0 mm	normal 5-20 cm/sec	normal 0 cm/sec	normal 1.00
Superficial Dorsal Vein	Patent	Partial Thromb	us Occlu	ded
Deen Deveel Vein	Datant	Patent Partial Thrombus Occluded		

Other Findings (Mass, Hematoma, Fluid:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0672 (Revised 4/2024)

Images

Tech Wrksht - "Penis US Chrtform"

Female Pelvis (Non-OB) US Technologist Worksheet

St Vincent Optimal	s Riverside Sou Forbes Southside	thside Clay St e Clay Mandar	t Johns Imaging rin Westside S	Center Arlington F St Johns Town Cent	ER West	side ER ge Park
Patient Name:			MMI:		Age:	
History/Symptoms:						
Pelvic Pain	Swelling/Bloating	Heavy Mens	es Vaginal	Bleeding Pain	w/ Sex	Hematuria
R L	Frequent Menses	Painful Mens	ses Post Mer	no Bleeding Fib	roids	Dysuria
LMP G	Post N	Ienopausal	Birth Control	Tubal Liga	tion	Transabdominal
Р	Post H	ysterectomy	Intrauterine Devic	e Hormone Repla	cement	Scan
# Spont Abort: # Elect Abort:	Preg Test	Negative Positive	Pending Not Ordered	Quant Level		Endovaginal Scan
UTERUS (poorly v	isualized)	anteverted	anteflexed	endometrium	ute	rine mass
Α	x em	retroverted	retroflexed	mm	N	Y
Size	RIGHT O	VARY (poorly visu	ualized) cm	LEFT OVARY	(poorly vis	ualized)
Magg		lid avatio		nono colid	A	
Mass Blood Flow	none so		complex	none solid		complex
Ovarian Findings:	WIII				*	
FREE FLUID	none	trace	small	moderate la	rge	
Sonographer's Impress	ion:					
Sonographer's Name, I	Date & Time:				# Ima	ges
Not Intended fo	or Treatment Pla	nning MI-06	10 (Revised 3/2024)	Tech Wrksht - "Female	Pelvis Non (OB US Chrtform"

1st Trimester OB US Technologist Worksheet

St Vind	cents Riv	verside Sou	thside Clay	y St Johns	s Imaging Cent	ter Arlington El	R Westside ER			
Patient Name:	Patient Name: MMI: Age:									
History/Sympto	ms:									
Pelvic Pain	Nausea	Vagin	al Bleeding	Vagii	nal Discharge	Trauma	Confirm Pregnancy			
R L	L Vomiting Heavy Bleeding				aking Fluid	Prior Ectopic	Assess Fetal Viability			
LMP	G # Spont Abort: Preg				Positive	Pending	Transabdominal Scan			
	Р	# Elect Ab	ort:	Test	Not Ordered	Quant	Endovaginal Scan			
Gestational Sa	ac Y	N M	SD	mm	EGA	EGA	Estimated Date			
Yolk Sac	Y	N Cl	RL	mm	(by LMP)	(by AUA)	of Delivery			
Fetal Pole Cardiac Activi	Y ity Y	N Hrt N	Rate	bpm	wk d	wk d	/ /			
UTERU	S	х	x	cm	anteverted retroverted	anteflexed retroflexed	Cervix closed opened			
RT OVARY/AI	DNEXA	х	Х	cm	flow present	flow absent	poorly visualized			
LT OVARY/AI	DNEXA	х	Х	cm	flow present	flow absent	poorly visualized			
Other Findings:										

FREE FLUID none trace small moderate larg	arge
---	------

Gestational sac should be seen by bHCG 3000 and EGA 4.5-5.0 wks.

<u>Findings diagnostic of failed pregnancy</u>: no heartbeat \geq 7 mm CRL, no embryo \geq 25 mm MSD, absent embryo with heartbeat \geq 2 wks after US showed gestational sac without yolk sac, absence of embryo with heartbeat \geq 11 days after US showed gestational sac with yolk sac.

Findings suspicious for failed pregnancy: no heartbeat 5 or 6 mm CRL, no embryo 16-24 mm MSD, absence of embryo with heartbeat 7–13 days after US showed gestational sac without yolk sac, absence of embryo with heartbeat 7–10 days after US showed gestational sac with yolk sac, absence of embryo 6 or more weeks after last menstrual period, empty amnion, >7 mm yolk sac, <5 mm difference between MSD and CRL.

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0628 (Revised 3/2024)

Tech Wrksht - "1st Trimester OB US Chrtform"

OB Complete 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: Age: LMP History/Symptoms: G Р # Spont Abort: Pelvic Pain Vomiting Vaginal Discharge **Confirm Pregnancy** # Elect Abort: R L Vaginal Bleeding Lack of Prenatal Care Transabominal Scan Leaking Fluid Heavy Bleeding Pelvic Trauma Assess Fetal Viability Nausea **Endovaginal Scan** Number Presentation Grade Location Fetus breech Placenta anterior fundal vertex variable posterior trans previa **Brain/Ventricles** AFI wnl (5-24 cm) abnl seen not seen Cervix cm closed opened Spine not seen seen Face seen not seen weeks cm days BPD Stomach/Bowel seen not seen HC Kidneys seen not seen AC Bladder seen not seen FL male female Genitalia **Estimated Gestational Age** indeterminate / not seen **Estimated Delivery Date** / / **4 Chamber Heart** not seen seen **3 Vessel Cord Fetal Heart Motion** bpm none seen not seen **Estimated Fetal Weight Cord Insertion** seen not seen gm **Rt Ovary/Adnexa** wnl abnl ltd Movement not seen seen Lt Ovary/Adnexa wnl abnl ltd **Both Arms/Hands** not seen seen **Both Legs/Feet**

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0609 (Revised 3/2024)

Images

not seen

Tech Wrksht - "OB Complete US Chrtform"

seen

OB Limited US Technologist Worksheet

St Vincen Optimal	ts Riverside Forbes Sou	Southsid uthside C	le Clay St Jo lay Mandarin	hns Imaging Center Arling Westside St Johns Town	ton ER Wes Center Orar	tside ER 1ge Park
atient Name:			1	/MI:	Age	:
listory/Symptoms:	:				LMP	G
						Р
					# Spont Abor	rt:
Pelvic Pain	Vomiting		Vaginal Discha	rge Confirm Pregnancy	# Elect Abor	t:
R L	Vaginal Blee	ding	Leaking Flui	Lack of Prenatal Care	Transab	ominal Scan
Nausea	Heavy Bleed	ling	Pelvic Traum	a Assess Fetal Viability	Endova	aginal Scan
	Number	Prese	entation	Grade	Loca	ition
Fetus		vertex	breech	Placenta	anterior	fundal
		trans	variable		posterior	previa
	cm	weeks	days			
BPD				AFI	wnl (5-24 cm)	abnl
НС				Cervix cm	closed	opened
AC						
FL				Right Ovary/Adnexa	wnl ab	nl ltd
Estimated Ges	stational Age			Left Ovary/Adnexa	wnl ab	nl ltd
Estimated De	elivery Date				none	moderate
Fetal Hear	t Motion		bpm none	Free Fluid	trace	large
Estimated Fo	etal Weight		gm		small	

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0647 (Revised 3/2024)

Images

Tech Wrksht - "OB Limited US Chrtform"

Biophysical Profile US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imag Optimal Forbes Southside Clay Mandarin Westside	ing Center Arlington E St Johns Town Cent	ER Westside ER er Orange Park
Patient Name: MMI:		Age:
History/Symptoms:		LMP
		- G P
FETAL HEART RATE	EGA (by LMP)	Estimated Date of Delivery
bpm	wk d	/ /
FETAL MOVEMENT		
2 Three or more discrete body or limp movement	nts within 30 mins.	
0 Absence of movement in 30 mins.		
FETAL BREATHING		
2 Presence of at least 30 secs sustained breathin	ig in 30 mins.	
0 Absence of breathing.		
FETAL TONE		
2 One or more episodes of extension and return	to flexion of fetal extrem	nity.
0 Absence of extension and return to flexion.		
AMNIOTIC FLUID		
2 Two pockets of fluid that each measure 2 cm	in perpendicular plane.	
0 Less than two pockets of fluid that each meas	ure 2 cm in perpendicula	r plane.
AFI Normal 5-24 cm.		
Sonographer's Impression:		

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

Neonatal Head US Technologist Worksheet

St Vincents	Riverside So	uthside Clay	St Johns	Imaging	g Center	Arlington ER	Wes	stside ER
Optimal For	rbes Southsid	e Clay Ma	ndarin W	estside	St Johns	Town Center	Orai	nge Park
Patient Name:			MMI	:			Age	:
History/Symptoms:						EGA (by LMP)		Head Circumference
						wk	d	cm

Germinal Matrix Hemorrhage

The germinal matrix has matured by 34 weeks gestation, such that hemorrhage becomes very unlikely after this age.

Most GMHs occur in the first week of life.

Grade 1 - Hemorrhage confined to the caudothalamic groove.

Grade 2 - Hemorrhage extending into the lateral ventricles without dilatation.

Grade 3 - Hemorrhage extending into the lateral ventricles with dilatation.

Grade 4 - Grades 1-3 with extension of hemorrhage into the brain parenchyma.

Periventricular Leukomalacia

Normally the echogenicity of the periventricular white matter should be less than the echogenicity of the choroid plexus.

PVL occurs most commonly in premature infants born at less than 33 weeks gestation (38% PVL) and less than 1500 g birth weight (45% PVL).

Grade 1 - Increased periventricular echogenicity persisting for more than 7 days.

Grade 2 - Increased periventricular echogenicity developing into small periventricular cysts.

Grade 3 - Increased periventricular echogenicity developing into extensive periventricular cysts in the occipital and frontoparietal regions.

Grade 4 - Increased periventricular echogenicity in the deep white matter developing into extensive subcortical cysts.

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0626 (Revised 3/2024) Tech W:

Tech Wrksht - "Neonatal Head US Chrtform"

Arm Artery US Technologist Worksheet

St Vincents F	Riverside Southside	Clay St Johns Imag	ging Center Arlingt	ton ER Westside ER
Optimal For	bes Southside Cla	ay Mandarin Westside	e St Johns Town	Center Orange Park
Patient Name:		MMI:		DOB:
History/Symptoms:				
INDICATION (at least of	one <u>MUST</u> be circled)			
Peripheral Vascular	Disease Res	t Pain R L Pain	w/ Exertion R L	Arterial Injury R L
ULCER (with atheroscle	erosis) <u>RIGHT</u>	Arm / Wrist / Hand / H	Fingers <u>LEFT</u> Arm	/ Wrist / Hand / Fingers
GANGRENE (with atheros	sclerosis) <u>RIGHT</u>	Arm / Wrist / Hand / H	Fingers <u>LEFT</u> Arm	/ Wrist / Hand / Fingers
OTHER SYMPTOMS	(circle any that apply)			
Cold Arm R L B	lue Arm (Cyanosis) R	L Absent Pulse R	L Hair Loss R	L Thick Nails R L
	RIG	HT ARM	LEI	FT ARM
Blood Pressure		/		/
Plaque Burden	none / minimal / n	nild / moderate / severe	none / minimal / r	nild / 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

Not Intended for Treatment Planning

MI-0639 (Revised 3/2024)

Tech Wrksht - "Arm Artery US Chrtform"

Arm Artery Segmental US Technologist Worksheet

	St Vincents Rive	erside Southside C	lay St Johns Imag	ing Center Arling	gton ER Westside H	ER
	Optimal Forbes	Southside Clay	Mandarin Westside	St Johns Town	n Center Orange Par	rk
Patient	Name:		MMI:		DOB:	
History/	Symptoms:					
INDIC	ATION (at least one	MUST be circled)				
Pe	ripheral Vascular Dise	ease Rest Pai	n R L Pain	w/ Exertion R L	Arterial Injury	R L
ULCI	ER (with atheroscleros	is) <u>RIGHT</u> Arm	/ Wrist / Hand / H	ingers <u>LEFT</u> Arm	n / Wrist / Hand / I	Fingers
GANGR	ENE (with atheroscler	rosis) <u>RIGHT</u> Arm	/ Wrist / Hand / H	ingers <u>LEFT</u> Arm	n / Wrist / Hand / I	Fingers
OTHE	R SYMPTOMS (cir	cle any that apply)				
Cold A	Arm R L Blue	Arm (Cyanosis) R L	Absent Pulse R	L Hair Loss R	L Thick Nails	R L
		RIGH	ГARM	LEF	T ARM	7
		Systolic BP (mmHg)	WBI/FBI	Systolic BP (mmHg)	WBI/FBI	
	Brachial					
	Radial					
	Ulnar					
	1st Finger					
	2nd Finger					1
		1				

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

Peripheral Arterial Disease Grading 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:

4th Finger

5th Finger

Images

Not Intended for Treatment Planning MI-0665 (Revised 3/2024) Tech Wrksht - "Arm Artery Segmental US Chrtform"

Arm Venous DVT US Technologist Worksheet

St Vinc Optim	cents Riverside Southsid al Forbes Southside C	de Clay St J Clay Mandarir	ohns Imag 1 Westside	ing Center Arli St Johns Tov	ington ER Wes	tside ER 1ge Park
Patient Name:]	MMI:		Age	:
History/Sympto	ms:					
Arm Pain R L	Arm Swelling Shortness R L of Breath	s Chest Pain	Dyspnea	Hypoxemia	Pulmonary Embolus	Recent Surgery
Prior DVT	N Y If so, what	vein(s)?				
Current Antico	agulants?					
			_	(Check only if a	abnormal)	
		No Evidence of Clot	L	Occlusive Non Occlusive	Echogenic Possibly Chronic	
	Internal Jugular (deep)				
RM	Subclavian (deep)					
I AF	Axillary (deep)					
GH	Brachial (deep)					
RI	Basilic (superficial)					
	Cephalic (superficial)					
	Internal Jugular (deep	b)				
X	Subclavian (deep)					
ARI	Axillary (deep)					
EFT	Brachial (deep)					
	Basilic (superficial)					
	Cephalic (superficial)					

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0612 (Revised 3/2024)

Tech Wrksht - "Arm Venous DVT Chrtform"

Arm Vein Mapping US Technologist Worksheet

St VincentsRiversideSouthsideClaySt JohnsImaging CenterArlington ERWestside EROptimalForbesSouthsideClayMandarinWestsideSt JohnsTown CenterOrange Park

Patient Name:

MMI:

Int Jugular Vein

Subclavian Vein

Axillary Vein

Brachial Vein

Cephalic Vein

Basilic Vein

Radial Artery

Ulnar Artery

History/Symptoms:

RIGHT ARM	Cephalic	Basilic
Upper Arm	mm	mm
Lower Arm	mm	mm
Upper Forearm	mm	mm
Lower Forearm	mm	mm

Axillary Vein:	mm
Brachial Vein:	mm
Radial Artery:	mm
Ulnar Artery:	mm

RIGHT ARM						
Int Jugular Vein	No Clot	Nonocclusive	Occlusive			
Subclavian Vein	No Clot	Nonocclusive	Occlusive			
Axillary Vein	No Clot	Nonocclusive	Occlusive			
Brachial Vein	No Clot	Nonocclusive	Occlusive			
Cephalic Vein	No Clot	Nonocclusive	Occlusive			
Basilic Vein	No Clot	Nonocclusive	Occlusive			
Radial Artery	Patent Not Patent					
Ulnar Artery	Patent	t Not Patent				

LEFT ARM

Nonocclusive

Nonocclusive

Nonocclusive

Nonocclusive

Nonocclusive

Nonocclusive

Occlusive

Occlusive

Occlusive

Occlusive

Occlusive

Occlusive

Not Patent

Not Patent

No Clot

No Clot

No Clot

No Clot

No Clot

No Clot

Patent

Patent

LEFT ARMCephalicBasilicUpper ArmmmmmLower ArmmmmmUpper ForearmmmmmLower Forearmmmmm

Axillary Vein:	mm
Brachial Vein:	mm
Radial Artery:	mm
Ulnar Artery:	mm

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0632 (Revised 3/2024) Tech Wrksht - "A

Images

Age:

24) Tech Wrksht - "Arm Vein Mapping US Chrtform"

Radial Artery Mapping US Technologist Worksheet

St Vincents R	iverside South	side Clay	St Johns	s Imag	ging Center	Arlington ER	Westside ER
Optimal Forb	bes Southside	Clay Ma	undarin V	Vestside	st Johns	Town Center	Orange Park
Patient Name:			MM	I:		D	OB:
History/Symptoms: pre C	CABG evaluation	n, coronary	artery dise	ase			
CIRCLE ANY THAT A	APPLY:						
Right Hand Dominate	Ischer	nic Fingers	R	L	A	V Fistula	R L
Left Hand Dominate	Hand/F	inger Ulcers	R	L	Rayna	ud's Disease	R L
	R	RIGHT AF	RM			LEFT AR	M
Blood Pressure	/ /						
Plaque Burden	none / minima	al / mild / m	oderate / s	evere	none / mi	nimal / mild / n	noderate / severe
Radial Artery	AP diameter	r (mm)	PSV (cm	/sec)	AP dian	neter (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

Not Intended for Treatment Planning

MI-0671 (Revised 3/2024) Tech Wrksht - "Radial Artery Mapping US Chrtform"

Leg Artery US Technologist Worksheet

St Vincents River	rside Southside Cl	ay St Johns Imaging	Center Arlington El	R Westside ER
Optimal Forbes	Southside Clay M	Mandarin Westside S	t Johns Town Cente	er Orange Park
Patient Name:			DOB:	
History/Symptoms:				
INDICATION (at least one <u>N</u>	<u>MUST</u> be circled)			
Peripheral Vascular Dise	ase Rest Pair	n R L Pain w/ E	xertion R L	Arterial Injury R L
ULCER (with atherosclerosi	s) <u>RIGHT</u> Leg	/ Ankle / Feet / Toe	s <u>LEFT</u> Leg / An	kle / Feet / Toes
GANGRENE (with atherosclered	osis) <u>RIGHT</u> Leg	/ Ankle / Feet / Toe	s <u>LEFT</u> Leg / An	kle / Feet / Toes
OTHER SYMPTOMS (circ	ele any that apply)			
Cold Leg R L Blue I	Leg (Cyanosis) R L	Absent Pulse R L	Hair Loss R L	Thick Nails R L
	RIGI	HT LEG	LEF	T LEG
	PSV (cm/sec)	Waveforms	PSV (cm/sec)	Waveforms
Common Femoral		tri / bi / mono		tri / bi / mono
Deep Femoral		tri / bi / mono		tri / bi / mono
Proximal Femoral		tri / bi / mono		tri / bi / mono
Mid Femoral		tri / bi / mono		tri / bi / mono
Distal Femoral		tri / bi / mono		tri / bi / mono
Popliteal		tri / bi / mono		tri / bi / mono
Posterior Tibial		tri / bi / mono		tri / bi / mono
Anterior Tibial		tri / bi / mono		tri / bi / mono
Plaque Burden	none / minimal / m	ild / moderate / severe	none / minimal / m	ild / moderate / severe
Dlaad	Brachial		Brachial	
Blood	Posterior Tibial		Posterior Tibial	
rressures	Dorsalis Pedis		Dorsalis Pedis	
	Posterior Tibial		Posterior Tibial	
ABIS	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:

Not Intended for Treatment Planning

MI-0634 (Revised 3/2024)

Images

Tech Wrksht - "Leg Artery US Chrtform"

Leg Artery Segmental US Technologist Worksheet

St Vincents River	side Southside Cl	lay St Johns Imag	ging Center Arlingt	on ER Westside ER
Optimal Forbes	Southside Clay	Mandarin Westside	e St Johns Town	Center Orange Park
Patient Name:		MMI:		DOB:
History/Symptoms:				
INDICATION (at least one <u>M</u>	<u>1UST</u> be circled)			
Peripheral Vascular Disea	ase Rest Pair	n R L Pain	w/ Exertion R L	Arterial Injury R L
ULCER (with atherosclerosis	s) <u>RIGHT</u> Leg	/ Ankle / Feet /	Toes <u>LEFT</u> Leg	/ Ankle / Feet / Toes
GANGRENE (with atherosclero	osis) <u>RIGHT</u> Leg	/ Ankle / Feet /	Toes <u>LEFT</u> Leg	/ Ankle / Feet / Toes
OTHER SYMPTOMS (circ	le any that apply)			
Cold Leg R L Blue L	eg (Cyanosis) R L	Absent Pulse R	L Hair Loss R	L Thick Nails R L
	RIGH	Г LEG	LEF	ſ LEG
	Systolic BP (mmHg)	ABI/TBI	Systolic BP (mmHg)	ABI/TBI
Brachial				
Upper Thigh				
Lower Thigh				
Calf				
Posterior Tibial				
Dorsalis Pedis				
1st Toe				ļ
2nd Toe				ļ
3rd Toe				ļ
4th Toe				ļ
5th Toe				

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

Peripheral Arterial Disease Grading Criteria:

Ankle-Brachial Index - 0.90-1.4 (normal), 0.70-0.89 (mild), 0.51-0.69 (moderate), ≤0.50 (severe), ≥1.4 (calcified) Toe-Brachial Index - ≥0.60 (normal), 0.34-0.59 (mild), 0.12-0.33 (moderate), ≤0.11 (severe)

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning MI-0650 (Revised 3/2024) Tech Wrksht - "Leg Artery Segmental US Chrtform"

Leg Venous DVT US Technologist Worksheet

St Vincen	its R	iverside	South	side	Clay St	Johns	Imag	ing Center	Arli	ngton E	R We	stside ER	
Optimal	Fort	bes So	uthside	Clay	Mandari	n W	estside	St Johns	Точ	vn Cente	er Ora	inge Park	
Patient Name:						MMI	:				Ag	e:	
History/Symptoms	:												
Leg Pain	Leg Sv	velling	Shortn	ess	Chest	Dve	nnea	Hypoyem	10	Pulm	onary	Rec	cent
R L	R	L	of Bre	ath	Pain	Dys	spilea	пурохен	Ia	Emb	olus	Sur	gery
Prior DVT	N	Y	If so, wh	nat vein(s)?								
Current Anticoagu	ılants?												
RIGHT LEG VEINS		No Thrombus	Occlusive	Non Occlusive	Echogenic Possibly Chronic			LEFT LEG VEINS		No Thrombus	Occlusive	Non Occlusive	Echogenic Possibly Chronic
Common Femor	al						Com	mon Femoral	1				
Saphenofemoral Jur	nction					5	Sapheno	femoral Junc	tion				
Proximal Great Saph	enous]	Proximal	Great Sapher	nous				
Proximal Femor	al						Prox	imal Femoral	1				
Mid Femoral							M	id Femoral					
Distal Femoral							Dis	stal Femoral					
Popliteal]	Popliteal					
Posterior Tibia	1						Pos	terior Tibial					
Peroneal (Fibula	ur)						Peror	neal (Fibular))				

The great saphenous vein is a superficial vein. All other veins listed above are part of the deep venous system.

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0611 (Revised 4/2024) Tech Wrksht - "Leg Venous DVT US Chrtform"

Leg Vein 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:

Age:

History/Symptoms:

RIGHT Great Saphenous Vein

Saphenofemoral	mm
Proximal Thigh	mm
Mid Thigh	mm
Above Knee	mm
Below Knee	mm
Mid Calf	mm
At Ankle	mm

RIGHT Leg Deep Veins						
Common Femoral	No Clot	Nonocclusive	Occlusive			
Proximal Femoral	No Clot	Nonocclusive	Occlusive			
Mid Femoral	No Clot	Nonocclusive	Occlusive			
Distal Femoral	No Clot	Nonocclusive	Occlusive			
Popliteal	No Clot	Nonocclusive	Occlusive			
Trifurcation	No Clot	Nonocclusive	Occlusive			
Posterior Tibial	No Clot	Nonocclusive	Occlusive			

LEFT Greater Saphenous Vein

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Saphenofemoral	mm
Proximal Thigh	mm
Mid Thigh	mm
Above Knee	mm
Below Knee	mm
Mid Calf	mm
At Ankle	mm

LEFT Leg Deep Veins

Common Femoral	No Clot	Nonocclusive	Occlusive
Proximal Femoral	No Clot	Nonocclusive	Occlusive
Mid Femoral	No Clot	Nonocclusive	Occlusive
Distal Femoral	No Clot	Nonocclusive	Occlusive
Popliteal	No Clot	Nonocclusive	Occlusive
Trifurcation	No Clot	Nonocclusive	Occlusive
Posterior Tibial	No Clot	Nonocclusive	Occlusive

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0635 (Revised 3/2024) Tech Wrksht - "Leg Vein Mapping US Chrtform"

Images

Carotid Artery US Technologist Worksheet

Optimal	Forbes Southsid	le Clay Mandarin	Westside	St Johns Town Ce	nter Orange Park	
ient Name:		Ν	MMI:		DOB:	
story/Symptom	s:					
DICATION (a	t least one <u>MUST</u> be c	ircled)				
Weakness R L	Vision Loss R 1	L Syncope/Collag	pse	Stroke/TIA/Infarct	Carotid Artery Traur	
Numbness R L	Bruit R	L Slurred Speed	ch	Pre Op Evaluation	Endarterectomy R	
SK FACTORS	6 (circle any that apply)				
Current Smoker	Hypertension	Chronic Kidney	/ Dz (Coronary Artery Dz	Prior Stroke/TIA	
Lack of Exercise	High Cholesterol	Peripheral Vasc	e Dz	Prior Heart Attack	Fam Hx Atherosclero	
	RIGHT			LEFT		
Blood Pr	essure	/	Blood	Pressure	/	
Intima-Media	Thickness	mm	Intima-M	edia Thickness	mm	
ССА	Proximal	/ cm/sec	ССА	Proximal	/ cm/sec	
PSV/EDV	Distal	/ cm/sec	PSV/EDV	Distal	/ cm/sec	
	Proximal	/ cm/sec		Proximal	/ cm/sec	
ICA	Mid	/ cm/sec	ICA	, Mid –	/ cm/sec	
PSV/EDV	Distal	/ cm/sec	PSV/EDV	 Distal	/ cm/sec	
ICA/CCA	PSV Ratio		ICA/C	CA PSV Ratio		
ECA	PSV	cm/sec	F	ECA PSV	cm/sec	
	antegrade	bidirectional		antegrade	bidirectional	
Vertebral	retrograde	not visualized	Vertebra	l retrograde	not visualized	
Artery		cm/sec	Artery		cm/sec	
	none	moderate		none	moderate	
Amount of	minimal	severe	Amount of	minimal	severe	
Plaque	mild	occluded	Plaque	mild	occluded	
	IIIId	occidada		IIIId	occidada	
ICA	Proximal	cm/sec	ICA	Proximal	cm/sec	
Stent	Mid	cm/sec	Stent	Mid	cm/sec	
(11 applicable)	Distal	cm/sec	(11 applicable	e) Distal	cm/sec	
Stent/CCA	A PSV Ratio		Stent/0	CCA PSV Ratio		

Not Intended for Treatment Planning

MI-0608 (Revised 3/2024)

Abdominal Aorta US Technologist Worksheet

St Vincents F Ontimal For	Riverside South bes Southside	side Clay St Clay Mandari	Johns Imaging n Westside S	Center Arlington t Johns Town Ce	ER Westside ER nter Orange Park		
Patient Name:	tient Name: MMI:						
History/Symptoms:							
INDICATION: (one mu SCREEN in a Current S	st be circled) moker SCRE	EEN in a Former S	moker SCRI	EEN with Family Hx	of Cardiovascular Disease		
F/U Known Aneurysm	Abdominal N	Aass Pulsa	atile Mass	Abdominal Bruit	Pre Op Evaluation		
PERSONAL RISK FA	CTORS: (circle a	any that apply)					
Current Smoker	Hypertension	Chronic Kidne	ey Dz Coro	nary Artery Dz	Prior Stroke/TIA		
Lack of Exercise H	High Cholesterol	Peripheral Va	se Dz Prio	r Heart Attack	Fam Hx Atherosclerosis		
	Ou	Outer Diameter (cm) Distal Aorta					
	Front (long image)	Back (trans image)	Left Right (trans image)	PSV (cm/sec)	Waveforms		
Proximal Aorta Mid Aorta	Front (long image)	E Back (trans image)	Left Right (trans image)	PSV (cm/sec)	Waveforms tri / bi / mono		
Proximal Aorta Mid Aorta Distal Aorta	Front (long image)	: Back (trans image)	Left Right (trans image)	PSV (cm/sec)	Waveforms tri / bi / mono		
Proximal Aorta Mid Aorta Distal Aorta	Front (long image) Outer Dia	E Back (trans image)	Left Right (trans image)	PSV (cm/sec) Aorti	Waveforms tri / bi / mono c Plaque Burden		
Proximal Aorta Mid Aorta Distal Aorta	Front (long image) Outer Dia Front Back (long image)	Back (trans image) meter (cm) Left Right (trans image)	Left Right (trans image)	PSV (cm/sec) Aorti none mild	Waveforms tri / bi / mono c Plaque Burden minimal moderate		
Proximal Aorta Mid Aorta Distal Aorta Right Common Iliac	Front (long image) Outer Dia Front Back (long image)	E Back (trans image) meter (cm) Left Right (trans image)	Left Right (trans image)	PSV (cm/sec) Aorti none mild	Waveforms tri / bi / mono c Plaque Burden minimal moderate severe		

<u>Abdominal Aorta</u>: <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 <u>Common Iliac Artery</u>: ≥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"

Artery Stent US Technologist Worksheet

St Vincents Riverside S	outhside Clay	y St Johns Imagi	ng Center Arlin	gton ER Westside ER
Optimal Forbes Souths	ide Clay M	andarin Westside	St Johns Town	n Center Orange Park
Patient Name:		MMI:		DOB:
History/Symptoms:				
INDICATION (at least one <u>MUST</u> be	circled)			
Peripheral Vascular Disease	Rest Pain	R L Pain w	// Exertion R L	Arterial Injury R L
ULCER (with atherosclerosis)	<u>RIGHT</u> Arm /	Wrist / Hand / Fi	ngers <u>LEFT</u> Arn	n / Wrist / Hand / Fingers
GANGRENE (with atherosclerosis)	<u>RIGHT</u> Arm /	Wrist / Hand / Fi	ngers <u>LEFT</u> Arn	n / Wrist / Hand / Fingers
ULCER (with atherosclerosis)	<u>RIGHT</u> Leg /	Ankle / Feet /	Toes <u>LEFT</u> Leg	g / Ankle / Feet / Toes
GANGRENE (with atherosclerosis)	<u>RIGHT</u> Leg /	Ankle / Feet /	Toes <u>LEFT</u> Leg	g / Ankle / Feet / Toes
OTHER SYMPTOMS (circle any th	at apply)			
Cold Arm R L Blue Arm (Cyar	nosis) R L	Absent Pulse R L	Hair Loss	R L Thick Nails R L
Cold Leg R L Blue Leg (Cyan	osis) R L	Absent Pulse R L	Hair Loss	R L Thick Nails R L

Location of Stent:

Date Stent Placed:

	PSV (cm/sec)	Waveforms
Proximal to Stent		tri / bi / mono
Proximal In Stent		tri / bi / mono
Mid In Stent		tri / bi / mono
Distal In Stent		tri / bi / mono
Distal to Stent		tri / bi / mono

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0638 (Revised 3/2024)

Tech Wrksht - "Artery Stent US Chrtform"

Images

Abdominal Duplex US Technologist Worksheet

St Vincen	ts River	rside South	nside	Clay St J	Johns	Imagi	ng Center	Arlington ER	Westside ER	
Optimal	Forbes	Southside	Clay	Mandarii	n Wes	tside	St Johns	Town Center	Orange Park	
Patient Name:					MMI:				Age:	
History/Symptoms:										
Diffuse Pain	Na	usea	Abnl	LFTs	Ga	allstone	es	Splenomegaly	Hepatitis B	
RUQ Pain	Von	niting	↑ Bili	rubin	Pa	ncreati	tis	Ascites	Hepatitis C	
Epigastric Pain	Const	ipation	Fatty	Liver	Rer	nal Stor	nes	GI Bleeding	IVC Filter	
Flank Pain R L	Dia	rrhea	Cirrh	nosis	Liv	er Can	cer	Varices	TIPS Shunt	
Main Hepatic Ar	Main Hepatic Artery Hepatic Vein Phasicity									

PSV	cm/sec
RI	
ΔΤ	msec

Main Portal Vein Velocity

Right	phasic	nonphasic	aphasic (occluded)	pulsatile
Middle	phasic	nonphasic	aphasic (occluded)	pulsatile
Left	phasic	nonphasic	aphasic (occluded)	pulsatile

Normal hepatic artery findings: RI 0.5-0.7, $\Delta T < 80$ msec

Normal hepatic vein findings: triphasic or tetraphasic waveform

Portal	Vein	Direction	of Flov	N
--------	------	-----------	---------	---

y		Main	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded
am /200		Right	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded
cm/sec		Left	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded

Normal portal vein findings: velocity 16-40 cm/sec, hepatopedal flow, MPV ≤13 mm where it crosses the IVC

IVC Phasicity

phasic nonphasic aphasic (occluded) pulsatile

Splenic Vein Flow

towards liver	away from liver	aaaludad
(hepatopedal)	(hepatofugal)	occiuded

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0642 (Revised 3/2024) Tech Wrksht - "Abdominal Duplex US Chrtform"

Images

Liver Transplant US Technologist Worksheet

	St V	incents	Rive	erside	Souths	side	Clay	St Jo	hns	Imagii	ng Ce	nter Ar	lington E	R Westsic	le ER
	Opt	imal F	orbes	Sout	hside	Clay	Man	darin	Wes	stside	St Jo	ohns To	own Cent	er Orange	Park
Pati	ent Name	:						Μ	IMI:					Age:	
His	tory/Symp	otoms:													
Date	e of Transp	lant:													
Re	ason for	Fatty	v Liver	•	Nonalco	oholic S	Steatoh	epatitis	s l	Hepatoo	ellula	r Carcino	ma F	Primary Biliar	y Cirrhosis
Tra	insplant:	Hepatiti	sB/	С	Alcol	nolic Li	ver Di	sease	P	rimary S	clerosi	ng Cholan	gitis	Metastatic	Disease
PSV (cm/sec)				RI	(1	ΔT nsec)		Нера	tic V	ein P	hasic	ity			
Arte	Main					Ri		ght	nt phasic nonphasic			aphasic	aphasic (occluded) puls		
patic	Right							Mic	ldle	phas	ic n	onphasic	aphasic	c (occluded)	pulsatile
Hej	Left							Le	eft	phas	ic n	onphasic	aphasic	c (occluded)	pulsatile
Nor	mal henat	ic arterv	findin	σs• RI (0 5-0 7	ΔT <8() msec	N	ormal	henati	c veir	findings	• tri/tetran	hasic wavefor	rm
1101	mar nepat	<u>ic ai tei y</u>	<u> </u>	<u>129</u> . ICI V	0.5 0.7,	<u> </u>) IIISCC	1	<u></u>	nepat	e ven	<u> </u>	· un touup		
N	1ain Por	tal Vein	L			cm/sec	towards liver away from liver (hepatopedal) (hepatofugal)					er)	occluded		
<u>Nor</u>	mal porta	l vein find	dings:	velocit	y 16-40	cm/sec	, hepat	opedal	flow,	MPV ≤	13 m	n where it	crosses th	e IVC	
		low		phasia	201	mhacia	0.0	hasia (aalud	ad)	pulse	tile			
	IVCF	10W		phasic	1101	ipnasic	ap	nasic (e	Jeelua	eu)	puisa	une			
	Pancrea	as	wnl		poor	vzld									
	Aorta		wnl		poor	vzld	Ma	ax Diar	neter		cm	l			
	IVC		wnl		poor	vzld									
	T in an				poor	vzld	CC	C Dime	nsion		cm	l			
	Liver wr				echog	genic									
	Right				poor	vzld	Size	9	х		х	cm			
	Kidne	y	wni		echog	genic									
	Other	/Ascites	5												
Son	ographer's	Impressio	m.												

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0643 (Revised 3/2021)

Tech Wrksht - "Liver Transplant US Chrtform"

TIPS US Technologist Worksheet

St Vincer	nts River	rside South	nside	Clay St Jo	hns Imagi	ng Center	Arlington ER	Westside	e ER
Optimal	Forbes	Southside	Clay	Mandarin	Westside	St Johns	Town Center	Orange I	Park
Patient Name:				N	IMI:			Age:	
History/Symptoms	:						Date of TIPS:		
							Recurrent Asci	tes N	V Y
What vein to what	vein:						Recurrent GI Bl	eed N	V Y

Flow Direction

Flow Velocities

Main Portal Veincm/secProximal Shuntcm/secMid Shuntcm/secDistal Shuntcm/sec

Main PV	towards from shunt	away from shunt
Right PV	towards from shunt	away from shunt
Left PV	towards from shunt	away from shunt

Normal TIPS findings: velocity in PV >30 cm/sec, velocity in shunt 90-200 cm/sec

<u>Findings of TIPS malfunction</u>: velocity in PV <30 cm/sec, shunt velocity <90 or >190 cm/sec, velocity change >50 cm/sec within shunt segments, rise/drop in velocity >50 cm/sec between exams, hepatofugal or to-and-from flow or portal vein or continuous (non phasic) flow in the shunt

Pancreas	wnl	poor vzld				
Aorta	wnl	poor vzld	Max Diamete	r	cm	
IVC	wnl	poor vzld				
Livor	wnl	poor vzld	CC Dimensio	n	cm	
	will	echogenic				
Gallbladder		poor vzld	wall	mm	stones	pericholecystic fluid
and	wnl	out	CBD	mm	sludge	Murphy's sign N Y
Bile Duct					-	
Right	uml	poor vzld	Size x	x x	cm	
Kidney	WIII	echogenic				
Other/Ascit	es					

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0644 (Revised 3/2024)

Tech Wrksht - "TIPS US Chrtform"

Renal Artery US Technologist Worksheet

	St V Op	Vincents F otimal For	Riverside S bes Souths	Southside C side Clay	Clay St John Mandarin	ns Imagin Westside	g Center St Johns	Arl 5 To	ington ER wn Center	Westsi Orange	de ER 9 Park
Pati	ent Nam	ne:			MN	/II:				Age:	
His	ory/Syn	nptoms:									
GF	R:		Hypertens Y N	ion Flan I R	k Pain Ur L	rinary Stones R L	Hydro F	onephro R L	osis AR CK	F D D	iabetes Mellitus Hematuria
				Size		Echo	genicit	y	Hy	dronep	hrosis
RIGHT KIDNEY				x x	cm	wnl	1	\downarrow	none modera	te	mild severe
LEFT KIDNEY				x x	cm	wnl	↑	↓ none moderat		te	mild severe
FKIDNEY	Prox	Ma PSV (cm/sec)	in Renal A RI	rtery <u> </u>	Segmer	ntal Arteries RI		Renal/ PSV]	/Aorta Ratio		
RIGH	Mid Distal				Mid Lower			Renal	l Vein	Patent	Not Patent
2		Ma	in Renal A	rtery	Segmer	ntal Arteries	5				
KIDNEY	Prox	PSV (cm/sec)	RI	ΔT (msec)	Upper	RI	ין ר	Renal/ PSV]	/Aorta Ratio		
LEFT	Mid Distal				Mid Lower			Renal	Vein	Patent	Not Patent
	BLAD	DER	wnl	decompresse	d Fo	ley	poor vz	zld	Jets? (if hydro) R L
M	id Aort	a PSV	cn	n/sec Renal/	Aorta ratio is i	nvalid if aor	ta PSV is	<40 or	r >90-100 cn	n/sec.	

Mid Aorta PSV

Renal/Aorta ratio is invalid if aorta PSV is <40 or >90-100 cm/sec.

Findings of renal artery stenosis: PSV >180-200 cm/sec, ratio >3.5, ΔT >70 msec (i.e. tardus parvus waveform) and difference in RI between right and left arteries of >0.05-0.07

Resistive Index: 0.5-0.7 (normal), 0.7-0.8 (borderline), >0.8 (elevated), <0.5 (low)

Sonographer's Impression:

Sonographer's Name, Date & Time:

Not Intended for Treatment Planning

MI-0640 (Revised 3/2024)

Images

Tech Wrksht - "Renal Artery US Chrtform"

Renal Transplant US Technologist Worksheet

	St Vincents Optimal	Riverside Forbes So	e Southsid uthside C	le Clay St Jol lay Mandarin	hns Imaging Westside	g Center Arl: St Johns Toy	ington ER West wn Center Oran	tside ER 1ge Park
Patient 1	Name:			Μ	IMI:		Age	:
History/	Symptoms:							
Date of T	Fransplant:							
Reason f	or Transplant:							
GFR:		Pelvi R	c Pain L	Hydro Stones	Hematuria Dysuria	Nausea Vomiting	ARF ckd	HTN DM
			Siz	ze	Echo	genicity	Hydrone	phrosis
1	RENAL						none	mild
ALLOGRAFI			Х	x cm	wnl	$\uparrow \downarrow$	moderate	severe
	Mai	n Renal Ar	tery	Segmenta	l Arteries			
Prox	PSV (cm/sec)	RI	ΔT (msec)	Upper	RI	Renal/Ilia PSV Rati	ac io	
Mid Distal				Mid Lower		Renal Vei	in Patent	Not Patent
indings esistive	s of renal arte e Index: 0.5-0	e <mark>ry stenosis</mark> : 1 .7 (normal), (PSV >180-20	00 cm/sec, ratio >3 erline), >0.8 (eleva	3.5, ΔT >70 ms ated), <0.5 (lo	sec (i.e. tardus p w)	oarvus waveform)	
Iliac A	Artery		cm/sec	Iliac V	ein Pate	ent Not F	Patent	
BL	ADDER	wnl	decomp	pressed I	Foley	poor vzld	Jets? (if hyd	ro) R L
ther Fir	ndings:							
onograp	pher's Impress	ion:						
onograp	pher's Name, I	Date & Time:					# Im	ages
Not	Intended fo	or Treatmen	nt Plannin	g MI-0645 (I	Revised 3/2024)	Tech Wrks	ht - "Renal Transplan	t US Chrtform"

Mesenteric Artery US Technologist Worksheet

St Vincents Riverside South	hside Clay St Johns	Imaging Center	Arlington ER Westside ER		
Optimal Forbes Southside	Clay Mandarin W	Vestside St Johns	Town Center Orange Park		
Patient Name:	MM	I:	Age:		
History/Symptoms:					
INDICATION (at least one <u>MUST</u> be circ	cled)				
Pain After Eating (Post Prandial)	Only Able to Eat Sm	all Meals	Diarrhea / Constipation		
Unintentional Weight Loss	Nausea / Vor	Flatulence			
RISK FACTORS (circle any that apply)					
Current Smoker Hypertension	Chronic Kidney Dz	y Dz Prior Stroke/TIA			
Lack of Exercise High Cholesterol	Peripheral Vasc Dz	Prior Heart At	ack Fam Hx Atherosclerosis		
Proximal Celiac Artery	PSV (cm/sec)		PSV (cm/sec)		
Supine End INSPiration		Proximal SM A			
Supine End EXPiration		Proximal IMA	х		
Standing End INSPiration Proximal Abd Aorta					

Findings of >70% celiac artery stenosis: PSV >200 cm/sec

Findings of >70% SMA stenosis: PSV >275 cm/sec (or EDV >45 cm/sec)

Findings of >70% IMA stenosis: PSV >200 cm/sec

Findings of median arcuate ligament syndrome: celiac PSV decreases either in end inspiration or in standing position PSV in celiac and SMA will increase by at least 20% in normal patients following a meal.

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0646 (Revised 3/2024) Tech Wrksht - "Mesenteric Artery US Chrtform"

AV Fistula US Technologist Worksheet

St Vincents	Rivers	side Sout	hside	Clay	St Johns	Imagi	ing Center	Arlington	ER Westside ER
Optimal	Forbes	Southside	Clay	Man	darin W	estside	St Johns	Town Cen	ter Orange Park
Patient Name:					MMI	:			Age:
History/Symptoms:									
AV Fistula Anatomy:							Dat	e Fistula Crea	ated:
For all indications:				15	t Measure	ment	2nd Measu	rement 3	rd Measurement
For all indications: Arterial Fle	ow Volun	nes (mL/min)		<u>1s</u>	t Measure	ment	2nd Measu	rement 3	rd Measurement
For all indications: Arterial Fle Venous Fle	ow Volun)w Volun	nes (mL/min) 1es (mL/min)		<u>1s</u>	t Measure	ment	2nd Measu	rement 3	rd Measurement

	For all indications:	Only for matur	rity indication:
	PSV (cm/sec)	Diameter (mm)	Vessel Depth (mm)
Artery 2 cm Proximal to Anastomosis			not applicable
At Artery/Vein Anastomosis		not applicable	not applicable
Vein 5 cm From Anastomosis (Proximal)			
Vein 10 cm From Anastomosis (Mid)			
Vein 15 cm From Anastomosis (Distal)			

Signs of mature AV fistula: Vein diameter \geq 4-6 mm, vein \leq 6 mm below skin surface.

Signs of >50% stenosis include: >50% luminal narrowing at grayscale imaging, peak velocity >400-500 cm/sec at stenosis; velocity ratio >3.0 AVF anastomosis or >2.0 draining vein.

For all indications:

	Subclavian / Common Femoral Vein	None	Nonocclusive	Occlusive	Chronic
DVT	Axillary / Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Brachial / Popliteal Veins	None	Nonocclusive	Occlusive	Chronic

For all indications document diameter & distance from anastomosis of any accessory veins extending off the draining vein:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0641B (Revised 9/2024)

Tech Wrksht - "AV Fistula US Chrtform"

AV Graft 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: Age: History/Symptoms: AV Graft Anatomy: Date Graft Created: **2nd Measurement 3rd Measurement 1st Measurement** Arterial Flow Volumes (mL/min)

Signs of >50% stenosis include: draining vein flow volume <600 mL/min or \ge 25% decrease compared to prior.

	PSV (cm/sec)	Diameter (mm)
Artery 2 cm Proximal to Arterial Anastomosis		
At Artery/Graft Anastomosis		not applicable
Mid Graft		not applicable
At Graft/Venous Anastomosis		not applicable
Vein 5 cm From Anastomosis (Proximal)		not applicable
Vein 10 cm From Anastomosis (Mid)		not applicable
Vein 15 cm From Anastomosis (Distal)		not applicable

Signs of >50% stenosis include: >50% luminal narrowing at grayscale imaging; peak velocity >400-500 cm/sec at stenosis; velocity ratio >3.0 AVG arterial anastomosis, >2.0 AVG venous anastomosis, >2.0 draining vein.

Signs of >75% stenosis at venous anastomosis include: velocity ratio >3.0.

Venous Flow Volumes (mL/min)

DVT	Subclavian / Common Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Axillary / Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Brachial / Popliteal Veins	None	Nonocclusive	Occlusive	Chronic

For all indications document diameter & distance from anastomosis of any accessory veins extending off the draining vein:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0641C (Revised 9/2024)

Tech Wrksht - "AV Graft US Chrtform"

Breast US Technologist Worksheet

St Vincents	Riverside Souths	side Clay	St Johns	Optimal	Forbes	Southside Clay
Patient Name:			MMI:			Age:
History/Symptoms:						
Diagnostic Workup Palpable Abnormality	Focal Breast Pain	Nipple D Nipple Ir	ischarge iversion	Skin Re Skin Th	etraction ickening	Personal Hx of Breast Ca Family Hx of Breast Ca
P	Right Breast	12	3) (9		Left Breas	
RIGHT BE	REAST/AXILLA	.		LEI	FT BRE	AST/AXILLA
onographer's Impression:						
onographer's Name, Date &	z Time:					# Images
Not Intended for Tr	eatment Planning	MI-0648	(Revised 9/2	024)	Tech Wrl	csht - "Breast US Chrtform"

Miscellaneous US Technologist Worksheet

St Vincents Rive	erside Southside	Clay St Jol	nns Imagin	ng Center	Arlington ER	Westside ER
Optimal Forbes	s Southside Clay	Mandarin	Westside	St Johns	Town Center	Orange Park
Patient Name:		М	IMI:			Age:
History/Symptoms:						
Findings:						
Sonographer's Impression:						
Sonographer's Name, Date & 7	Time:					# Images
Not Intended for Tree	atment Planning	MI-0671 (I	Revised 3/2024	l) Tecl	h Wrksht - "Miscell	aneous US Chrtform"