

McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B • Flint, MI 48532
810-342-4800

**DEPARTMENT OF RADIOLOGY
CEREBROVASCULAR EVALUATION**

Pt. Name: _____ Date: ____ / ____ / ____

Sonographer: Pt. #: _____ Attending Dr.: _____ Age: _____ Sex: M / F

Diagnosis: _____

HISTORY

SEVERITY

DURATION

Previous CVA's or TIA's	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Weakness and / or Numbness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Dysphasia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Dizziness / Light Headedness / Black-out Spells	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Visual Disturbance or Blindness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Impaired Memory / confusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Cardiac Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____
Bruits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	____ / 10	_____

Other: _____

Medication: _____

Previous Doppler Exam (Where): _____

Anogios: _____

- See Reverse -



DEPARTMENT OF RADIOLOGY
CEREBROVASCULAR EVALUATION

Pt. Name: _____ Date: ____ / ____ / ____

Surgery: _____

PLAQUE Right Left
Location and Plane (A,P,M,L.)

CCA: _____
 Bulb: _____
 ICA: _____
 ECA: _____

Characteristics C B I E C B I E

Surface – Smooth / Irreg
 Texture – Homo / Hetero
 % Diameter Stenosis
 Plaque Thickness
 Calcification

C	B	I	E	C	B	I	E

DEGREE OF STENOSIS

P.S.V.

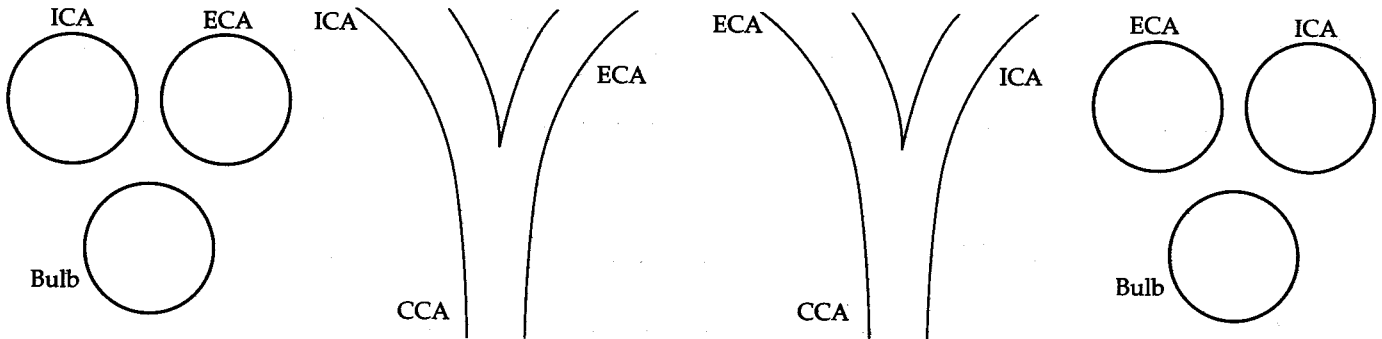
CCA: _____
 ICA: _____
 ECA: _____
 IC / CC Ratio: _____

P.D.V.

CCA: _____
 ICA: _____
 IC / CC Ratio: _____

Spectral Broadening

ICA: _____
 Vertebral Flow: _____



Comments: _____

PT.

MR.#/P.M.

DR.