



THUMB REGION

1100 S. Van Dyke • Bad Axe, Michigan 48413

ARTERIAL EVALUATION OF LOWER EXTREMITIES

This is a preliminary technologist report. It has not been reviewed by the interpreting physician. An official reading of this Doppler will follow.

Patient: _____ Date: _____

MR #: _____ Age: _____ Sex: M F

Physician: _____

Diagnosis: _____

	Yes	No
Do you get pain, tightness or fatigue in your legs when you walk?		
Do you get pain in your toes that keeps you awake at night?		
Do your feet or legs ever get a numb or tingling sensation?		
Do you have ulcers or sores on your feet?		
Do your symptoms get worse with cold?		
Do your feet / toes ever change color?		
Are you a smoker?		
Are you diabetic?		

RT Brachial		LT Brachial	
RT Upper Thigh		LT Upper Thigh	
RT Above Knee		LT Above Knee	
RT Below Knee		LT Below Knee	
RT Ankle		LT Ankle	

RT ABI _____

LT ABI _____

M= Monophasic B= Biphasic T= Triphasic Mild / Mod / Marked

Doppler Velocity cm/sec Waveform Plaque Comments

RT CFA				
RT PROX FA				
RT MID FA				
RT DIST FA				
RT POP				
RT PROX PTA				
RT DIST PTA				
RT DPA				
LT CFA				
LT PROX FA				
LT MID FA				
LT DIST FA				
LT POP				
LT PROX PTA				
LT DIST PTA				
LT DPA				

Sonographer _____