

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

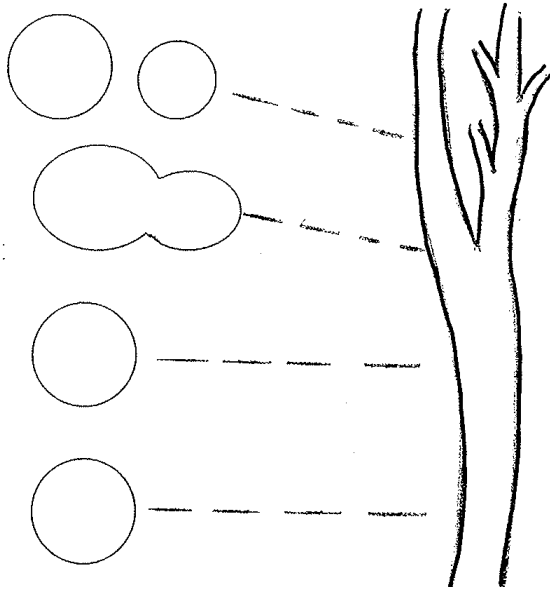
CAROTID ULTRASOUND WORKSHEET

Ordering Physician: _____ Reason for exam:

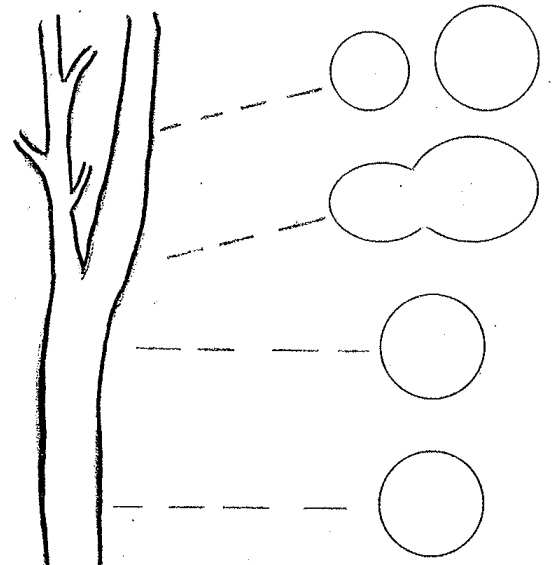
Stenosis TIA CVA Syncope Lack of coordination Speech disturbance Bruit

Other _____

Right



Left



	Right	Left
CCA PSV cm/sec		
CCA EDV cm/sec		
ICA PSV cm/sec		
ICA EDV cm/sec		
ICA / CCA PSV Ratio		
Visual Plaque Est.		
Vertebral Artery Flow		

Primary Parameters		Additional Parameters	
Degree of ICA EDV Stenosis % cm / sec	ICA PSV cm / sec	Plaque Estimate	ICA / CCA PSV Ratio
Normal <40	<125	None	<2 . 0
<50 <40	<125	< 50	<2 . 0
50 – 69 40 – 100	125 – 230	>50	2 . 0 – 4 . 0
>70 but >100	>230	>50	>4 . 0
less than Variable	high, low or undetectable	Visible	Variable
near occlusion N / A	undetectable	Visible, no detectable	N / A

Routine, no immediate call back necessary

Call report to: _____

Number or Pager: _____

Other comments: _____