

Name: _____ MR #: _____ Date: _____

Indication: _____ Done by: _____

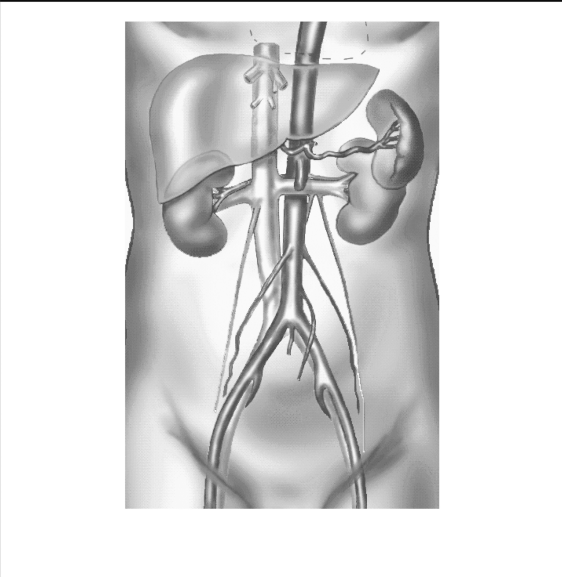
Technical comments: _____

Patient information

- Fasting Non-fasting
 - Previous study available
 - Currently smoking _____ PPD
 - Hx. HTN
 - + Family hx. aneurysm
 - Back pain
 - Buttock claudication
 - Increased abdominal, groin or popliteal pulsation
 - Signs/sx. of distal emboli
 - Abdominal bruit
 - Current pertinent meds:
- Exam BP: _____

Notes:

Image/Doppler Findings



Notes area for patient-specific observations.

Abdominal aorta	Peak Systole	Phasicity (Tri-, Bi-, Mono-)
Proximal	cm/sec	
Mid:	cm/sec	
Distal:	cm/sec	
Rt. Iliac:	cm/sec	
Lt. Iliac:	cm/sec	

Extended Exam Findings (if applicable)

Aortic Root/Arch:			
Root:	cm	Coronary aneurysm:	
Asc:	m/s	Trans:	m/s Desc: m/s
Thoracic Aorta:			
Velocity:	m/s	Atherosclerosis?	Dissection?

Technical data and commentary only; this document does not constitute a formal medical impression or final report.

