

X-RAY ASSOCIATES

NOT A REPORT - SONOGRAPHER'S COMMENTS ONLY

Pt. Name:
Pt. ID:
DOB
Sex:

Date of Exam:
Referring:
CC:

CAROTID ULTRASOUND

☐ Patient Identity and Referring Physician Confirmed

PREV ☐ Yes ☐ No ☐ MH ☐ SRHC ☐ OTHER

Clinical History:

RIGHT: ☐ NO PLAQUE
☐ SOFT PLAQUE
☐ HETEROGENEOUS PLAQUE
☐ CALCIFIED PLAQUE

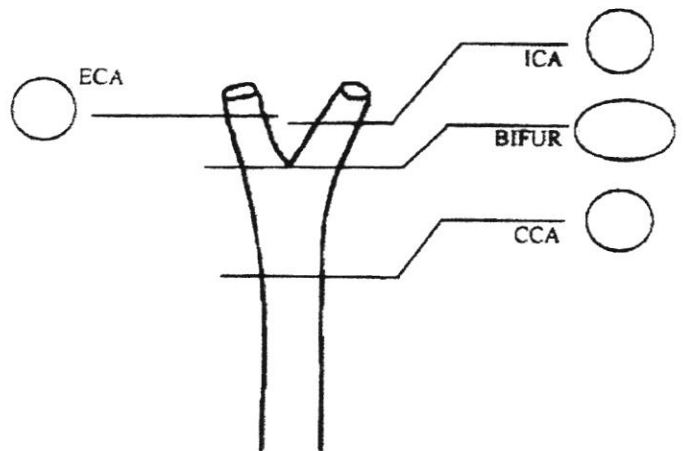
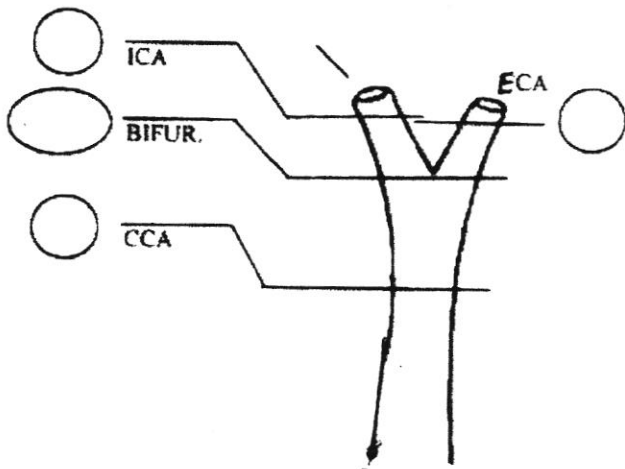
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☐ CALCIFIED PLAQUE

VELOCITY MEASUREMENTS:

	VELOCITY cm/s	
	PSV	EDV
CCA Prox		
Mid		
Dist		
ICA Prox		
Mid		
Dist		
ECA		
VERTEBRAL		<input type="checkbox"/> Antegrade <input type="checkbox"/> Retrograde
ICA/CCA Ratio:		

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COMMENTS:

DMS