**RIGHT LEG**

**CFA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFA P:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFA M:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFA D:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POP A:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PTA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DPA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LEFT LEG**

**CFA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFA P:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFA M:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SFA D:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POP A:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PTA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DPA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATA:** PSV: \_\_\_\_\_\_\_\_\_ cm/s

Tri **☐** Bi**☐** Mono**☐** No Flow **☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_**

**Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lower Extremity**

**Arterial Ultrasound**