Upper Extremity Arterial Ultrasound

Patient Name: _____ **MR#:** _____ **Date:** _____/_____/_____

Referring Physician: _____ **Tech:** _____

Reason for Study: _____

Patient History: _____

_____

Arterial Disease, Symptoms or Relevant History: Hypertension ☐ Diabetes ☐ Smoker ☐ Obese ☐ Reynaud's ☐ PAD ☐ Stenosis ☐ Occlusion ☐ Pseudo-Aneurysm ☐ Claudication ☐ CAD ☐ TOS ☐ AV Fistula ☐ Stent ☐ Bypass Grafts ☐

RIGHT UPPER EXTREMITY

SUBC: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

AXILL: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

BRACH P: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

BRACH M: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

BRACH D: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

ULNAR: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

RADIAL: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

LEFT UPPER EXTREMITY

SUBC: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

AXILL: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

BRACH P: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

BRACH M: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

BRACH D: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

ULNAR: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

RADIAL: PSV: _____ cm/s
Multiphasic ☐ Monophasic☐ No Flow ☐

*** If your facility includes an Ankle-Brachial Index in addition to Duplex Analysis of the Upper Extremity, please fill out the following: ***

RIGHT ARM:
Brachial Systolic Pressure: _____ mmHg

RIGHT ANKLE:
PTA Systolic Pressure: _____ mmHg
DTA Systolic Pressure: _____ mmHg

[RIGHT ABI RATIO: _____]
Highest of the Right Ankle Pressure (PTA or DPA) / Higher Arm Pressure (Right or Left)

LEFT ARM:
Brachial Systolic Pressure: _____ mmHg

LEFT ANKLE:
PTA Systolic Pressure: _____ mmHg
DTA Systolic Pressure: _____ mmHg

[LEFT ABI RATIO: _____]
Highest of the Left Ankle Pressure (PTA or DPA) / Higher Arm Pressure (Right or Left)

Comments: _____

_____