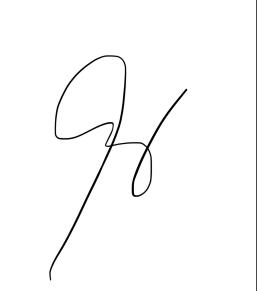
|  |  |  |
| --- | --- | --- |
|  |  | Test Date: |
|  |  | Print Date: |
| Name**:** | Age: | Sex: |
| Address**:**  PTNo: | Physician: | |
| Contact Number: | |
| Clinical Diagnosis: | | |
| Clinical Complaint: | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ARTERIAL SEGMENTS:** | | B-MODE | DOPPLER STUDY | | **ARTERIAL SEGMENTS:** | | B-MODE | DOPPLER STUDY | |
| **RIGHT** | | PLAQUES | WAVEFORM | PSV | **LEFT** | | PLAQUES | WAVEFORM | PSV |
| EXTERNAL ILIAC | **(DEIA)** |  |  |  | EXTERNAL ILIAC | **(DEIA)** |  |  |  |
| COMMON FEMORAL | **(CFA)** |  |  |  | COMMON FEMORAL | **(CFA)** |  |  |  |
| DEEP FEMORAL | **(DFA)** |  |  |  | DEEP FEMORAL | **(DFA)** |  |  |  |
| SUPERFICIAL FEMORAL | **PROX** |  |  |  | SUPERFICIAL FEMORAL | **PROX** |  |  |  |
| **(SFA)** | **MID** |  |  |  | **(SFA)** | **MID** |  |  |  |
|  | **DIST** |  |  |  |  | **DIST** |  |  |  |
| POPLITEAL | **PROX** |  |  |  | POPLITEAL | **PROX** |  |  |  |
| POSTERIOR TIBIAL | **PROX** |  |  |  | POSTERIOR TIBIAL | **PROX** |  |  |  |
| **(PTA)** | **MID** |  |  |  | **(PTA)** | **MID** |  |  |  |
|  | **DIST** |  |  |  |  | **DIST** |  |  |  |
| PERONEAL | |  |  |  | PERONEAL | |  |  |  |
| ANTERIOR TIBIAL | **PROX** |  |  |  | ANTERIOR TIBIAL | **PROX** |  |  |  |
| **(ATA)** | **MID** |  |  |  | **(ATA)** | **MID** |  |  |  |
|  | **DIST** |  |  |  |  | **DIST** |  |  |  |
| DORSALIS PEDIS | |  |  |  | DORSALIS PEDIS |  |  |  |  |



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