

ABDOMINAL AORTA

Complete 93978 Limited 93979
 Screening 76706

Patient Name: _____

MRN: _____

DOB: _____

Date _____

Tech _____

Ordered By _____

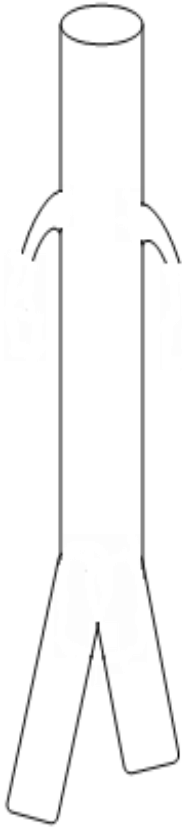
History: AAA Dissection Pulsatile Mass Family History HTN Smoker Diabetic

Other _____

Surgical History: _____

Prior Imaging Results: _____

AORTA:



	Max AP	Max Trans	Velocity
Proximal Aorta	_____ cm	_____ cm	_____ cm/s
Mid Aorta	_____ cm	_____ cm	_____ cm/s
Distal Aorta	_____ cm	_____ cm	_____ cm/s
Right Common Iliac A	_____ cm	_____ cm	_____ cm/s
Left Common Iliac A	_____ cm	_____ cm	_____ cm/s

***Aneurysm (if present):** infra / juxta / supra Renal _____ X _____ cm

[complete exam]

Endograft? Present Endoleak identified? No / Yes (see notes)

IVC Patent WNL see notes

Notes _____
