LOWER EXTREMITY ARTERIAL DUPLEX

Patient Name

DOB

MRN

DATE: _____

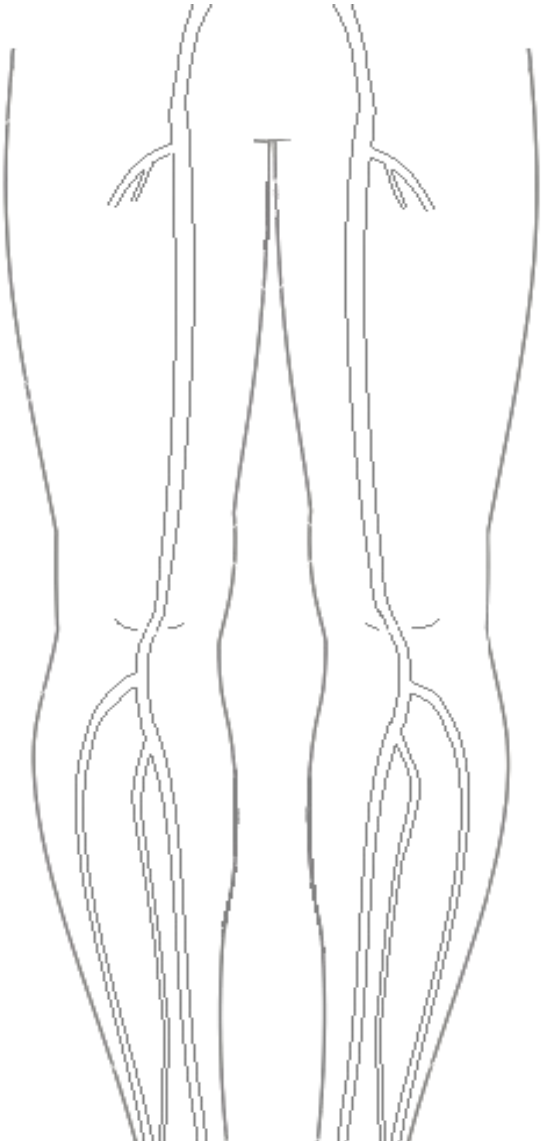
TECH: _____

ORDERED BY: _____

Indication: _____

Surgical Hx: _____

VELOCITY		Right Leg
	cm/s	Dist EIA
	cm/s	CFA
	cm/s	PFA Origin
	cm/s	SFA Prox
	cm/s	SFA Mid
	cm/s	SFA Dist
	cm/s	Pop
	cm/s	Tibio-pero Trunk
	cm/s	ATA Origin
	cm/s	PTA Origin
	cm/s	Peroneal Prox
	cm/s	ATA Dist
	cm/s	PTA Dist
	cm/s	Peroneal Dist
	cm/s	



VELOCITY		Left Leg
	cm/s	Dist EIA
	cm/s	CFA
	cm/s	PFA Origin
	cm/s	SFA Prox
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	cm/s	Tibio-pero Trunk
	cm/s	ATA Origin
	cm/s	PTA Origin
	cm/s	Peroneal Prox
	cm/s	ATA Dist
	cm/s	PTA Dist
	cm/s	Peroneal Dist
	cm/s	

Notes: _____

*Note significant hemodynamic change by circling velocity, and use the diagram to illustrate plaque and other relevant details.