# Carotid Artery US Technologist Worksheet

**St Vincents**  Riverside  Southside  Clay  St Johns  Imaging Center  Arlington ER  Westside ER

**Optimal**  Forbes  Southside  Clay  Mandarin  Westside  St Johns  Town Center  Orange Park

Patient Name: _____  MMI: _____  DOB: _____

History/Symptoms: _____

**INDICATION** (at least one **MUST** be circled)

| | | | | |
|---|---|---|---|---|
| Weakness  R  L | Vision Loss  R  L | Syncope/Collapse | Stroke/TIA/Infarct | Carotid Artery Trauma |
| Numbness  R  L | Bruit        R  L | Slurred Speech | Pre Op Evaluation | Endarterectomy  R  L |

**RISK FACTORS** (circle any that apply)

| | | | | |
|---|---|---|---|---|
| Current Smoker | Hypertension | Chronic Kidney Dz | Coronary Artery Dz | Prior Stroke/TIA |
| Lack of Exercise | High Cholesterol | Peripheral Vasc Dz | Prior Heart Attack | Fam Hx Atherosclerosis |

## RIGHT

| Blood Pressure | _____ / _____ | |
|---|---|---|
| **Intima-Media Thickness** | | mm |

| CCA PSV/EDV | Proximal | _____ / _____ cm/sec |
|---|---|---|
| | Distal | / cm/sec |
| **ICA PSV/EDV** | Proximal | _____ / _____ cm/sec |
| | Mid | / cm/sec |
| | Distal | / cm/sec |
| **ICA/CCA PSV Ratio** | | |

| ECA PSV | | cm/sec |
|---|---|---|
| **Vertebral Artery** | antegrade | bidirectional |
| | retrograde | not visualized |
| | | cm/sec |
| **Amount of Plaque** | none | moderate |
| | minimal | severe |
| | mild | occluded |

| ICA Stent (if applicable) | Proximal | cm/sec |
|---|---|---|
| | Mid | cm/sec |
| | Distal | cm/sec |
| **Stent/CCA PSV Ratio** | | |

## LEFT

| Blood Pressure | _____ / _____ | |
|---|---|---|
| **Intima-Media Thickness** | | mm |

| CCA PSV/EDV | Proximal | _____ / _____ cm/sec |
|---|---|---|
| | Distal | / cm/sec |
| **ICA PSV/EDV** | Proximal | _____ / _____ cm/sec |
| | Mid | / cm/sec |
| | Distal | / cm/sec |
| **ICA/CCA PSV Ratio** | | |

| ECA PSV | | cm/sec |
|---|---|---|
| **Vertebral Artery** | antegrade | bidirectional |
| | retrograde | not visualized |
| | | cm/sec |
| **Amount of Plaque** | none | moderate |
| | minimal | severe |
| | mild | occluded |

| ICA Stent (if applicable) | Proximal | cm/sec |
|---|---|---|
| | Mid | cm/sec |
| | Distal | cm/sec |
| **Stent/CCA PSV Ratio** | | |

Sonographer's Name, Date & Time: _____  # Images _____