

# ABIs Only 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)

Peripheral Vascular Disease      Rest Pain R L      Pain w/ Exertion R L      Arterial Injury R L  
 ULCER (with atherosclerosis)      RIGHT Leg / Ankle / Feet / Toes      LEFT Leg / Ankle / Feet / Toes  
 GANGRENE (with atherosclerosis)      RIGHT Leg / Ankle / Feet / Toes      LEFT Leg / Ankle / Feet / Toes

**OTHER SYMPTOMS** (circle any that apply)

Cold Leg R L      Blue Leg (Cyanosis) R L      Absent Pulse R L      Hair Loss R L      Thick Nails R L

	RIGHT LEG		LEFT LEG	
	Systolic BP (mmHg)	ABI	Systolic BP (mmHg)	ABI
<b>Brachial</b>				
<b>Posterior Tibial</b>				
<b>Dorsalis Pedis</b>				

Use the higher of the two brachial pressures for the ABI calculation on both sides.

**Ankle-Brachial Index Grading Criteria:**

- 0.90-1.40    **NORMAL**
- 0.70-0.89    **MILD** peripheral arterial disease
- 0.51-0.69    **MODERATE** peripheral arterial disease
- ≤0.50        **SEVERE** peripheral arterial disease
- ≥1.40        **CALCIFIED** vessels

Sonographer's Name, Date & Time: \_\_\_\_\_ # Images \_\_\_\_\_