

Abdomen Complete 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: _____ Age: _____

History/Symptoms: _____

Diffuse Pain	Epigastric Pain	Nausea	Constipation	Abnl LFTs	Gallstones	Renal Stones
RUQ Pain	Flank Pain R L	Vomiting	Diarrhea	↑ Bilirubin	Pancreatitis	Hematuria

Pancreas	wnl		poor vzld			
Aorta	wnl		poor vzld	Max Diameter	cm	
IVC	wnl		poor vzld			
Liver	wnl		poor vzld	CC Dimension	cm	
			echogenic			
Gallbladder and Bile Duct	wnl		poor vzld	wall	mm	stones
			out	CBD	mm	sludge
Right Kidney	wnl		poor vzld	CC Length	cm	
			echogenic			
Left Kidney	wnl		poor vzld	CC Length	cm	
			echogenic			
Spleen	wnl		poor vzld	CC Dimension	cm	
Other/Ascites						

Other Findings: _____

Sonographer's Impression: _____

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

Abdomen Limited (RUQ) 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: _____ Age: _____

History/Symptoms: _____

Diffuse Pain	Epigastric Pain	Nausea	Constipation	Abnl LFTs	Gallstones	Renal Stones
RUQ Pain	Flank Pain R L	Vomiting	Diarrhea	↑ Bilirubin	Pancreatitis	Hematuria

Pancreas	wnl		poor vzld			
Aorta	wnl		poor vzld	Max Diameter	cm	
IVC	wnl		poor vzld			
Liver	wnl		poor vzld	CC Dimension	cm	
			echogenic			
Gallbladder and Bile Duct	wnl		poor vzld	wall	mm	stones pericholecystic fluid
			out	CBD	mm	sludge Murphy's sign N Y
Right Kidney	wnl		poor vzld	CC Length	cm	
			echogenic			
Other/Ascites						

Other Findings: _____

Sonographer's Impression: _____

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

Not Intended for Treatment Planning

MI-0602B (Revised 3/2024)

Tech Wrksht - "Abdomen Limited US Chrtform"

Renal Complete 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: _____ Age: _____

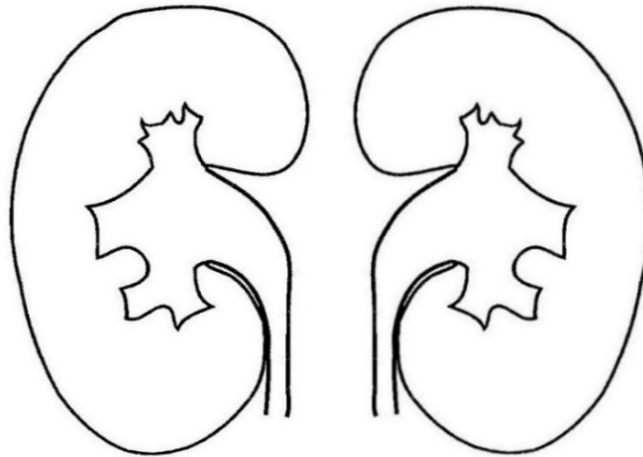
History/Symptoms: _____

GFR: _____

	Flank Pain	Hydro	Stones	Hematuria	Nausea	ARF	HTN
	R L	R L	R L	Dysuria	Vomiting	CKD	DM

	Size			Echogenicity			Hydronephrosis		
RIGHT KIDNEY	x	x	cm	wnl	↑	↓	none	mild	
							moderate	severe	
LEFT KIDNEY	x	x	cm	wnl	↑	↓	none	mild	
							moderate	severe	

Place stones, cysts or mass on diagram with size.



BLADDER	wnl	decompressed	Foley	poor vzld	Jets? (if hydro)	R	L
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Other Findings: _____

Sonographer's Impression: _____

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

Urinary Bladder 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: _____ Age: _____

History/Symptoms: _____

Dysuria	UTI	Urgency	Bladder Cancer	Prostate Ca	Prostatectomy
Hematuria	Outlet Obstruct	Incontinence	TURB Surgery	TURP Surgery	Hysterectomy

BLADDER

distended	decompressed	Foley	suprapubic	poorly vzld	Jets?	R	L
Mass	N	Y	Wall Thickness	mm (<3 mm when distended, <5 mm when nondistended)			
Stones	N	Y	Pre-Void Volume	mL (normal 300-400 mL when distended)			
Debris	N	Y	Post-Void Volume	mL (<50 mL adults, <50-100 mL in elderly)			
Other Findings:							

PROSTATE

Size	x	x	cm	(normal 3 x 3 x 5 cm or 15-30 mL)			
Mass	N	Y					
Vascularity	nml	↑					
Other Findings:							

Sonographer's Impression: _____

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

Thyroid 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: _____ Age: _____

History/Symptoms: _____

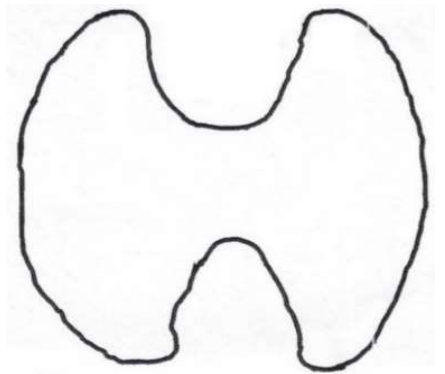
Neck Pain	Abnormal TFTs	Weight ↑ ↓	Fam Hx of Thyroid Ca
Neck Swelling	Hyperthyroidism	Thyroid Nodule R L	Radioiodine Therapy
Difficulty Swallowing	Hypothyroidism	Thyroid FNA R L	Parathyroid Disease
Thyroid Enlargement	Energy ↑ ↓	Head/Neck Radiation	Calcium ↑ ↓

Right Lobe	x	x	cm	homogeneous	heterogeneous	nml vascularity	hypervascular
Left Lobe	x	x	cm	homogeneous	heterogeneous	nml vascularity	hypervascular
Isthmus	mm						

Document up to 6 most suspicious nodules. Do not measure cystic or almost entirely cystic nodules unless they are very large as they are always benign.

Indicate nodule position by placing number on diagram.

Nodule 1	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 2	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 3	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 4	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 5	x	x	mm	solid / cystic / complex / hypo / iso / hyper
Nodule 6	x	x	mm	solid / cystic / complex / hypo / iso / hyper



TI-RADS Nodule Features - The More Points The More Suspicious The Nodule	
Composition	cystic or almost entirely cystic (0), spongiform (0), mixed solid/cystic (1), solid (2)
Echogenicity	anechoic (0), hyper/isoechoic (1), hypoechoic (2), very hypoechoic to strap muscles (3)
Shape	wider-than-tall (0), taller-than-wide (3)
Margin	smooth (0), ill-defined (0), lobulated (2), irregular (2), extends outside thyroid (3)
Echogenic Foci	none (0), large comet tail (0), macrocalcs (1), rim calcs (2), punctate echogenic foci (3)

Sonographer's Impression: _____

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

Post Thyroidectomy 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: _____ Age: _____

History/Symptoms:	Side of Cancer	Right	Left	
	Thyroidectomy	Right	Left	Date: _____
	Positive Nodes	N	Y	
	Radioiodine	N	Y	Date: _____

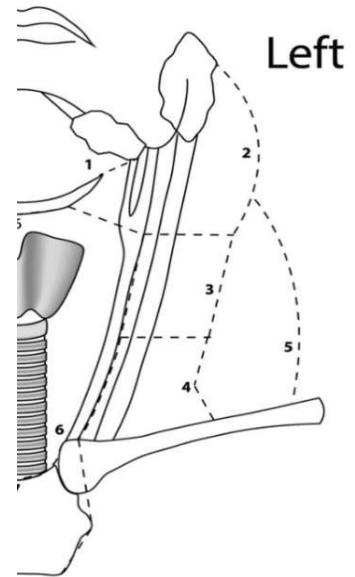
THYROIDECTOMY BED *(residual thyroid tissue, nodules/masses, nodes)*

No Findings _____

Positive Findings _____

CERVICAL LYMPH NODES

Indicate side, level and size of any abnormal appearing nodes.



Features that favor a **benign lymph node** include: less than 10 mm in short-axis and elongated or kidney bean shaped (although level II nodes can measure up to 15 mm in short-axis and be more rounded) and have a thin homogeneous hypoechoic cortex surrounding an echogenic hilum.

Features that favor a **malignant lymph node** include: larger in size, more rounded in shape, eccentric cortical thickening, irregular or nodular borders, loss of the echogenic hilum, increased echogenicity relative to adjacent muscle and peripheral blood flow. Lymph nodes containing calcifications or areas of cystic change are almost always malignant.

Sonographer's Impression: _____

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

Scrotum/Testes 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: _____ Age: _____

History/Symptoms: _____

Pain	Swelling	Redness	Mass	Trauma	Hematuria	Vasectomy
R L	R L	R L	R L	R L	Dysuria	Surgery

	RIGHT TESTIS				LEFT TESTIS			
Size	x	x		cm	x	x		cm
Parenchyma	homogeneous		heterogeneous		homogeneous		heterogeneous	
Mass	none	solid	cystic	complex	none	solid	cystic	complex
Microlithiasis	none		>5 calcs/testicle		none		>5 calcs/testicle	
Blood Flow	wnl	↑	↓	absent	wnl	↑	↓	absent

Testicular Findings: _____

	RIGHT EPIDIDYMIS, ETC.					LEFT EPIDIDYMIS, ETC.				
Head Size	cm					cm				
Parenchyma	homogeneous		heterogeneous			homogeneous		heterogeneous		
Mass	none	solid	cystic	complex		none	solid	cystic	complex	
Blood Flow	wnl	↑	↓	absent		wnl	↑	↓	absent	
Hydrocele	none	trace	small	moderate	large	none	trace	small	moderate	large
Varicocele	none	trace	small	moderate	large	none	trace	small	moderate	large

Scrotal Findings: _____

Sonographer's Impression: _____

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

Penis 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: _____ Age: _____

History/Symptoms: _____

Trauma	Pain	Swelling	Redness	Mass	Hematuria
R L	R L	R L	R L	R L	Dysuria

Intact Tunica Albuginea

	Base of Penis	Mid Shaft	Tip of Penis
Corpus Spongiosum	Y N	Y N	Y N
Right Corpus Cavernosum	Y N	Y N	Y N
Right Corpus Cavernosum	Y N	Y N	Y N

	Diameter (mm)	PSV (cm/sec)	EDV (cm/sec)	RI
Right Corpus Cavernosal Artery				
Left Corpus Cavernosal Artery				
	normal 0.5-1.0 mm	normal 5-20 cm/sec	normal 0 cm/sec	normal 1.00

Superficial Dorsal Vein	Patent	Partial Thrombus	Occluded
Deep Dorsal Vein	Patent	Partial Thrombus	Occluded

Other Findings (Mass, Hematoma, Fluid): _____

Sonographer's Impression: _____

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

Female Pelvis (Non-OB) 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: _____ Age: _____

History/Symptoms: _____

Pelvic Pain		Swelling/Bloating		Heavy Menses		Vaginal Bleeding		Pain w/ Sex		Hematuria	
R	L	Frequent Menses		Painful Menses		Post Meno Bleeding		Fibroids		Dysuria	
LMP		G	Post Menopausal			Birth Control		Tubal Ligation		Transabdominal Scan	
		P	Post Hysterectomy			Intrauterine Device		Hormone Replacement			
# Spont Abort:		Preg Test		Negative	Pending		Quant Level		Endovaginal Scan		
# Elect Abort:				Positive	Not Ordered						

UTERUS (*poorly visualized*)

x	x	cm	anteverted	anteflexed	endometrium	uterine mass
			retroverted	retroflexed	mm	N Y

Uterine Findings: _____

RIGHT OVARY (*poorly visualized*)

LEFT OVARY (*poorly visualized*)

Size	x	x	cm	x	x	cm
Mass	none	solid	cystic	complex	none	solid
Blood Flow	wnl	↑	↓	absent	wnl	↑

Ovarian Findings: _____

FREE FLUID

none	trace	small	moderate	large
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Sonographer's Impression: _____

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

Not Intended for Treatment Planning

MI-0610 (Revised 3/2024) Tech Wrksh - "Female Pelvis Non OB US Chrtform"

1st Trimester OB 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: _____ Age: _____

History/Symptoms: _____

Pelvic Pain	Nausea	Vaginal Bleeding	Vaginal Discharge	Trauma	Confirm Pregnancy	
R L	Vomiting	Heavy Bleeding	Leaking Fluid	Prior Ectopic	Assess Fetal Viability	
LMP	G	# Spont Abort:	Preg Test	Positive	Pending	Transabdominal Scan
	P	# Elect Abort:		Not Ordered	Quant	Endovaginal Scan

Gestational Sac	Y	N	MSD	mm	EGA (by LMP)	EGA (by AUA)	Estimated Date of Delivery
Yolk Sac	Y	N	CRL	mm			
Fetal Pole	Y	N	Hrt Rate	bpm	wk	d	/ /
Cardiac Activity	Y	N					

UTERUS		x	x	cm	anteverted	anteflexed	Cervix	
					retroverted	retroflexed	closed	opened
RT OVARY/ADNEXA		x	x	cm	flow present	flow absent	<i>poorly visualized</i>	
LT OVARY/ADNEXA		x	x	cm	flow present	flow absent	<i>poorly visualized</i>	

Other Findings: _____

FREE FLUID	none	trace	small	moderate	large
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Gestational sac should be seen by bHCG 3000 and EGA 4.5-5.0 wks.

Findings diagnostic of failed pregnancy: no heartbeat ≥ 7 mm CRL, no embryo ≥ 25 mm MSD, absent embryo with heartbeat ≥ 2 wks after US showed gestational sac without yolk sac, absence of embryo with heartbeat ≥ 11 days after US showed gestational sac with yolk sac.

Findings suspicious for failed pregnancy: no heartbeat 5 or 6 mm CRL, no embryo 16-24 mm MSD, absence of embryo with heartbeat 7-13 days after US showed gestational sac without yolk sac, absence of embryo with heartbeat 7-10 days after US showed gestational sac with yolk sac, absence of embryo 6 or more weeks after last menstrual period, empty amnion, > 7 mm yolk sac, < 5 mm difference between MSD and CRL.

Sonographer's Impression: _____

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

OB Complete 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:

Age:

History/Symptoms:

					LMP	G
					P	
					# Spont Abort:	
Pelvic Pain	Vomiting	Vaginal Discharge	Confirm Pregnancy		# Elect Abort:	
R	L	Vaginal Bleeding	Leaking Fluid	Lack of Prenatal Care		Transabominal Scan
Nausea	Heavy Bleeding	Pelvic Trauma	Assess Fetal Viability		Endovaginal Scan	

	Number	Presentation	
Fetus		vertex	breach
		trans	variable

	Grade	Location	
Placenta		anterior	fundal
		posterior	previa

AFI	wnl (5-24 cm)	abnl
Cervix	cm	closed / opened

Brain/Ventricles	seen	not seen
Spine	seen	not seen
Face	seen	not seen
Stomach/Bowel	seen	not seen
Kidneys	seen	not seen
Bladder	seen	not seen
Genitalia	male	female
	indeterminate / not seen	
4 Chamber Heart	seen	not seen
3 Vessel Cord	seen	not seen
Cord Insertion	seen	not seen
Movement	seen	not seen
Both Arms/Hands	seen	not seen
Both Legs/Feet	seen	not seen

	cm	weeks	days
BPD			
HC			
AC			
FL			
Estimated Gestational Age			
Estimated Delivery Date	/ /		
Fetal Heart Motion		bpm	none
Estimated Fetal Weight			gm
Rt Ovary/Adnexa	wnl	abnl	ltd
Lt Ovary/Adnexa	wnl	abnl	ltd

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0609 (Revised 3/2024)

Tech Wrksht - "OB Complete US Chrtform"

OB Limited 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: _____ Age: _____

History/Symptoms:				LMP	G
				P	
				# Spont Abort:	
Pelvic Pain	Vomiting	Vaginal Discharge	Confirm Pregnancy	# Elect Abort:	
R	L	Vaginal Bleeding	Leaking Fluid	Transabominal Scan	
Nausea	Heavy Bleeding	Pelvic Trauma	Assess Fetal Viability	Endovaginal Scan	

	Number	Presentation	
Fetus		vertex	breech
		trans	variable

	Grade	Location
Placenta		anterior fundal
		posterior previa

	cm	weeks	days
BPD			
HC			
AC			
FL			
Estimated Gestational Age			

AFI	wnl (5-24 cm)	abnl
Cervix	cm	closed opened

Right Ovary/Adnexa	wnl	abnl	ltd
Left Ovary/Adnexa	wnl	abnl	ltd

Estimated Delivery Date	
Fetal Heart Motion	bpm none
Estimated Fetal Weight	gm

	none	moderate
Free Fluid	trace	large
	small	

Sonographer's Impression: _____

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

Biophysical Profile 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: _____ Age: _____

History/Symptoms:	LMP
	G P

FETAL HEART RATE

_____ bpm

EGA (by LMP)	Estimated Date of Delivery
wk d	/ /

FETAL MOVEMENT

_____ 2 Three or more discrete body or limb movements within 30 mins.
 _____ 0 Absence of movement in 30 mins.

FETAL BREATHING

_____ 2 Presence of at least 30 secs sustained breathing in 30 mins.
 _____ 0 Absence of breathing.

FETAL TONE

_____ 2 One or more episodes of extension and return to flexion of fetal extremity.
 _____ 0 Absence of extension and return to flexion.

AMNIOTIC FLUID

_____ 2 Two pockets of fluid that each measure 2 cm in perpendicular plane.
 _____ 0 Less than two pockets of fluid that each measure 2 cm in perpendicular plane.
 _____ AFI Normal 5-24 cm.

Sonographer's Impression: _____

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

Neonatal Head 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:

Age:

History/Symptoms:

History/Symptoms:	EGA (by LMP)		Head Circumference
	wk	d	cm

Germinal Matrix Hemorrhage

The germinal matrix has matured by 34 weeks gestation, such that hemorrhage becomes very unlikely after this age.

Most GMHs occur in the first week of life.

Grade 1 - Hemorrhage confined to the caudothalamic groove.

Grade 2 - Hemorrhage extending into the lateral ventricles without dilatation.

Grade 3 - Hemorrhage extending into the lateral ventricles with dilatation.

Grade 4 - Grades 1-3 with extension of hemorrhage into the brain parenchyma.

Periventricular Leukomalacia

Normally the echogenicity of the periventricular white matter should be less than the echogenicity of the choroid plexus.

PVL occurs most commonly in premature infants born at less than 33 weeks gestation (38% PVL) and less than 1500 g birth weight (45% PVL).

Grade 1 - Increased periventricular echogenicity persisting for more than 7 days.

Grade 2 - Increased periventricular echogenicity developing into small periventricular cysts.

Grade 3 - Increased periventricular echogenicity developing into extensive periventricular cysts in the occipital and frontoparietal regions.

Grade 4 - Increased periventricular echogenicity in the deep white matter developing into extensive subcortical cysts.

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Arm 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)

Peripheral Vascular Disease Rest Pain R L Pain w/ Exertion R L Arterial Injury R L
 ULCER (with atherosclerosis) RIGHT Arm / Wrist / Hand / Fingers LEFT Arm / Wrist / Hand / Fingers
 GANGRENE (with atherosclerosis) RIGHT Arm / Wrist / Hand / Fingers LEFT Arm / Wrist / Hand / Fingers

OTHER SYMPTOMS (circle any that apply)

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

RIGHT ARM

LEFT ARM

Blood Pressure	/	/
Plaque Burden	none / minimal / mild / moderate / severe	none / minimal / mild / moderate / severe

	PSV (cm/sec)	Waveforms	PSV (cm/sec)	Waveforms
Common Carotid		tri / bi / mono		tri / bi / mono
Subclavian		tri / bi / mono		tri / bi / mono
Axillary		tri / bi / mono		tri / bi / mono
Brachial		tri / bi / mono		tri / bi / mono
Radial		tri / bi / mono		tri / bi / mono
Ulnar		tri / bi / mono		tri / bi / mono

Sonographer's Impression: _____

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

Arm Artery Segmental 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 Arm / Wrist / Hand / Fingers LEFT Arm / Wrist / Hand / Fingers
 GANGRENE (with atherosclerosis) RIGHT Arm / Wrist / Hand / Fingers LEFT Arm / Wrist / Hand / Fingers

OTHER SYMPTOMS (circle any that apply)

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

	RIGHT ARM		LEFT ARM	
	Systolic BP (mmHg)	WBI/FBI	Systolic BP (mmHg)	WBI/FBI
Brachial				
Radial				
Ulnar				
1st Finger				
2nd Finger				
3rd Finger				
4th Finger				
5th Finger				

Use right brachial pressure for right indices and left brachial pressure for left indices.

Peripheral Arterial Disease Grading Criteria:

Wrist-Brachial Index - ≥ 0.90 (normal), 0.75-0.89 (mild), 0.60-0.74 (moderate), 0.40-0.59 (severe), ≤ 0.39 (critical)

Finger-Brachial Index - ≥ 0.86 (normal), 0.70-0.85 (mild), 0.50-0.69 (moderate), 0.30-0.49 (severe), ≤ 0.29 (critical)

Sonographer's Impression: _____

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

Arm Venous DVT 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: _____ Age: _____

History/Symptoms: _____

Arm Pain	Arm Swelling	Shortness of Breath	Chest Pain	Dyspnea	Hypoxemia	Pulmonary Embolus	Recent Surgery
R L	R L						
Prior DVT	N	Y	If so, what vein(s)?				
Current Anticoagulants?							

(Check only if abnormal)

		No Evidence of Clot	Occlusive	Non Occlusive	Echogenic Possibly Chronic
RIGHT ARM	Internal Jugular (deep)				
	Subclavian (deep)				
	Axillary (deep)				
	Brachial (deep)				
	Basilic (superficial)				
	Cephalic (superficial)				
LEFT ARM	Internal Jugular (deep)				
	Subclavian (deep)				
	Axillary (deep)				
	Brachial (deep)				
	Basilic (superficial)				
	Cephalic (superficial)				

Sonographer's Impression: _____

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

Arm Vein Mapping 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: _____ Age: _____

History/Symptoms: _____

RIGHT ARM	Cephalic	Basilic
Upper Arm	mm	mm
Lower Arm	mm	mm
Upper Forearm	mm	mm
Lower Forearm	mm	mm

Axillary Vein:	mm
Brachial Vein:	mm
Radial Artery:	mm
Ulnar Artery:	mm

LEFT ARM	Cephalic	Basilic
Upper Arm	mm	mm
Lower Arm	mm	mm
Upper Forearm	mm	mm
Lower Forearm	mm	mm

Axillary Vein:	mm
Brachial Vein:	mm
Radial Artery:	mm
Ulnar Artery:	mm

RIGHT ARM			
Int Jugular Vein	No Clot	Nonocclusive	Occlusive
Subclavian Vein	No Clot	Nonocclusive	Occlusive
Axillary Vein	No Clot	Nonocclusive	Occlusive
Brachial Vein	No Clot	Nonocclusive	Occlusive
Cephalic Vein	No Clot	Nonocclusive	Occlusive
Basilic Vein	No Clot	Nonocclusive	Occlusive
Radial Artery	Patent	Not Patent	
Ulnar Artery	Patent	Not Patent	

LEFT ARM			
Int Jugular Vein	No Clot	Nonocclusive	Occlusive
Subclavian Vein	No Clot	Nonocclusive	Occlusive
Axillary Vein	No Clot	Nonocclusive	Occlusive
Brachial Vein	No Clot	Nonocclusive	Occlusive
Cephalic Vein	No Clot	Nonocclusive	Occlusive
Basilic Vein	No Clot	Nonocclusive	Occlusive
Radial Artery	Patent	Not Patent	
Ulnar Artery	Patent	Not Patent	

Sonographer's Impression: _____

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

Radial Artery Mapping 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: pre CABG evaluation, coronary artery disease

CIRCLE ANY THAT APPLY:

Right Hand Dominate	Ischemic Fingers	R	L	AV Fistula	R	L
Left Hand Dominate	Hand/Finger Ulcers	R	L	Raynaud's Disease	R	L

RIGHT ARM

LEFT ARM

Blood Pressure	/	/
Plaque Burden	none / minimal / mild / moderate / severe	none / minimal / mild / moderate / severe

Radial Artery	AP diameter (mm)	PSV (cm/sec)	AP diameter (mm)	PSV (cm/sec)
AC Fossa				
Proximal Forearm				
Mid Forearm				
Distal Forearm				
Wrist				

Modified US Allen Test: (response in radial side of superficial palmer arch with radial artery compression)

Right Hand	reversed flow	no flow
Left Hand	reversed flow	no flow

A normal complete arch is indicated by reversed flow.
A variant incomplete arch is indicated by no flow.

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____

Images _____

Not Intended for Treatment Planning

MI-0671 (Revised 3/2024)

Tech Wrksht - "Radial Artery Mapping US Chrtform"

Leg 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)

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	
	PSV (cm/sec)	Waveforms	PSV (cm/sec)	Waveforms
Common Femoral		tri / bi / mono		tri / bi / mono
Deep Femoral		tri / bi / mono		tri / bi / mono
Proximal Femoral		tri / bi / mono		tri / bi / mono
Mid Femoral		tri / bi / mono		tri / bi / mono
Distal Femoral		tri / bi / mono		tri / bi / mono
Popliteal		tri / bi / mono		tri / bi / mono
Posterior Tibial		tri / bi / mono		tri / bi / mono
Anterior Tibial		tri / bi / mono		tri / bi / mono
Plaque Burden	none / minimal / mild / moderate / severe		none / minimal / mild / moderate / severe	
Blood Pressures	Brachial		Brachial	
	Posterior Tibial		Posterior Tibial	
	Dorsalis Pedis		Dorsalis Pedis	
ABIs	Posterior Tibial		Posterior Tibial	
	Dorsalis Pedis		Dorsalis Pedis	

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

Why if ABI not done (for St Vincent sites)? _____

Sonographer's Impression: _____

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

Leg Artery Segmental 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/TBI	Systolic BP (mmHg)	ABI/TBI
Brachial				
Upper Thigh				
Lower Thigh				
Calf				
Posterior Tibial				
Dorsalis Pedis				
1st Toe				
2nd Toe				
3rd Toe				
4th Toe				
5th Toe				

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

Peripheral Arterial Disease Grading Criteria:

Ankle-Brachial Index - 0.90-1.4 (normal), 0.70-0.89 (mild), 0.51-0.69 (moderate), ≤0.50 (severe), ≥1.4 (calcified)
 Toe-Brachial Index - ≥0.60 (normal), 0.34-0.59 (mild), 0.12-0.33 (moderate), ≤0.11 (severe)

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

Leg Venous DVT 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: _____ Age: _____

History/Symptoms: _____

Leg Pain	Leg Swelling	Shortness of Breath	Chest Pain	Dyspnea	Hypoxemia	Pulmonary Embolus	Recent Surgery
R L	R L						

Prior DVT N Y If so, what vein(s)?

Current Anticoagulants? _____

RIGHT LEG VEINS	No Thrombus	Occlusive	Non Occlusive	Echogenic Possibly Chronic
Saphenofemoral Junction				
Proximal Great Saphenous				
Proximal Femoral				
Mid Femoral				
Distal Femoral				
Popliteal				
Posterior Tibial				
Peroneal (Fibular)				

LEFT LEG VEINS	No Thrombus	Occlusive	Non Occlusive	Echogenic Possibly Chronic
Saphenofemoral Junction				
Proximal Great Saphenous				
Proximal Femoral				
Mid Femoral				
Distal Femoral				
Popliteal				
Posterior Tibial				
Peroneal (Fibular)				

The great saphenous vein is a superficial vein. All other veins listed above are part of the deep venous system.

Sonographer's Impression: _____

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

Leg Vein Mapping 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: _____

Age: _____

History/Symptoms: _____

RIGHT Great Saphenous Vein

Saphenofemoral	mm
Proximal Thigh	mm
Mid Thigh	mm
Above Knee	mm
Below Knee	mm
Mid Calf	mm
At Ankle	mm

RIGHT Leg Deep Veins

Common Femoral	No Clot	Nonocclusive	Occlusive
Proximal Femoral	No Clot	Nonocclusive	Occlusive
Mid Femoral	No Clot	Nonocclusive	Occlusive
Distal Femoral	No Clot	Nonocclusive	Occlusive
Popliteal	No Clot	Nonocclusive	Occlusive
Trifurcation	No Clot	Nonocclusive	Occlusive
Posterior Tibial	No Clot	Nonocclusive	Occlusive

LEFT Greater Saphenous Vein

Saphenofemoral	mm
Proximal Thigh	mm
Mid Thigh	mm
Above Knee	mm
Below Knee	mm
Mid Calf	mm
At Ankle	mm

LEFT Leg Deep Veins

Common Femoral	No Clot	Nonocclusive	Occlusive
Proximal Femoral	No Clot	Nonocclusive	Occlusive
Mid Femoral	No Clot	Nonocclusive	Occlusive
Distal Femoral	No Clot	Nonocclusive	Occlusive
Popliteal	No Clot	Nonocclusive	Occlusive
Trifurcation	No Clot	Nonocclusive	Occlusive
Posterior Tibial	No Clot	Nonocclusive	Occlusive

Other Findings: _____

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____

Images _____

Not Intended for Treatment Planning

MI-0635 (Revised 3/2024)

Tech Wrksht - "Leg Vein Mapping US Chrtform"

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	Proximal	_____ / _____	_____	cm/sec
PSV/EDV	Distal	_____ / _____	_____	cm/sec
ICA	Proximal	_____ / _____	_____	cm/sec
PSV/EDV	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 <small>(if applicable)</small>	Proximal	_____ / _____	_____	cm/sec
	Mid	_____ / _____	_____	cm/sec
	Distal	_____ / _____	_____	cm/sec
Stent/CCA PSV Ratio				

LEFT

Blood Pressure _____ / _____
Intima-Media Thickness _____ mm

CCA	Proximal	_____ / _____	_____	cm/sec
PSV/EDV	Distal	_____ / _____	_____	cm/sec
ICA	Proximal	_____ / _____	_____	cm/sec
PSV/EDV	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 <small>(if applicable)</small>	Proximal	_____ / _____	_____	cm/sec
	Mid	_____ / _____	_____	cm/sec
	Distal	_____ / _____	_____	cm/sec
Stent/CCA PSV Ratio				

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

Abdominal Aorta 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: (one must be circled)

SCREEN in a Current Smoker SCREEN in a Former Smoker SCREEN with Family Hx of Cardiovascular Disease
 F/U Known Aneurysm Abdominal Mass Pulsatile Mass Abdominal Bruit Pre Op Evaluation

PERSONAL 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

Outer Diameter (cm)

	Front Back		Left Right
	(long image)	(trans image)	(trans image)
Proximal Aorta			
Mid Aorta			
Distal Aorta			

Distal Aorta

PSV (cm/sec)	Waveforms tri / bi / mono
------------------------	---

Outer Diameter (cm)

	Front Back	Left Right
	(long image)	(trans image)
Right Common Iliac		
Left Common Iliac		

Aortic Plaque Burden

none	minimal
mild	moderate
severe	

Abdominal Aorta: <2.5 cm (normal caliber), 2.5-3.0 cm (ectatic), ≥3.0 cm (aneurysm) or 1.5x more proximal caliber, repair when 5.5 cm or >2.5x more proximal caliber or growth >5 mm in 6 months, normal PSV is 60-110 cm/sec

Common Iliac Artery: ≥1.5 cm (aneurysm), repair when >3.0-3.5 cm

Sonographer's Impression: _____

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

Artery Stent 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)	<u>RIGHT</u> Arm / Wrist / Hand / Fingers	<u>LEFT</u> Arm / Wrist / Hand / Fingers	
GANGRENE (with atherosclerosis)	<u>RIGHT</u> Arm / Wrist / Hand / Fingers	<u>LEFT</u> Arm / Wrist / Hand / Fingers	
ULCER (with atherosclerosis)	<u>RIGHT</u> Leg / Ankle / Feet / Toes	<u>LEFT</u> Leg / Ankle / Feet / Toes	
GANGRENE (with atherosclerosis)	<u>RIGHT</u> Leg / Ankle / Feet / Toes	<u>LEFT</u> Leg / Ankle / Feet / Toes	

OTHER SYMPTOMS (circle any that apply)

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

Location of Stent: _____

Date Stent Placed: _____

	PSV (cm/sec)	Waveforms
Proximal to Stent		tri / bi / mono
Proximal In Stent		tri / bi / mono
Mid In Stent		tri / bi / mono
Distal In Stent		tri / bi / mono
Distal to Stent		tri / bi / mono

Other Findings: _____

Sonographer's Impression: _____

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

Abdominal Duplex 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: _____ Age: _____

History/Symptoms: _____

Diffuse Pain	Nausea	Abnl LFTs	Gallstones	Splenomegaly	Hepatitis B
RUQ Pain	Vomiting	↑ Bilirubin	Pancreatitis	Ascites	Hepatitis C
Epigastric Pain	Constipation	Fatty Liver	Renal Stones	GI Bleeding	IVC Filter
Flank Pain R L	Diarrhea	Cirrhosis	Liver Cancer	Varices	TIPS Shunt

Main Hepatic Artery

PSV	cm/sec
RI	
ΔT	msec

Hepatic Vein Phasicity

Right	phasic	nonphasic	aphasic (occluded)	pulsatile
Middle	phasic	nonphasic	aphasic (occluded)	pulsatile
Left	phasic	nonphasic	aphasic (occluded)	pulsatile

Normal hepatic artery findings: RI 0.5-0.7, ΔT <80 msec

Normal hepatic vein findings: triphasic or tetraphasic waveform

Main Portal Vein Velocity

cm/sec

Portal Vein Direction of Flow

Main	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded
Right	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded
Left	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded

Normal portal vein findings: velocity 16-40 cm/sec, hepatopedal flow, MPV ≤13 mm where it crosses the IVC

IVC Phasicity

phasic	nonphasic	aphasic (occluded)	pulsatile
--------	-----------	--------------------	-----------

Splenic Vein Flow

towards liver (hepatopedal)	away from liver (hepatofugal)	occluded
--------------------------------	----------------------------------	----------

Sonographer's Impression: _____

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

Liver Transplant 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: _____ Age: _____

History/Symptoms: _____

Date of Transplant: _____

Reason for Transplant:	Fatty Liver	Nonalcoholic Steatohepatitis	Hepatocellular Carcinoma	Primary Biliary Cirrhosis
	Hepatitis B / C	Alcoholic Liver Disease	Primary Sclerosing Cholangitis	Metastatic Disease

Hepatic Artery		PSV (cm/sec)	RI	ΔT (msec)
	Main			
Right				
Left				

Hepatic Vein Phasicity				
Right	phasic	nonphasic	aphasic (occluded)	pulsatile
Middle	phasic	nonphasic	aphasic (occluded)	pulsatile
Left	phasic	nonphasic	aphasic (occluded)	pulsatile

Normal hepatic artery findings: RI 0.5-0.7, $\Delta T < 80$ msec **Normal hepatic vein findings:** tri/tetraphasic waveform

Main Portal Vein	cm/sec	towards liver (hepatopedal)	away from liver (hepatofugal)	occluded

Normal portal vein findings: velocity 16-40 cm/sec, hepatopedal flow, MPV ≤ 13 mm where it crosses the IVC

IVC Flow	phasic	nonphasic	aphasic (occluded)	pulsatile
-----------------	--------	-----------	--------------------	-----------

Pancreas	wnl		poor vzld	
Aorta	wnl		poor vzld	Max Diameter cm
IVC	wnl		poor vzld	
Liver	wnl		poor vzld	CC Dimension cm
			echogenic	
Right Kidney	wnl		poor vzld	Size x x cm
			echogenic	
Other/Ascites				

Sonographer's Impression: _____

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

TIPS 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: _____ Age: _____

History/Symptoms: _____ Date of TIPS: _____

Recurrent Ascites N Y

What vein to what vein: _____ Recurrent GI Bleed N Y

Flow Velocities

Main Portal Vein	cm/sec
Proximal Shunt	cm/sec
Mid Shunt	cm/sec
Distal Shunt	cm/sec

Flow Direction

Main PV	towards from shunt	away from shunt
Right PV	towards from shunt	away from shunt
Left PV	towards from shunt	away from shunt

Normal TIPS findings: velocity in PV >30 cm/sec, velocity in shunt 90-200 cm/sec

Findings of TIPS malfunction: velocity in PV <30 cm/sec, **shunt velocity <90 or >190 cm/sec**, velocity change >50 cm/sec within shunt segments, **rise/drop in velocity >50 cm/sec between exams**, hepatofugal or to-and-from flow or portal vein or continuous (non phasic) flow in the shunt

Pancreas	wnl		poor vzld				
Aorta	wnl		poor vzld	Max Diameter		cm	
IVC	wnl		poor vzld				
Liver	wnl		poor vzld	CC Dimension		cm	
			echogenic				
Gallbladder and Bile Duct	wnl		poor vzld	wall	mm	stones	pericholecystic fluid
			out	CBD	mm	sludge	Murphy's sign N Y
Right Kidney	wnl		poor vzld	Size	x	x	cm
			echogenic				
Other/Ascites							

Sonographer's Impression: _____

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

Renal 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: _____ Age: _____

History/Symptoms: _____

GFR:	Hypertension	Flank Pain	Urinary Stones	Hydronephrosis	ARF	Diabetes Mellitus
	Y N	R L	R L	R L	CKD	Hematuria

	Size			Echogenicity			Hydronephrosis		
RIGHT KIDNEY	x	x	cm	wnl	↑	↓	none	mild	
							moderate	severe	
LEFT KIDNEY	x	x	cm	wnl	↑	↓	none	mild	
							moderate	severe	

RIGHT KIDNEY	Main Renal Artery			Segmental Arteries			Renal/Aorta PSV Ratio		
		PSV (cm/sec)	RI	ΔT (msec)		RI			
	Prox				Upper				
	Mid				Mid				
Distal				Lower		Renal Vein Patent Not Patent			

LEFT KIDNEY	Main Renal Artery			Segmental Arteries			Renal/Aorta PSV Ratio		
		PSV (cm/sec)	RI	ΔT (msec)		RI			
	Prox				Upper				
	Mid				Mid		Renal Vein Patent Not Patent		
Distal				Lower					

BLADDER	wnl	decompressed	Foley	poor vzld	Jets? (if hydro)	R L
----------------	-----	--------------	-------	-----------	------------------	-------

Mid Aorta PSV _____ cm/sec Renal/Aorta ratio is invalid if aorta PSV is <40 or >90-100 cm/sec.

Findings of renal artery stenosis: PSV >180-200 cm/sec, ratio >3.5, ΔT >70 msec (i.e. tardus parvus waveform) and difference in RI between right and left arteries of >0.05-0.07

Resistive Index: 0.5-0.7 (normal), 0.7-0.8 (borderline), >0.8 (elevated), <0.5 (low)

Sonographer's Impression: _____

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

Renal Transplant 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: _____ Age: _____

History/Symptoms: _____

Date of Transplant: _____

Reason for Transplant: _____

GFR:	Pelvic Pain	Hydro	Hematuria	Nausea	ARF	HTN
	R L	Stones	Dysuria	Vomiting	CKD	DM

RENAL ALLOGRAFT	Size			Echogenicity			Hydronephrosis	
	x	x	cm	wnl	↑	↓	none	mild
							moderate	severe

Main Renal Artery			Segmental Arteries		Renal/Iliac PSV Ratio
	PSV (cm/sec)	RI		RI	
	ΔT (msec)				
Prox				Upper	Renal Vein Patent Not Patent
Mid				Mid	
Distal				Lower	

Findings of renal artery stenosis: PSV >180-200 cm/sec, ratio >3.5, ΔT >70 msec (i.e. tardus parvus waveform)
Resistive Index: 0.5-0.7 (normal), 0.7-0.8 (borderline), >0.8 (elevated), <0.5 (low)

Iliac Artery _____ cm/sec	Iliac Vein Patent Not Patent
----------------------------------	--

BLADDER	wnl	decompressed	Foley	poor vzld	Jets? (if hydro)	R L
----------------	-----	--------------	-------	-----------	------------------	-----

Other Findings: _____

Sonographer's Impression: _____

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

Mesenteric 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: _____ Age: _____

History/Symptoms: _____

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

Pain After Eating (Post Prandial) Only Able to Eat Small Meals Diarrhea / Constipation

Unintentional Weight Loss Nausea / Vomiting Flatulence

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

Proximal Celiac Artery PSV (cm/sec)	PSV (cm/sec)
Supine End INSPiration	Proximal SMA Proximal IMA Proximal Abd Aorta
Supine End EXPIration	
Standing End INSPiration	

Findings of >70% celiac artery stenosis: PSV >200 cm/sec

Findings of >70% SMA stenosis: PSV >275 cm/sec (or EDV >45 cm/sec)

Findings of >70% IMA stenosis: PSV >200 cm/sec

Findings of median arcuate ligament syndrome: celiac PSV decreases either in end inspiration or in standing position
 PSV in celiac and SMA will increase by at least 20% in normal patients following a meal.

Sonographer's Impression: _____

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

AV Fistula 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: _____ Age: _____

History/Symptoms: _____

AV Fistula Anatomy: _____ Date Fistula Created: _____

<i>For all indications:</i>	1st Measurement	2nd Measurement	3rd Measurement
Arterial Flow Volumes (mL/min)			
Venous Flow Volumes (mL/min)			

Signs of mature AV fistula: flow volume $\geq 500-600$ mL/min.

Signs of >50% stenosis include: draining vein flow volume < 600 mL/min or $\geq 25\%$ decrease compared to prior.

	<i>For all indications:</i>	<i>Only for maturity indication:</i>	
	PSV (cm/sec)	Diameter (mm)	Vessel Depth (mm)
Artery 2 cm Proximal to Anastomosis			<i>not applicable</i>
At Artery/Vein Anastomosis		<i>not applicable</i>	<i>not applicable</i>
Vein 5 cm From Anastomosis (Proximal)			
Vein 10 cm From Anastomosis (Mid)			
Vein 15 cm From Anastomosis (Distal)			

Signs of mature AV fistula: Vein diameter $\geq 4-6$ mm, vein ≤ 6 mm below skin surface.

Signs of >50% stenosis include: $> 50\%$ luminal narrowing at grayscale imaging, peak velocity $> 400-500$ cm/sec at stenosis; velocity ratio > 3.0 AVF anastomosis or > 2.0 draining vein.

For all indications:

DVT	Subclavian / Common Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Axillary / Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Brachial / Popliteal Veins	None	Nonocclusive	Occlusive	Chronic

For all indications document diameter & distance from anastomosis of any accessory veins extending off the draining vein:

Sonographer's Impression: _____

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

AV Graft 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: _____ Age: _____

History/Symptoms: _____

AV Graft Anatomy: _____ Date Graft Created: _____

	1st Measurement	2nd Measurement	3rd Measurement
Arterial Flow Volumes (mL/min)			
Venous Flow Volumes (mL/min)			

Signs of >50% stenosis include: draining vein flow volume <600 mL/min or ≥25% decrease compared to prior.

	PSV (cm/sec)	Diameter (mm)
Artery 2 cm Proximal to Arterial Anastomosis		
At Artery/Graft Anastomosis		<i>not applicable</i>
Mid Graft		<i>not applicable</i>
At Graft/Venous Anastomosis		<i>not applicable</i>
Vein 5 cm From Anastomosis (Proximal)		<i>not applicable</i>
Vein 10 cm From Anastomosis (Mid)		<i>not applicable</i>
Vein 15 cm From Anastomosis (Distal)		<i>not applicable</i>

Signs of >50% stenosis include: >50% luminal narrowing at grayscale imaging; peak velocity >400-500 cm/sec at stenosis; velocity ratio >3.0 AVG arterial anastomosis, >2.0 AVG venous anastomosis, >2.0 draining vein.

Signs of >75% stenosis at venous anastomosis include: velocity ratio >3.0.

DVT	Subclavian / Common Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Axillary / Femoral Vein	None	Nonocclusive	Occlusive	Chronic
	Brachial / Popliteal Veins	None	Nonocclusive	Occlusive	Chronic

For all indications document diameter & distance from anastomosis of any accessory veins extending off the draining vein:

Sonographer's Impression: _____

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

