

BROWN-FOLSE PACS, LLC VASULAR LABORATORY

Name _____ DOB _____ Physician _____

UPPER EXTREMITY ARTERIAL EVALUATION

Presenting Condition _____

Past History: _____ Heart disease _____ Diabetes _____ Previous arteriogram
 _____ Hypertension _____ Obesity _____ Previous duplex scan
 _____ Hyperlipidemia _____ Smoking _____ Other vascular surgery

Physical Findings: Elevation pallor R L Sensory loss R L
 Dependent rubor R L Motor loss R L
 Trophic changes R L Coolness R L

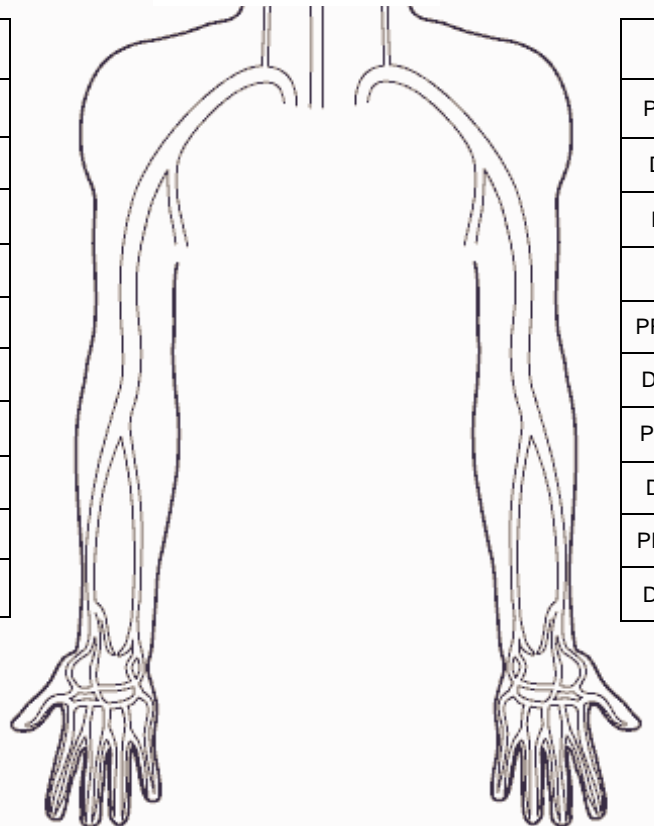
Rt. Brachial
 mmHG

Pulses
 + present, - absent

Lt. Brachial
 mmHG

RIGHT

Site	Velocity PSV	Wave Form
PROX SUB		
DIST SUB		
PROX AX		
DIST AX		
PROX BRAC		
DIST BRAC		
PROX RADI		
DIST RADI		
PROX ULNA		
DIST ULNA		



LEFT

Site	Velocity PSV	Wave Form
PROX SUB		
DIST SUB		
PROX AX		
DIST AX		
PROX BRAC		
DIST BRAC		
PROX RADI		
DIST RADI		
PROX ULNA		
DIST ULNA		

Comments: _____

Sonographer: _____