BROWN-FOLSE PACS, LLC
VASULAR LABORATORY

Name_____DOB_____Physician_____

LOWER EXTREMITY ARTERIAL EVALUATION

Presenting Condition_____

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

Physical Findings:

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

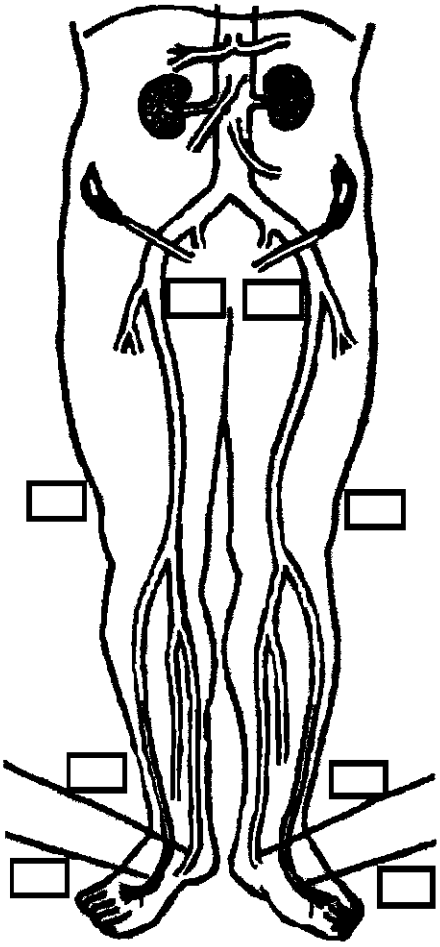
Rt. Brachial ☐ mmHG

Pulses
+ present, - absent

Lt. Brachial ☐ mmHG

RIGHT

Site	Velocity PSV	Wave Form
CFA		
PFA		
SFA		
MID SFA		
DIST SFA		
POP		
CALF PTA		
PER		
ANKLE PTA		
ATA		



LEFT

Site	Velocity PSV	Wave Form
CFA		
PFA		
SFA		
MID SFA		
DIST SFA		
POP		
CALF PTA		
PER		
ANKLE PTA		
ATA		

Ankle Pressure

PTA ☐ mmHG
ATA ☐ mmHG

Posterior Tibial
Dorsalis Pedis

Posterior Tibial
Dorsalis Pedis

Ankle Pressure

PTA ☐ mmHG
ATA ☐ mmHG

Comments: _____

Sonographer: _____