IMAGEN

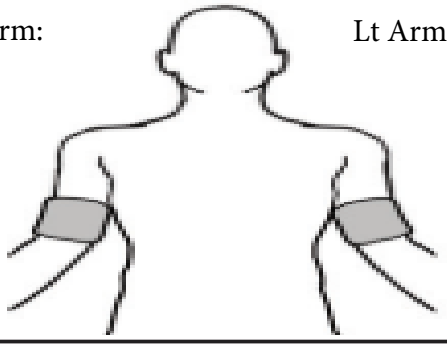
LOWER EXTREMITY ARTERIAL WORKSHEET

Name: ___ Date ID:_____

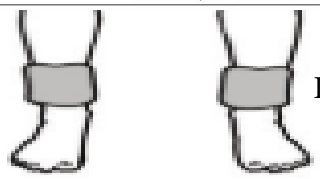
Accn# Referring Physician:_____

Indications: Choose or Type _____

Clinical Observations: Pain ☐ Pallor ☐ Pulselessness ☐ Ulceration ☐ Hair Loss ☐ Thickened Toenails ☐

RIGHT:	Blood Pressures	LEFT:
CFA: _____cm/s Choose one	Rt Arm: Lt Arm:	CFA: _____cm/s Choose One
Choose SFA: _____cm/s Choose One		Choose SFA: _____cm/s Choose One
PFA: _____cm/s Choose One		PFA: _____cm/s Choose One
Choose POP: _____cm/s Choose One		Choose POP: _____cm/s Choose One
PTA: _____cm/s Choose One		PTA: _____cm/s Choose One
DPA: _____cm/s Choose One		DPA: _____cm/s Choose One
ATA: _____cm/s Choose One		ATA: _____cm/s Choose One

ABI	Interpretation
>1.3	False elevation; heavy vessel calcification
1.0–1.29	Normal
0.91–1.0	Borderline
0.7–0.9	Mild PAD
0.4–0.69	Moderate PAD
<0.4	Severe PAD, associated critical limb ischemia (ulceration and rest pain)

Rt Ankle:  Lt Ankle:

RIGHT ABI :_____ LEFT ABI:_____

ABI is calculated by dividing EACH ankle by the HIGHEST Brachial! See chart above for interpretation assistance.

Additional Comments:

Sonographer Name: Contact Phone Number: