CAROTID ULTRASOUND WORKSHEET

CLINICAL INFORMATION (CIRCLE ALL THAT APPLY):
Stenosis of the carotid, vertebral, or multiple arteries, TIA, CVA, syncope and collapse, lack of coordination, speech disturbance, bruit, weak pulse.

OTHER CLINICAL INFORMATION OR SYMPTOMS: ____________________________________________________________

Technologist: _____________________ Previous Exam? No Yes: __________________________

<table>
<thead>
<tr>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCA PSV cm/sec</td>
<td></td>
</tr>
<tr>
<td>CCA EDV cm/sec</td>
<td></td>
</tr>
<tr>
<td>ICA PSV cm/sec</td>
<td></td>
</tr>
<tr>
<td>ICA EDV cm/sec</td>
<td></td>
</tr>
<tr>
<td>ICA / CCA PSV Ratio</td>
<td></td>
</tr>
<tr>
<td>ICA / CCA EDV Ratio</td>
<td></td>
</tr>
<tr>
<td>Visual Plaque Est.</td>
<td></td>
</tr>
<tr>
<td>Vertebral Artery Flow</td>
<td></td>
</tr>
<tr>
<td>ECA PSV cm/sec</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Parameters**

<table>
<thead>
<tr>
<th>Degree of Stenosis %</th>
<th>ICA PSV cm/sec</th>
<th>Plaque Estimate</th>
<th>ICA / CCA PSV Ratio</th>
<th>ICA EDV cm/sec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;125</td>
<td>None</td>
<td>&lt;2.0</td>
<td>&lt;40</td>
</tr>
<tr>
<td>&lt;50</td>
<td>&lt;125</td>
<td>&lt;50</td>
<td>&lt;2.0</td>
<td>&lt;40</td>
</tr>
<tr>
<td>50 – 69</td>
<td>125 – 230</td>
<td>&gt;50</td>
<td>2.0 – 4.0</td>
<td>40 – 100</td>
</tr>
<tr>
<td>&gt;70 but less than</td>
<td>&gt;230</td>
<td>&gt;50</td>
<td>&gt;4.0</td>
<td>&gt;100</td>
</tr>
<tr>
<td>near occlusion</td>
<td>high, low or</td>
<td>Visible</td>
<td>Variable</td>
<td>Variable</td>
</tr>
<tr>
<td>Total Occlusion</td>
<td>undetectable</td>
<td>Visible, no detectable</td>
<td>N / A</td>
<td>N / A</td>
</tr>
</tbody>
</table>

**Additional Parameters**

Call report to: ____________________________

Number or Pager: ____________________________

Other comments:

☐ Routine, no immediate call back necessary

☐ Call report to: ____________________________

Number or Pager: ____________________________