



SOUND DIAGNOSTICS OF NORTHWEST FLORIDA

1414 Clayton Road
Chipley, Florida 32428
850-258-1580

Name: _____
MR # _____
DOB: _____
Referring Physician: _____
Sonographer: _____

Date: / / _____
Age: _____
Diagnosis: _____
Patient Symptoms: _____

Lower Extremity Arterial

RIGHT LEG:

CFA:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

SFA Proximal:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

SFA Mid:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

SFA Distal:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

Popliteal Artery:

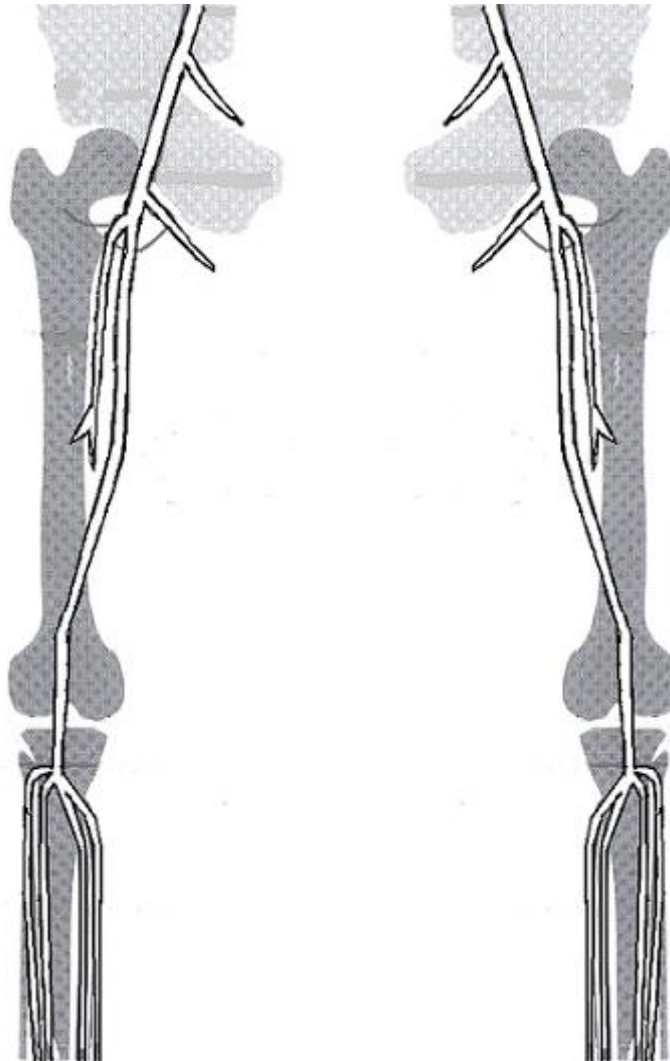
Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

Posterior Tibial Artery:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

Dorsalis Pedis Artery:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:



LEFT LEG:

CFA:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

SFA Proximal:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

SFA Mid:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type:

SFA Distal:

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Flow Type:

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Color Flow: Yes No
Flow Type:

Dorsalis Pedis Artery:

Plaque Seen: Yes No
Color Flow: Yes No
Flow Type: