PenVasc

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Name **Jones, Phil**
Exam ID 97330
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
747.69 Periph vasc. anamoly-other specified site

Ankle Brachial Indices

	Ankle Pressures					
	Right			Left		
Location	Press	ABI	Waveforms	Press	ABI	Waveforms
Brachial	154			150		
Dor. Pedis	131	0.85	Reduced	174	1.13	Normal
Post. Tibial	121	0.79	Reduced	167	1.08	Normal
Peroneal						
Great Toe						

Femoral Waveforms	
Right	Left
Biphasic	Triphasic

Interpretation:

Right: Mildly decreased right ankle pressure index.
Reduced ankle waveforms of the right lower extremity.
Evidence of iliac artery obstruction by CFA doppler waveform analysis.

Left: Normal ankle pressure index of the left lower extremity.
Normal ankle waveforms of the left lower extremity.
No evidence of iliac artery obstruction by CFA doppler waveform analysis.

Impression:

Right: This exam reveals mildly decreased perfusion of the right lower extremity.

Left: This exam reveals normal perfusion of the left lower extremity.

Phil White, M.D. ***4/20/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

Report Prepared by PenVasc Vascular Database

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Name **Jones, Phil**
Exam ID 97329
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
441.3 Abdominal aneurysm -ruptured

Aneurysm Survey

Vessel	Right			Left		
	A-P	Lat	Thrombus	A-P	Lat	Thrombus
Prox CFA	.95 cm.	.74 cm.	☐ Present	cm.	cm.	☐ Present
Mid CFA	.85 cm.	.95 cm.	☐ Present	cm.	cm.	☐ Present
Distal CFA	.74 cm.	.84 cm.	☐ Present	cm.	cm.	☐ Present
Prox SFA	.87 cm.	.99 cm.	☐ Present	cm.	cm.	☐ Present
Mid SFA	2.5 cm.	2.6 cm.	☐ Present	cm.	cm.	☐ Present
Distal SFA	.95 cm.	.94 cm.	☐ Present	cm.	cm.	☐ Present
Prox POP	.65 cm.	.54 cm.	☐ Present	cm.	cm.	☐ Present
Mid POP	.54 cm.	.54 cm.	☐ Present	cm.	cm.	☐ Present
Distal POP	.68 cm.	.68 cm.	☐ Present	cm.	cm.	☐ Present

Noninvasive evaluation of the lower extremity native arteries with B-mode imaging, color Doppler, spectral Doppler analysis and representative diameter measurements.

Interpretation:
The maximum diameter measurement of the right superficial femoral artery is 2.6 cm.

Impression:
Aneurysm noted on the right superficial femoral artery.

James S White, M.D. ***9/8/2010***

Performed By: ***Matella Morris, RDMS, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97331
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
441.3 Abdominal aneurysm -ruptured

Aorta Duplex Evaluation

	Diameter Measurements	
	Lat	Ant / Post
Supra-renal:	2.50 cm	2.30 cm
Juxtra-renal:	2.40 cm	2.50 cm
Infra-renal:	4.50 cm	4.56 cm

	Right		Left	
	Lat	Ant / Post	Lat	Ant / Post
Common Iliac:	cm	cm	cm	cm
Femoral:	cm	cm	cm	cm
Popliteal:	cm	cm	cm	cm

Aneurysm Measurements and Velocities	
Residual Lumen:	1.20 cm
Aneurysm Length:	3.25 cm
Aorta Prox Velocity:	50 cm/s
Aorta Dist Velocity:	54 cm/s

Interpretation:
The maximum aorta artery diameter measurement is 4.56 cm. measured at the infra-renal longitudinal level.

Impression:
Moderate dilatation of the abdominal aorta is noted at the infra-renal transverse and infra-renal longitudinal levels.

Phil White, M.D. ***4/20/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97332
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
747.69 Periph vasc. anamoly-other specified site

Arterial Duplex Examination

Interpretation:

Right: Pressures are invalid due to presumed medial wall calcification.
Direct duplex scanning of the right groin area reveals a cystic structure measuring 2.24 cm x 2.14 cm. Active flow is not detected.

Impression:

Right: Hematoma of right groin area status post cardiac cath procedure.

Phil White, M.D. ***4/20/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97333
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins
V. S. History

Reason for Study

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

Bypass Graft Surveillance

Date of Graft: 5/10/2010 Side: Inflow Artery: Common femoral Conduit: Insitu Vein
Outflow Artery: Below-knee Popliteal

Brachial/Ankle Pressures		
Location	Right	Left
Brachial	150	150
Ankle	84	160
ABI	0.56	1.07

Velocities				
Location	PSV	Ratio	Waveforms	Comments
Inflow Artery	100		Triphasic	
Prox. Anast.	100	1.00	Triphasic	
Prox. Graft	100	1.00	Triphasic	
Prox/Mid Graft	541	5.41	Monophasic	
Mid Graft	100	.18	Monophasic	
Dist/Mid Graft	100	1.00	Monophasic	
Dist Graft	100	1.00	Monophasic	
Distal Anast.	100	1.00	Monophasic	
Outflow Artery	100	1.00	Monophasic	

Interpretation:

Moderately decreased right ankle pressure index consistant with claudication.
Significant velocity increase of the right proximal/mid graft artery of the bypass graft.
Normal ankle pressure index of the left lower extremity.

Impression:

This exam reveals moderately decreased perfusion of the right lower extremity.
75 -99% of the right bypass graft. Graft threatening stenosis.
This exam reveals normal perfusion of the left lower extremity.

Phil White, M.D. ***9/9/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

Report Prepared by PenVasc Vascular Database

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Name **Jones, Phil**
Exam ID 97334
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins
V. S. History

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

Reason for Study
433.11 Carotid Stenosis/Occl w/CVA

Carotid Duplex Exam

	Right					Left				
	PSV	EDV	%	Grade	Plaque Desc.	PSV	EDV	%	Grade	Plaque Desc.
Prox CCA	57	12	0	0%		47	15	0	0%	
Mid CCA	87	15	0	0%		54	10	0	0%	
Distal CCA	74	12	0	0%		45	11	0	0%	
Bulb	75	15	0	0%		60	17	0	0%	
Prox ICA	69	8	0	0%		60	16	0	0%	
Mid ICA	101	21	0	0%		187	85	60	60-79%	Homogeneous
Distal ICA	110	25	0	0%		100	10	0	0%	
ECA	89			0%		100			0%	
Vertebral	Antegrade					Retrograde				
Subclavian	Normal			ICA/CCA Ratio: 1.9		Abnormal			ICA/CCA Ratio: 4.2	
Brachial BP	150 / 80					100 / 60				

This exam is an extracranial analysis of the carotid artery system utilizing pulsed wave doppler, color doppler and B-mode imaging. Vertebral and subclavian arteries are examed in the same manner.

Technical Limitations:

Frequent patient movement

Interpretation:

Right: No plaque formation of the right CCA.
No plaque formation of the right ICA.

Left: No plaque formation of the left CCA.
Moderate homogeneous plaque formation of the left mid ICA; Doppler findings suggests a hemodynamically significant stenosis.

Impression:

Right: The right internal carotid artery appears within normal limits by duplex imaging.
The right verterbral artery flow is antegrade.

Left: 60-79% stenosis of the left mid ICA with moderate hemodynamic significance based on pulse Doppler criteria.
ICA/CCA ratio indicates a stenosis greater than 70%.
Subclavian steal with reversed vertebral artery flow direction noted on the left side.
The left brachial pressure is significantly lower than the right.

Phil White, M.D. ***9/9/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97335
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins
V. S. History

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

Reason for Study
729.5 Pain in limb

Dialysis Access Graft Duplex Evaluation

Type of Graft: Transposition
Inflow Artery: Brachial
Outflow Vein: Basilic

	Flow	Image Characteristics
Inflow Artery	74 cc/min	Patent
Inflow Anastomosis	85 cc/min	Patent
Mid Graft Inflow	541 cc/min	Stenosis
Mid Graft OutfFlow	121 cc/min	Patent
Outflow Anastomosis	84 cc/min	Patent
Efferent Vein	77 cc/min	Patent

Interpretation:
Increased velocity is noted at the mid graft inflow.

Impression:
A hemodynamically significant stenosis is noted of the mid graft inflow.

Wayne K. Baker, MD

Wayne K. Baker M.D. ***9/12/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97336
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
729.5 Pain in limb

Digits with Cold Water Immersion

	Ambient Temperature Data						Cold Water Immersion Data	
	Right			Left			Right	Left
	Press	Index	Waveforms	Press	Index	Waveforms	Waveforms	Waveforms
Brachial	150			150				
Forearm	150	1.00	Normal	151	1.01	Normal	Normal	Normal
Digit 1	120	0.80	Normal	120	0.80	Normal	Abnormal	Normal
Digit 2	120	0.80	Normal	120	0.80	Normal	Abnormal	Normal

Interpretation:

Right: No evidence of decreased perfusion of the right upper extremity.
No evidence of digital pressure decreases of the right upper extremity.
Normal waveforms are noted of the right upper extremity.
Decreased perfusion is noted of the right digits after ice water immersion.

Left: No evidence of decreased perfusion of the left upper extremity.
No evidence of digital pressure decreases of the left upper extremity.
Normal waveforms are noted of the left upper extremity.
Normal arterial response to ice water immersion of the left upper extremity.

Impression:

Right: This exam reveals normal perfusion of the right upper extremity.
No evidence of digital pressure decreases of the right upper extremity.
Digital waveforms indicate normal perfusion of the right upper extremity.
Waveform analysis post ice water immersion is consistent with a vasospastic process of the right upper extremity.

Left: This exam reveals normal perfusion of the left upper extremity.
No evidence of digital pressure decreases of the left upper extremity.
Digital waveforms indicate normal perfusion of the left upper extremity.
Waveform analysis post ice water immersion is not consistent with a vasospastic process of the left upper extremity.

Phil White, M.D. ***11/16/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97337
Exam Dat 4/8/2011

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Baker, Referring

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
794.2 Abnormal lung scan

Echocardiogram

M-Mode/2-D Measurements

R.V.O.T.	3.4	cm. (.90-2.6)
IVS (ED)	0.9	cm. (.50-1.1)
IVS (ES)	1.3	cm.
LV (ED)	7.4	cm. (3.5-5.7)
LV (ES)	6.5	cm.
LVPW (ED)	1.1	cm. (.50-1.1)
LVPW (ES)	1.2	cm.
LA Diameter	5.1	cm. (1.9-4.0)

Mitral Valve

D-E Amp	1.1	cm.
EPSS	2.5	cm. (<.5)
Peak Velocity	.86	m/s (.60-1.3)
Peak Gradient	3.0	mmHg
PHT	41	msec.
Insufficiency	4.5	
Est. Degree	Mild/Mod	
E/A Ratio	2.6	
IVRT		

Aortic Valve

Root Dia	3.3	cm. (2.0-3.7)
Cusp Sep	1.6	cm. (1.5-2.6)
Peak Velocity	1.5	m/s (1.0-1.7)
Peak Gradient	9.0	mmHg
Mean Gradient	4.8	mmHg
LVOT Velocity		m/s
Insuffiency	0	m/s
PHT		msec.
Est Degree		

Tricuspid Valve

Peak Velocity	.62	m/s (.30-.70)
Insufficiency	3.8	m/s
Est. RVSP (TR)	67.8	mmHg
RA Diameter	5.3	cm.

Pulmonic Valve

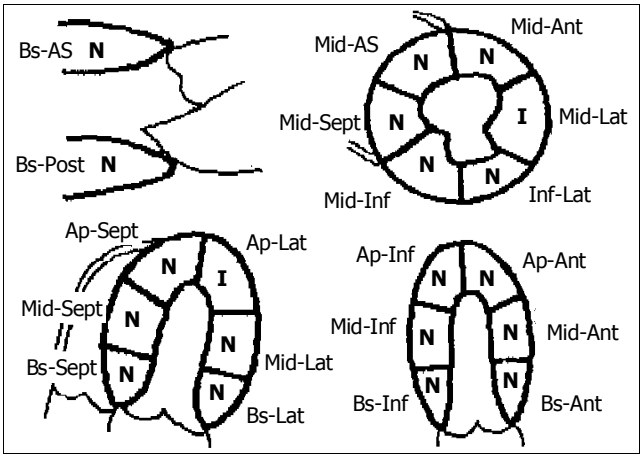
Peak Velocity	.88	m/s (.60-.90)
Insuffiency	0	m/s

LV Function

Ejection Fraction	20-25%	(55-70)
Frac. Shortening	12%	(25-42)

Pericardial Effusion
Negative

Wall Motion



Legend N Normal I Hypokinetic II Hyperkinetic

Impression:

1.LVSF:20-25%
2.BAE
3.LVE
4.Mild/Moderate MR
5.Moderate TR
6.Non-reactive IVC
7.No obvious cardiac masses or effusions noted.

Phil White, M.D.

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

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Name **Jones, Phil**
Exam ID 97338
Exam Dat 9/8/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study

Iliac Duplex Exam

	Velocities					
	Right			Left		
	PSV (cm/sec)	% Inc.	Waveforms	PSV (cm/sec)	% Inc.	Waveforms
Aorta	100		Triphasic			
Common Iliac	54	-46	Triphasic	541	441	Stenotic
External Iliac	100	0	Triphasic	100	0	Triphasic

Ankle/Toe Pressures			
Location	Press	BI	Waveforms
Right Brachial	150		
Dor. Pedis	150	1.00	Normal
Post. Tibial	150	1.00	Normal
Left Brachial	150		
Dor. Pedis	85	0.57	Reduced
Post. Tibial	85	0.57	Reduced

Interpretation:

Right: Normal ankle pressure index of the right lower extremity.
Normal ankle waveforms of the right lower extremity.
Normal triphasic waveforms of the right ankle.
No evidence of significant velocity increases of the right lower extremity.
Normal Doppler waveforms of the right lower extremity.

Left: Moderately decreased left ankle pressure index consistant with claudication.
Biphasic ankle waveforms of the left lower extremity.
Moderately abnormal waveforms of the left ankle.
Significant velocity increase of the left common iliac artery.
Critically abnormal Doppler waveforms of the left common iliac artery.

Impression:

Right: This exam reveals normal perfusion of the right lower extremity.
Patent iliac artey.

Left: This exam reveals moderately decreased perfusion of the left lower extremity.
Hemodynamically significant stenosis (50 -99%) of the left lower extremity.

Wayne K. Baker MD

Wayne K. Baker M.D. ***9/20/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/8/2010*

Report Prepared by PenVasc Vascular Database

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Name **Jones, Robert**
Exam ID 97280
Exam Dat 7/9/2010

Med Rec No. 15190029
Date of Birth 2/28/1953 **Age** 57 **Sex** Male
Referred By Jackson, Gretchen (Cardiology)
V. S. History

Admission Inpatient
Room # ccu
Prior Exam: 55
Limited: No

Risk Factors
Smoke > 2 packs per day

Medications

Reason for Study
747.69 Periph vasc. anamoly-other specified site

Lower Extremity Arterial Exam

	Right			Left		
Location	Press	Ratio	PVR/PPG Waveforms	Press	Ratio	PVR/PPG Waveforms
Brachial	129	1.00		124	0.96	
High Thigh	53	0.41	Severe	164	1.27	Normal
Low Thigh	50	0.39	Severe	157	1.22	Normal
Calf (POP)	44	0.34	Severe	147	1.14	Normal
Dor. Pedis	40	0.31	Severe	134	1.04	Normal
Post. Tibial	37	0.29	Severe	140	1.09	Normal
Peroneal	0	0.00	Absent	138	1.07	Normal
Great Toe	0	0.00	Non-Pulsatile	115	0.89	Pulsatile

Interpretation:

Right: Severe decrease of the right lower extremity.
Moderately abnormal PVR waveforms of the right lower extremity.
Non-pulsatile PPG waveform in the right digits.

Left: Moderate decrease of the left high thigh pressure.
Normal PVR waveforms of the left lower extremity.
Normal PPG waveforms in the left digits.

Impression:

Right: This exam reveals severely decreased perfusion of the right lower extremity.
This exam reveals severely decreased perfusion of right lower extremity, noted at the iliac and pedal artery levels.
Undetectable digital pressures are noted of the right lower extremity.

Left: This exam reveals normal perfusion of the left lower extremity.
This exam reveals normal perfusion of left lower extremity at rest.

Phil White, M.D. ***7/14/2010***

Performed By: ***Scott Abott, RVT***
Transcribed: *7/9/2010 3:08:38 PM*

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Name **Jackson, Peggy**
Exam ID 197366
Exam Dat 4/11/2011

Med Rec No. 477482
Date of Birth 8/16/1955 **Age** 55 **Sex** Female
Referred By Baker, Referring
V. S. History

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Tobacco--quit <10 years ago
S/P CABG

Medications

Reason for Study
443.81 Arterial disease due to diabetes

Lower Extremity Duplex Exam

	Velocities					
	Right			Left		
Location	PSV	Ratio	Doppler Waveforms	PSV	Ratio	Doppler Waveforms
CFA	74		Triphasic	78		Triphasic
PFA	78	1.05	Triphasic	101	1.29	Triphasic
Prox SFA	98	1.26	Triphasic	109	1.08	Triphasic
Mid SFA	78	.80	Triphasic	78	.72	Triphasic
Distal SFA	76	.97	Triphasic	98	1.26	Triphasic
Prox POP	69	.91	Triphasic	698	7.12	Monophasic
Mid POP	85	1.23	Triphasic	45	.06	Monophasic
Distal POP	74	.87	Triphasic	84	1.87	Monophasic
Post Tibial	96	1.30	Triphasic	47	.56	Monophasic
Ant Tibial	84	.88	Triphasic	84	1.79	Monophasic

Ankle/Toe Pressures				
Location		Press	BI	Waveforms
Right	Brachial	147		
	Dor. Pedis	159	1.05	Normal
	Post. Tibial	151	1.00	Normal
	Peroneal	167	1.11	Normal
	Great Toe			
Left	Brachial	151		
	Dor. Pedis	85	0.56	Reduced
	Post. Tibial	96	0.64	Reduced
	Peroneal	74	0.49	Reduced
	Great Toe			

Noninvasive evaluation of the native arterial system by B-mode imaging, color Doppler, and spectral analysis.

Interpretation:

Right: Normal ankle pressure index of the right lower extremity.
Normal ankle waveforms of the right lower extremity.
No evidence of significant velocity increases of the right lower extremity.
Normal Doppler waveforms of the right lower extremity.

Left: Moderately decreased left ankle pressure index consistant with claudication.
Reduced ankle waveforms of the left lower extremity.
Significant velocity increase of the left mid/distal superficial femoral artery.
Monophasic Doppler waveforms of the left mid/distal superficial femoral, distal superficial femoral, popliteal, posterior tibial and anterior tibial arteries.

Impression:

Right: This exam reveals normal perfusion of the right lower extremity.

Left: This exam reveals moderately decreased perfusion of the left lower extremity.
Hemodynamically significant stenosis (75 -99%) of the left lower extremity.

Phil White, M.D. ***4/21/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *4/11/2011*

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Name **Jones, Phil**
Exam ID 97341
Exam Dat 9/9/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
Right 747.69 Periph vasc. anamoly-other specified site
Left 440.31 Atherosclerosis of autologous Graft

Lower Extremity Arterial Exam with Exercise

	Doppler Waveforms	
	Right	Left
CFA	Triphasic	Triphasic
SFA	Triphasic	Triphasic
POP	Triphasic	Triphasic
DPA	Triphasic	Triphasic
PTA	Triphasic	Triphasic

	Right			Left		
Location	Press	Ratio	PVR/PPG Waveforms	Press	Ratio	PVR/PPG Waveforms
Brachial	141	0.97		145	1.00	
Thigh	154	1.06	Normal	161	1.11	Normal
Calf (POP)	151	1.04	Normal	154	1.06	Normal
Dor. Pedis	147	1.01	Normal	151	1.04	Normal
Post. Tibial						
Great Toe						
2nd Toe						
3rd Toe						
4th Toe						
5th Toe						

Immediate Post-Exercise Pressures			
Brach	Ankle		ABI
Right			
170	DP	180	1.06
	PT	180	1.06
Left			
170	DP	90	0.53
	PT	90	0.53

Recovery Time	5	min.
Time Walked	5	min.
Dist. Walked		

Interpretation:

Right: Normal ankle pressure index of the right lower extremity.
No evidence of segmental pressure decreases of the right lower extremity.
Normal PVR waveforms of the right lower extremity.

Left: Normal ankle pressure index of the left lower extremity.
No evidence of segmental pressure decreases of the left lower extremity.
Normal PVR waveforms of the left lower extremity.

Impression:

Right: This exam reveals normal perfusion of the right lower extremity.
This exam reveals normal perfusion of right lower extremity at rest.
No evidence of decreased right post execise ankle pressure index.

Left: This exam reveals normal perfusion of the left lower extremity.
This exam reveals normal perfusion of left lower extremity at rest.
Signficantly decreased left post exercise ankle pressure index.

Wayne K. Baker MD

Wayne K. Baker M.D. ***9/20/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/9/2010*

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PenVasc

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Name **Smith, Mary Ellen**
Exam ID 93298
Exam Dat 4/5/2010

Med Rec No. 16938651
Date of Birth 9/11/1938 **Age** 71 **Sex** Female
Referred By Jackson, Kimberley J.
V. S. History

Reason for Study

Admission Outpatient
Room #
Prior Exam:
Limited: Yes

Risk Factors
Carotid disease
HTN, DM, wt loss, abd pain, claudication
Rt CEA 8/25/09
Smoking (1/60)
bilateral renal, celiac and SMA endartectomy

Medications

Mesenteric Arteries Duplex Evaluation

Artery Locations	PSV	EDV
Suprarenal Aorta	54	10
Proximal Celiac	162	22
Distal Celiac	141	16
Proximal Hepatic	128	25
Proximal Splenic	501	141
Proximal Superior Mesenteric	79	9
Mid Superior Mesenteric	92	10
Distal Superior Mesenteric	193	20
Proximal Inferior Mesenteric	121	12

Interpretation:
Evaluation reveals increased velocities of the proximal splenic artery.

Impression:
Hemodynamically significant disease (70-99%) of the proximal splenic artery.

Wayne K. Baker M.D.

Wayne K. Baker M.D. ***4/21/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *4/5/2010 9:19:05 AM*

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Name **Jones, Phil**
Exam ID 97350
Exam Dat 9/22/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Outpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study

Outpatient Assessment

Pain Rating:

Pediatric or Developmentally Delayed

0	2	4	6	8	10
No Pain	Little	Medium	A Lot	Very Bad	Worst
○	○	◉	○	○	○

If a numeric value other than zero:
Location: Left Calf
Description:
Duration:

What makes it better:
What makes it worse:

Falling Risk: ☑ Y ☐ N

Does Patient show any outward appearance of being at risk for a fall? ☑ Y ☐ N
Is patient using any ambulatory devices (crutches, canes, etc.)? ☑ Y ☐ N
Has patient had a fall in the last 6 months? ☑ Y ☐ N
Intervention: If yes to any of the fall risk questions, then was a chair or wheelchair offered? ☐ Y ☑ Patient Refused

Domestic Violence Screening:
Any safety concern suspected? ☐ Y ☑ N
If yes, name of Social Worker:

Education:

PerfArtDisease	PerfVenousDisease	ExtCarotidDisease	VisceralVenousDisease
☑ Signs and Symptoms	☐ Sign and Symptoms	☑ Signs and Symptoms	☐ Sign and Symptoms
☑ Risk Factors	☐ Risk Factors	☑ Risk Factors	☐ Risk Factors
☐ Interventions	☐ Interventions	☐ Interventions	☐ Interventions
☑ Diagnostic Testing	☐ Diagnostic Testing	☐ Diagnostic Testing	☐ Diagnostic Testing

Barriers to Education: ☑ Y ☐ N

☐ Language	☐ Culture	☑ Psychological
☐ Disability	☑ Emotional	☐ Sight
☐ Hearing	☐ Religion	☐ Emotional Issues
☐ Age	☐ Level of Education	☐ Other

Barriers to Education Intervention:
☐ Pamphlets
☑ Demonstration
☐ Visitor/Family Member Assistance
☐ Other

Phil White, M.D.

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/22/2010*

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Name **Jones, Theodore**
Exam ID 96963
Exam Dat 7/1/2010

Med Rec No. 17123523
Date of Birth 3/8/1932 **Age** 78 **Sex** Male
Referred By Baker, George W.
V. S. History

Reason for Study

Admission Outpatient
Room # DOC
Prior Exam:
Limited: No

Risk Factors
Brain tumor removed in 2000.
h/o prostate CA
Hyperlipdemia
Hypertension
Smoking (2 ppd x 20 y. Quit '97)
BLE legs feel heavy

Medications

Penile Blood Flow Evaluation

Nocturnal Erection:
Partial Erection:

Penile Pulse Volume Recording Waveform
Triphasic

Ankle/Toe Pressures				
Location		Press	BI	Waveforms
Right	Brachial	134		
	Dor. Pedis	151	1.12	Normal
	Post. Tibial	151	1.12	Normal
	Great Toe	127	0.94	Pulsatile
Left	Brachial	135		
	Dor. Pedis	148	1.10	Normal
	Post. Tibial	141	1.04	Normal
	Great Toe	121	0.90	Pulsatile

Penile Pressures			
Right		Left	
Press	PBI	Press	PBI
151	1.12		

Interpretation:

Right: Normal ankle pressure index of the right lower extremity.
Normal penile pressure indicies of the right lower extremity.
Normal penile pulse volume recording waveform.
Normal PPG waveforms in the right great toe.

Left: Normal ankle pressure index of the left lower extremity.
Normal PPG waveforms in the left great toe.

Impression:

Right: This exam reveals normal perfusion of the right lower extremity.

Left: This exam reveals normal perfusion of the left lower extremity.

Phil White, M.D. ***7/21/2010***

Performed By: ***Randy Jones, RVT***
Transcribed: *7/1/2010 3:14:52 PM*

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Name **Jones, Gloria Anita**
Exam ID 97313
Exam Dat 7/12/2010

Med Rec No. 19657429
Date of Birth 9/8/1935 **Age** 74 **Sex** Female
Referred By Jackson, Kimberley J.
V. S. History

Admission Outpatient
Room # DOC
Prior Exam: 4/27/2009
Limited: No

Risk Factors
Hypertension
Mitral valve problem
Severe MVA '03 (lacerations left kidney)
Left LE pain

Reason for Study
585 Chronic renal failure

Medications

Duplex Evaluation of Renal Arteries

Abd Aorta Velocity
68

Brachial BP
132/56

Transplant ☐

		Right					Left				
		PSV	EDV	Angle	R/A Ratio	Acc Time (Delay)	PSV	EDV	Angle	R/A Ratio	Acc Time (Delay)
Renal Artery	Prox	75	25	24			86	29	58		
	Mid	214	64	50	3.15		125	48	60	1.84	
	Distal	100	31	44					60		
Cortex		63	23	0	RI: 0.63	45			60		0
Medulla		65	20	0	RI: 0.69	50			60		0
Kidney Length		9.32 cm.					cm.				

Interpretation:

Right: No evidence of increased velocities of the right renal artery is noted.
Renal length is within normal limits for the right kidney.
Increased renovascular resistance is noted of the right kidney.

Left: No evidence of increased velocities of the left renal artery is noted.

Impression:

Right: No evidence of renal artery occlusive disease of the right renal artery with normal kidney size.

Left: No evidence of renal artery occlusive disease of the left renal artery with normal kidney size.

Wayne K. Baker MD

Wayne K. Baker M.D. ***7/21/2010***

Performed By: ***Peter Brown, RVT***
Transcribed: *7/12/2010 10:44:55 AM*

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Name **Jackson, Peggy**
Exam ID 197367
Exam Dat 4/11/2011

Med Rec No. 477482
Date of Birth 8/16/1955 **Age** 55 **Sex** Female
Referred By Baker, Referring

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Tobacco--quit <10 years ago
S/P CABG

Medications

V. S. History
AAA aneurysm repair

Reason for Study
436 CVA

Vascular Screening

Right Blood Pressure: 134 Left Blood Pressure: 130

Arterial Screening					Carotid Screening			Aortic Screening	
	Ankle	ABI	Great Toe	TBI		ICA Velocity	Pathology		
Right	154	1.15			Right	104 cm/sec	No	Aortic Diameter	4.89 cm.
Left	114	0.85			Left	365 cm/sec	Yes		

Noninvasive screening evaluation of the carotid, aorta, and lower extremity arteries. Examination includes B-mode imaging, color doppler, spectral analysis, continuous wave Doppler, volume pulse waveforms and ankle brachial indices.

Impression:

Arterial: Presence of disease - ankle/brachial index of <.95. Recommend complete diagnostic examination within 6 months.

Carotid: Presence of disease of overall significance - >50% diameter reduction defined by the presence of pathology and a peak systolic velocity of >125 cm/sec with documented post stenotic turbulence. Recommend immediate diagnostic examination and vascular surgeon referral within 30 days.

Aortic: Presence of aneurysmal disease - maximum diameter of greater than 3.0 cm. Recommend immediate referral to vascular surgeon.

James S White, M.D. ***4/21/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *4/11/2011*

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Name **Jones, Amber Jean**
Exam ID 94079
Exam Dat 4/22/2010

Med Rec No. 19532790
Date of Birth 12/12/1991 **Age** 18 **Sex** Female
Referred By Baker, Patrick (Neurology)
V. S. History

Admission Outpatient
Room # DOC
Prior Exam:
Limited: No

Risk Factors
right arm numbness and coldness w/ migraine
Migraines

Medications

Reason for Study
443.89 Cyanosis/Pain/Numbness/Tingling LE

Thoracic Outlet Examination

Waveforms

Right Location 2nd Digit		Left Location 2nd Digit
Triphasic	Neutral Position	Triphasic
Triphasic	Supine	Triphasic
Triphasic	Sitting	Triphasic
Triphasic	Arms Straight Out @ 90°	Triphasic
Triphasic	Arms Angled Up @ 135°	Triphasic
Triphasic	Arms Straight Up @ 180°	Monophasic
Triphasic	Arms Back; Chest Out	Triphasic
Triphasic	Other	Triphasic

Interpretation:

Right: Waveform analysis reveals normal waveforms of the right upper extremity at rest and with positional changes.

Left: Waveform analysis reveals significant attenuation of the left upper extremity.

Impression:

Right: No evidence of thoracic outlet compression syndrome of the right upper extremity.

Left: Thoracic outlet syndrome is noted of the upper extremity as demonstrated in the arms straight up @ 180° position .

Phil White, M.D. ***4/23/2010***

Performed By: ***Wendy VanDelay, RDMS, RVT***
Transcribed: *4/22/2010 2:06:52 PM*

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Name **Jackson, Peggy**
Exam ID 197364
Exam Dat 4/11/2011

Med Rec No. 477482
Date of Birth 8/16/1955 **Age** 55 **Sex** Female
Referred By Baker, Robert
V. S. History

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Tobacco--quit <10 years ago
S/P CABG

Medications

Reason for Study
747.69 Periph vasc. anamoly-other specified site

Upper Extremity Arterial Exam

	Extremity Pressures					
	Right			Left		
Location	Press	BI	PVR/PPG Waveforms	Press	BI	PVR/PPG Waveforms
Brachial	150			100		
Radial	139	0.93	Pulsatile	84	0.56	Reduced
Ulnar	148	0.99	Pulsatile	78	0.52	Reduced
Thumb	114	0.76	Pulsatile	54	0.36	Reduced
Index	101	0.67	Pulsatile	57	0.38	Reduced
Middle	104	0.69	Pulsatile	47	0.31	Reduced
Ring	115	0.77	Pulsatile	51	0.34	Reduced
Small	103	0.69	Pulsatile	50	0.33	Reduced

Noninvasive arterial exam of the upper extremities including continuous wave Doppler waveforms, volume pulse waveforms, segmental pressures, and ankle brachial indices. Testing includes exercise and/or digit pressures/waveforms when clinically indicated.

Interpretation:

Right: No evidence of segmental pressure decreases of the right upper extremity.
Moderately decreased right finger pressure index.
Normal PVR waveforms of the right upper extremity.
Pulsatile waveform in the right fingers.

Left: Severe decrease of the left radial and ulnar pressures.
Severely decreased left finger pressure index.
Mildly abnormal PVR waveforms of the left upper extremity.
Reduced waveform in the left fingers.
The left brachial pressure is significantly lower than the right side.

Impression:

Right: This exam reveals normal perfusion of right upper extremity.
Moderately decreased digital pressures are noted of the right upper extremity.

Left: This exam reveals mildly decreased perfusion of left upper extremity, noted at the distal brachial and subclavian or brachiocephalic artery levels.
Severely decreased digital pressures are noted of the left upper extremity.

Phil White, M.D. ***4/21/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *4/11/2011*

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Name **Roberts, Darrell Thomas**
Exam ID 97207
Exam Dat 7/8/2010

Med Rec No. 13686243
Date of Birth 1/15/1944 **Age** 66 **Sex** Male
Referred By Jackson, Randolph L. (SUR)
V. S. History

Reason for Study

Admission Inpatient
Room # B509
Prior Exam:
Limited: No

Risk Factors
evaluate for adequate veins
Deaf/mute
pre-op possible angioplasty/stenting lt leg

Medications

Lower Extremity Duplex Vein Mapping

	Great Saphenous		Small Saphenous	
	Right	Left	Right	Left
Proximal Thigh	4.8	3.7		
Mid Thigh	3.8	4.0		
Distal Thigh	3.8	2.2		
At Knee	4.2	1.7		
Proximal Calf	5.2			
Mid Calf	2.7			
Distal Calf	2.2			
At Ankle	2.4			
Compressibility	+	+		

Legend	
+	Normal
-	Reduced
Ø	Absent
I	Inconclusive
	Not Applicable

Length: Groin to ankle
cm. of Usable Vein: 10

Noninvasive evaluation of the superficial veins to be utilized for bypass graft conduit. Includes B-mode imaging, representative diameter measurements, and compression maneuvers. All measurements in centimeters.

Duplex Analysis:

The right GSV is adequate size (2.4-4.8mm) from ankle to the groin. Location was marked on right leg.
The left GSV is adequate size (3.7-4.0mm) from groin to mid thigh then appears to diminish in size (<2.2mm) from distal thigh towards the ankle. Location was marked on left leg.

Impression:

Bilateral greater saphenous veins appear patent. Right greater saphenous vein appears adequate in size for surgical stenting. Left greater saphenous vein does not appear to be adequate size for stenting.

James S White, M.D. ***7/9/2010***

Performed By: ***Wendy VanDelay, RDMS, RVT***
Transcribed: *7/8/2010 1:48:10 PM*

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Name **Jones, Phil**
Exam ID 97348
Exam Dat 9/22/2010

Med Rec No. 10831159
Date of Birth 4/11/1963 **Age** 47 **Sex** Male
Referred By Jackson, Hollins

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Alcohol Abuse
CABG

Medications

V. S. History
AAA aneurysm repair
PTA; renal or visceral

Reason for Study
782.3 Edema

Lower Extremity Venous Duplex Exam

	CFV		SFJx		PFV		SFV		Pop		PTV		GSV 1-5		GSV 6-8		LSV		Peron		Gastroc		cCFV	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Compressibility	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thrombosis																								
Spontaneity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Phasicity	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Augmentation	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Competency	+	+	Ø	+	+	+	+	+	+	+	+	+	Ø	+	Ø	+	+	+	+	+	+	+	+	+

Legend
+ Normal
- Reduced
Ø Absent
I Inconclusive
A Acute
C Chronic
Not Applicable

Interpretation:

Right: Normal compressibility of the deep veins in the right lower extremity.
No evidence of venous obstruction of the right lower extremity.
Marked reflux noted in the right saphenofemoral junction, greater saphenous (zone 1-5) and greater saphenous (zone 6-8) veins.

Left: Normal compressibility of the deep veins in the left lower extremity.
No evidence of venous obstruction of the left lower extremity.
No evidence of valvular incompetence of the left lower extremity.

Impression:

Right: No evidence of deep vein thrombosis or venous obstruction in the right lower extremity.
Severe valvular incompetence (chronic venous insufficiency) of the right saphenofemoral junction, greater saphenous (zone 1-5) and greater saphenous (zone 6-8) veins.

Left: No evidence of deep vein thrombosis or venous obstruction in the left lower extremity.
No evidence of valvular incompetence (chronic venous insufficiency) of the left lower extremity.

Note: Impression given reflects only those areas adequately visualized. Limitation of exam may include body habitus, inability to perform compression maneuvers and /or imaging artifacts. The pelvis and abdominal veins are not evaluated. Full leg edema may be a reflection of pelvic or abdominal vein obstruction. Symptoms may indicate the need for further diagnostic testing.

James S White, M.D. ***9/25/2010***

Performed By: ***Jack Johnson, RVT***
Transcribed: *9/22/2010*

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Name **Roberts, David Buckner, Jr.**
Exam ID 97305
Exam Dat 7/12/2010
Med Rec No. 17913805
Date of Birth 5/12/1961 **Age** 49 **Sex** Male
Referred By Baker, George W.
Admission Outpatient
Room #
Prior Exam:
Limited: No

Risk Factors
AO bi fem
Hypertension
lt to rt fem-fem (rt limb of aobifem occluded)
previous DVT
s/p left neph 6/17/10, c/o left leg pain x 4 days,

V. S. History

Reason for Study
782.3 Edema

Medications

Left Lower Extremity Venous Duplex Exam

Left	CFV	SFJx	PFV	SFV	Pop	PTV	GSV 1-5	GSV 6-8	LSV	Peron	Gastroc
Compressibility	+	+	+	Ø	Ø	+	+	+	+	+	Ø
Thrombosis				A	A						A
Spontaneity	+	+	+	Ø	Ø	+	+	+	+	+	Ø
Phasicity	+	+	+	Ø	Ø	+	+	+	+	+	Ø
Augmentation	+	+	+	Ø	Ø	+	+	+	+	+	Ø
Competency	+	+	+			+	+	+	+	+	

Legend
+ Normal
- Reduced
Ø Absent
I Inconclusive
A Acute
C Chronic
Not Applicable

Interpretation:
Acute echoes throughout left SFV and dilated popliteal veins with absent Doppler flow.

Impression:
Acute superficial femoral and popliteal DVT.

Note: Impression given reflects only those areas adequately visualized. Limitation of exam may include body habitus, inability to perform compression maneuvers and /or imaging artifacts. The pelvis and abdominal veins are not evaluated. Full leg edema may be a reflection of pelvic or abdominal vein obstruction. Symptoms may indicate the need for further diagnostic testing.

Phil White, M.D. ***7/13/2010***

Performed By: ***Scott Abott, RVT***
Transcribed: *7/12/2010 10:54:57 AM*

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Name **Jones, Ashley Gail**
Exam ID 197374
Exam Dat 4/21/2011

Med Rec No. 13612514
Date of Birth 1/16/1986 **Age** 25 **Sex** Female
Referred By Baker, Andrew
V. S. History

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
Lt leg pain and swelling
Recent left knee surgery

Medications

Reason for Study
782.3 Edema

Lower Extremity Venous Duplex Exam

	CFV		SFJx		PFV		SFV		Pop		PTV		GSV 1-5		GSV 6-8		LSV		Peron		Gastroc	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Compressibility	+	+	+	+	+	+	+	+	Ø	+	Ø	+	+	+	+	+	+	+	+	+	+	+
Thrombosis									A		A											
Spontaneity	+	+	+	+	+	+	+	+	Ø	+	Ø	+	+	+	+	+	+	+	+	+	+	+
Phasicity	+	+	+	+	+	+	+	+	Ø	+	Ø	+	+	+	+	+	+	+	+	+	+	+
Augmentation	+	+	+	+	+	+	+	+	Ø	+	Ø	+	+	+	+	+	+	+	+	+	+	+
Competency	+	+	+	+	+	+	+	+		+		+	+	+	+	+	+	+	+	+	+	+

Legend
+ Normal
- Reduced
Ø Absent
I Inconclusive
A Acute
C Chronic
Not Applicable

Noninvasive venous examination of the lower extremities using duplex ultrasound.

Interpretation:

Right: Incompressible right popliteal and posterior tibial veins.
No spontaneous or augmented venous flow in the right popliteal and posterior tibial veins.
No evidence of valvular incompetence of the right lower extremity.

Left: Normal compressibility of the deep veins in the left lower extremity.
No evidence of venous obstruction of the left lower extremity.
No evidence of valvular incompetence of the left lower extremity.

Impression:

Right: Totally occluding acute deep vein thrombosis thrombosis of the right popliteal and posterior tibial veins with severe reduction of the venous return.
No evidence of valvular incompetence (chronic venous insufficiency) of the right lower extremity.

Left: No evidence of deep vein thrombosis or venous obstruction in the left lower extremity.
No evidence of valvular incompetence (chronic venous insufficiency) of the left lower extremity.

James S White, M.D. ***4/21/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *4/21/2011*

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Name **Smith, Linda**
Exam ID 197373
Exam Dat 4/21/2011

Med Rec No. 13777425
Date of Birth 4/4/1951 **Age** 60 **Sex** Female
Referred By Smith, Paul
V. S. History

Admission Inpatient
Room #
Prior Exam:
Limited: No

Risk Factors
adm with ARF, SOB
morbin obesity, HTN, DM

Medications

Reason for Study
747.69 Periph vasc. anamoly-other specified site

Visceral Vascular Duplex Evaluation

	Pre-prandial					Post-prandial									
	PSV	EDV	Angle	Direction	Diameter	10 mins		20 mins		30 mins		40 mins		50 mins	
						PSV	EDV	PSV	EDV	PSV	EDV	PSV	EDV	PSV	EDV
Supraceliac Aorta	62	30													
Celiac	57	12	60	Toward		59	14								
Proximal SMA	64	15	60	Toward		475	200								
Mid SMA	74	15	60	Toward		200	100								
Distal SMA	54	16	60	Toward		200	75								

Interpretation:

Right: Pre-prandial evaluation reveals no evidence of increased velocities of the visceral vascular system. Post-prandial evaluation reveals significantly increased velocities of the proximal superior mesentaric, mid superior mesentaric and distal superior mesentaric arteries.

Impression:

Right: Occlusive disease of the proximal superior mesentaric, mid superior mesentaric and distal superior mesentaric arteries is noted.

Phil White, M.D. ***4/21/2011***

Performed By: ***Jack Johnson, RVT***
Transcribed: *4/21/2011*

Report Prepared by PenVasc Vascular Database