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CV Worksheet for Blank, Ben

Upper Extremity Arterial Exam, 9/16/2011

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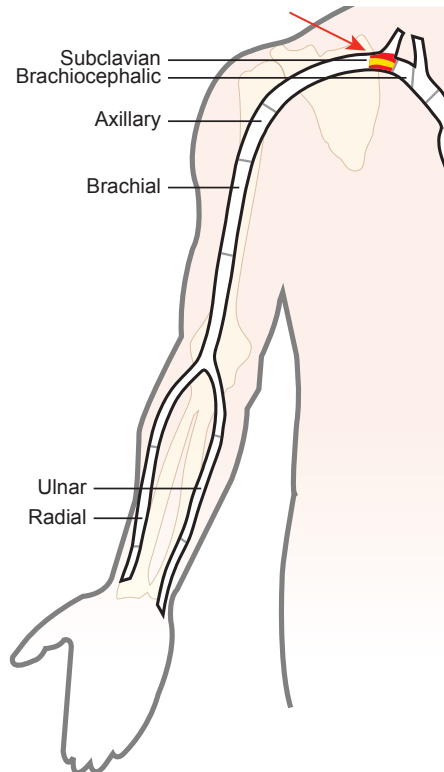
Name: Blank, Ben **Exam Date:** 9/16/2011
Patient ID: 125469787742 **Procedure:** Upper Extremity Arterial
DOB: **Exam Site:**
Age: **Accession #:**
Ref. Phys: **Prior Exams:**
History: Smokes, Diabetes-Adult.

Blood Pressure: 160/90

Date	Peak Sys cm/sec	End Dia cm/sec
9/9/2011	250	60
9/2/2011	240	50
8/26/2011	230	40

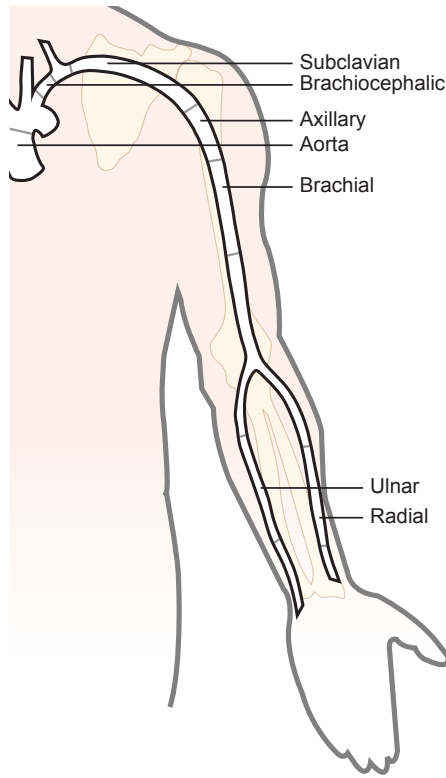
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Right



	Sys cm/sec	Dia cm/sec	Phasicity
Innominate			
Subclavian			
Proximal	250	80	Biphasic
Mid	190	60	Monophasic
Distal	145	50	Monophasic
Axillary			
Proximal	105	35	Monophasic
Mid	100	30	Monophasic
Distal	90	30	Monophasic
Brachial			
Proximal	70	25	Monophasic
Mid	65	20	Monophasic
Distal	45	20	Monophasic
Radial			
Proximal	40	10	Monophasic
Mid	35	10	Monophasic
Distal	25	0	Biphasic
Ulnar			
Proximal	40	10	Monophasic
Mid	35	0	Biphasic
Distal	10	0	Biphasic

Left



	Sys cm/sec	Dia cm/sec	Phasicity
Innominate			
Subclavian			
Proximal	145	0	Triphasic
Mid	90	0	Triphasic
Distal	75	0	Triphasic
Axillary			
Proximal	70	0	Triphasic
Mid	65	0	Triphasic
Distal	65	0	Triphasic
Brachial			
Proximal	65	0	Triphasic
Mid	60	0	Triphasic
Distal	60	0	Triphasic
Radial			
Proximal	65	0	Triphasic
Mid	59	0	Triphasic
Distal	58	0	Triphasic
Ulnar			
Proximal	64	0	Triphasic
Mid	59	0	Triphasic
Distal	55	0	Triphasic

Comments

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Allergies

Medications

Exam Status

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