

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

LOWER EXTREMITY GRAFT DUPLEX (LGDMWH)

PATIENT NAME: _____ MR#: _____ DATE: _____

TECH INITIAL: _____ EXT: _____ FACILITY: MWH / SH

INDICATION: (check at least one):

- ☐ Claudication - Right / Left ☐ Ischemic rest pain - Right / Left ☐ Arterial ulceration - Right / Left
☐ Gangrene - Right / Left ☐ Coolness - Right / Left ☐ Dependent rubor - Right / Left
☐ Pallor - Right / Left ☐ Prior endarterectomy / Angioplasty / Stent – Right / Left

COMPARISON: ☐ None ☐ Prior Exams: _____

TECHNIQUE: A lower extremity graft duplex exam of the **right / left / bilateral leg (s)** was performed using gray scale, color and spectral Doppler techniques for evaluation of bypass grafts to detect intrinsic stenosis or progression of disease, which may threaten graft patency.

LOCATION / TYPE OF BYPASS GRAFT: ☐ RIGHT ☐ LEFT

- ☐ Aorto-bi-iliac ☐ Aorto-bi-femoral ☐ Axillary-femoral ☐ Femoral-femoral
☐ Femoral popliteal – Vein / Synthetic ☐ Femoral tibial – Vein / Synthetic

FINDINGS / MEASUREMENTS:

<input type="checkbox"/> RIGHT GRAFT:			<input type="checkbox"/> LEFT GRAFT:		
<u>Level</u>	<u>PSV</u>	<u>Ratio</u>	<u>Level</u>	<u>PSV</u>	<u>Ratio</u>
Proximal artery	_____ cm/s	_____	Proximal artery	_____ cm/s	_____
Proximal anastomosis	_____ cm/s	_____	Proximal anastomosis	_____ cm/s	_____
Proximal graft	_____ cm/s	_____	Proximal graft	_____ cm/s	_____
Focal narrowing	_____ cm/s	_____	Focal narrowing	_____ cm/s	_____
Mid graft	_____ cm/s	_____	Mid graft	_____ cm/s	_____
Focal narrowing	_____ cm/s	_____	Focal narrowing	_____ cm/s	_____
Distal graft	_____ cm/s	_____	Distal graft	_____ cm/s	_____
Distal anastomosis	_____ cm/s	_____	Distal anastomosis	_____ cm/s	_____
Distal artery	_____ cm/s	_____	Distal artery	_____ cm/s	_____

☐ Tech impression: _____

☐ Suboptimal visualization of the _____ due to technical factors.

☐ The _____ was not visualized due to technical factors.

IMPRESSION: Preliminary findings/impression subject to radiologist review.

☐ Patent _____ graft with no evidence of significant stenosis.

☐ Narrowing/stenosis seen in the right / left _____

☐ ADD DICTATION

Additional Information (DO NOT TRANSCRIBE):

Interpretation guidelines	PSV (cm/s)	Ratio
Normal / <50%	<150 cm/s	<2.0
50%	150-200 cm/s	2.0 - 3.6
≥75%	>200	3.7 - 4

Note: PSV <45 cm/s is at risk for occlusion, however this may be normal in a graft with a large lumen