

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

WELLNESS AORTA (WAO)

PATIENT NAME: _____ MR# _____ DATE: _____
TECH INITIAL: _____ EXT: _____ FACILITY: MIF / MINS / MILH / ICW / WIMINS / MIKG

INDICATION: Screening for abdominal aortic aneurysm.

COMPARISON: None Prior exams: _____

TECHNIQUE: Transabdominal grayscale and color flow Doppler was performed for evaluation of the abdominal aorta.

FINDINGS:

ABDOMINAL AORTA:

Normal caliber _____ cm. No aneurysmal dilatation seen.

Suboptimally visualized secondary to overlying bowel gas.

Abnormal [ADD DICTATION]

Ectatic aorta

Plaque visualized

Thrombus visualized

Other: _____

Abdominal aortic aneurysm was visualized suprarenal juxtarenal infrarenal

(**ADD / OMIT**) Aortic aneurysm measurements for today:

Today's exam: AP(cm) _____ x Width(cm) _____

RIGHT COMMON ILIAC ARTERY:

Normal in caliber _____ cm Suboptimally visualized secondary to overlying bowel gas.

Abnormal: _____ ** [ADD DICTATION]

LEFT COMMON ILIAC ARTERY:

Normal in caliber _____ cm Suboptimally visualized secondary to overlying bowel gas.

Abnormal: _____ ** [ADD DICTATION]

IVC:

Patent Abnormal: _____ ** [ADD DICTATION]

IMPRESSION: Preliminary findings/impression subject to radiologist review.

Normal abdominal aortic and common iliac artery ultrasound.

ADD DICTATION