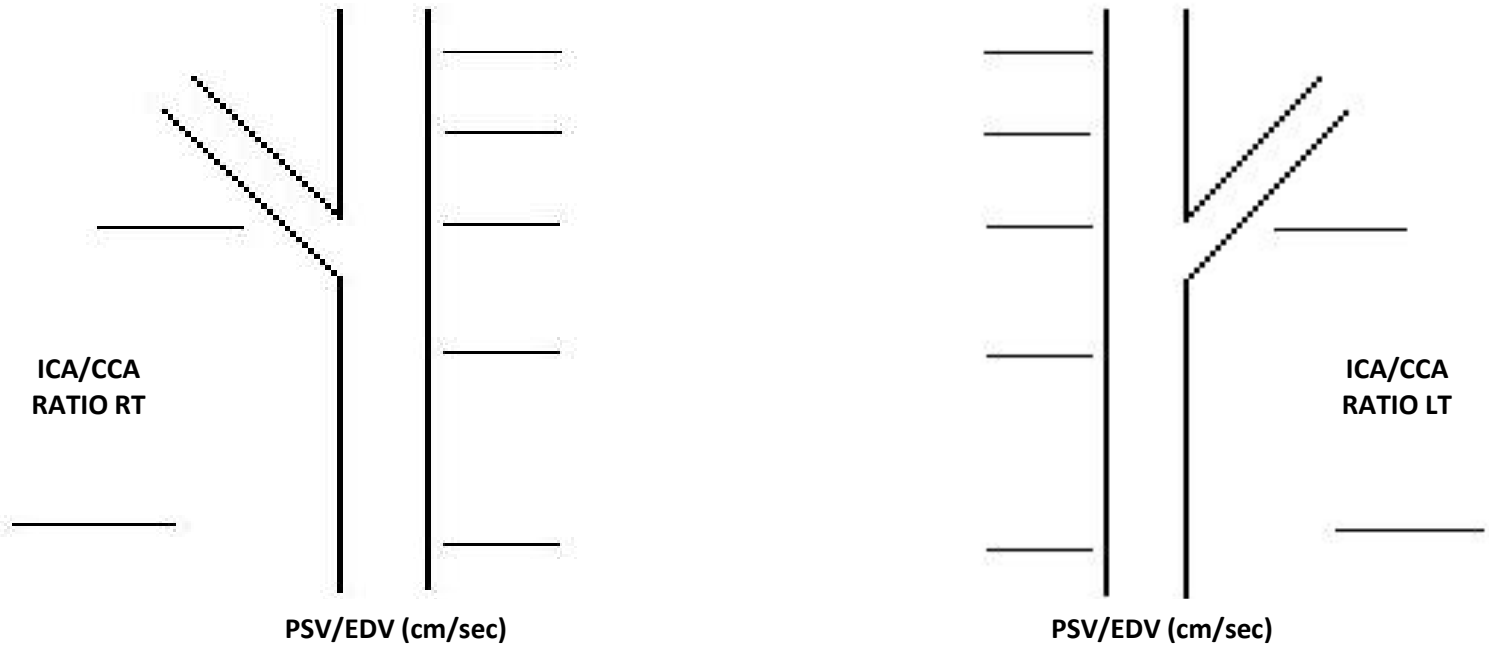


CAROTID DOPPLER

Name: _____ Date: _____
 Physician: _____ DOB: ___/___/___ Age: _____
 Sonographer: _____

SYMPTOMATIC: R / L HX OF STROKE: Y / N HX OF CAROTID SURGERY: Y / N L / R

Clinical Indications: _____



Special Instructions: Take the peak systolic Common Carotid artery velocity and compare it to the peak systolic ICA velocity. If MANUALLY Calculating Please USE the correct VALUES.

RT VERTEBRAL: Antegrade Reversed LT VERTEBRAL: Antegrade Reversed

Degree of Stenosis (%)	ICA PSV (cm/sec)	EDV (cm/sec)	PSV Ratio
NL- Mild: <50	< 125		<2.0
Moderate: 50-69	125-225		>2.0
Severe: 70-90	225-325	< 140	> 3.0
Critical: >90	> 325	> 140	> 4.0
Occluded	No Flow	No Flow	