

Name:

Sonographer:

Relevant clinical history:.....
.....
.....

Smoker: Yes / No

Diabetic: Yes / No

AAA: Yes / No (Normal ≤ 2.4 cm if patient ≤ 60 years³)

If no AAA identified:

AORTA: Max A-P diameter:cm

Max Trans diameter: cm

RT CIA: Max A-P diameter:cm

LT CIA: Max A-P diameter:cm

If AAA identified:

Infrarenal: Yes / No

AORTA: Max A-P diameter: cm

Max Trans diameter: cm

Overall AAA length: cm

RT CIA: Max A-P diameter: cm (Normal ≤ 15 mm ♂ 12mm ♀³)

LT CIA: Max A-P diameter:cm

If yes, distance below renal artery origin cm

Distal end distance from bifurcation cm

Mural thrombus: Yes / No

If yes, reduced lumen dimensions:

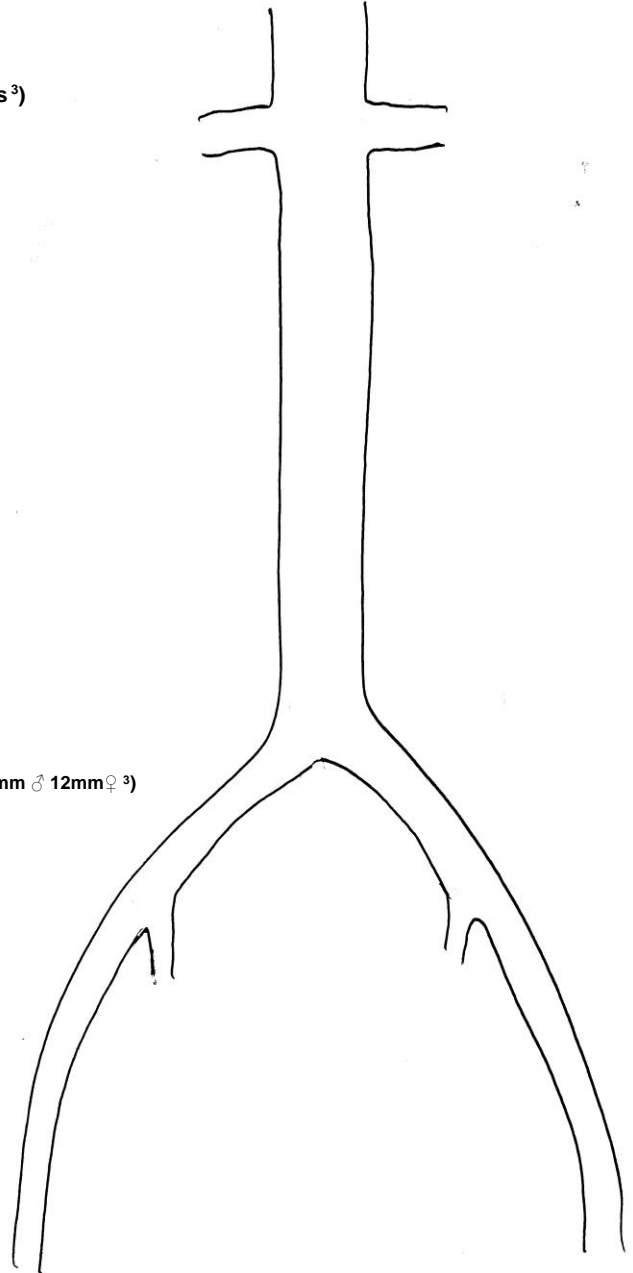
..... cm (trans) x..... cm (A-P)

Iliac artery involvement: Yes / No

If yes, segment length:

Rt CIA..... cm

Lt CIA: cm



Rt Kidney NAD

Lt Kidney NAD

Comments.....
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