Doppler Ultrasound Report

HOSPITAL/CLINIC NAME: _____

Patient Information:

Name: _____

Age: _____ **Gender:** _____ **Date of Birth:** _____

Patient ID: _____

Referring Physician:

Name: _____

Specialty:

Procedure Date: _____

Indication for Study: _____

Ultrasound Examination of: _____

Technique:

Gray scale and color Doppler evaluation was performed using a
_____ MHz probe.

Findings:

Right Side:

1. **Location:** Common Carotid Artery

   - **Description of vessel wall:** _____
   - **Peak systolic velocity:** _____ cm/s
   - **End diastolic velocity:** _____ cm/s

- **Comments:** _____

2. **Location:** Internal Carotid Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

3. **Location:** External Carotid Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

4. **Location:** Subclavian Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

5. **Location:** Vertebral Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

Left Side:

1. **Location:** Common Carotid Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

2. **Location:** Internal Carotid Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s

- **Comments:** _____

3. **Location:** External Carotid Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

4. **Location:** Subclavian Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

5. **Location:** Vertebral Artery

  - **Description of vessel wall:** _____
  - **Peak systolic velocity:** _____ cm/s
  - **End diastolic velocity:** _____ cm/s
  - **Comments:** _____

Impression:

Recommendations:

Sonographer: _____ **Date:** _____

Radiologist/Physician: _____ **Date:** _____

Ensure that all details are accurately recorded and always maintain patient confidentiality.