

PATIENT  
Wood , Denver

SS#  
[REDACTED]

Date  
3/7/2012

CAROTID/VERTEBRAL DUPLEX EVALUATION

Technique: Both carotid and vertebral arteries in the neck were imaged using color flow duplex scanning. Peak systolic and end diastolic velocities were obtained in the common carotid, internal carotid, external carotid and vertebral arteries.

**DIAGNOSTIC IMPRESSION:**

There is evidence of 50-79% ICA stenosis bilaterally.  
Increased velocities noted in the bilateral ECAs.  
Vertebral arteries are patent bilaterally with antegrade flow.  
No previous exam for comparison.

[Handwritten signature]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

3/8/12  
Date of signature

Referring MD: [REDACTED]  
Ref. Service: Vascular

cc:  
VA Medical Records

<u>Patient information:</u>	<u>Patient risk factors:</u>	<u>Indications for test:</u>	<u>Examining technologist</u>
81 yrs Anglo Male	IDDM NIDDM Hypertension Elevated lipids Non-smoker CVA	Unspecified CV disease 437.9	[REDACTED]

<u>Right</u>	<u>FINDINGS</u>	<u>Left</u>
ICA PSV/EDV cm/sec--138/28 CCA PSV/EDV cm/sec-- 148/17 Vertebral flow antegrade Increased ECA velocity to--178cm/s		ICA PSV/EDV cm/sec--373/113 CCA PSV/EDV cm/sec-- 106/4 Vertebral flow antegrade Increased ECA velocity to--156cm/s

Patient identified by name and SS#

Wood, Denver E

81

year old Referred to [REDACTED] of [REDACTED]

INDICATIONS constant leg pain

Classification Denies R Hip Thigh Calf L Hip Thigh Calf

< 1 blk 1-4 blk > 4 blk > 1 mile Atypical pain

Rest Pain Denies q night Sometimes Dependent relief Nothing relieves

Ulcerations R Calcaneal Heel Dorsal foot Plantar foot Digit 1 2 3 4 5

L Calcaneal Heel Dorsal foot Plantar foot Digit 1 2 3 4 5

Other

ARTERIAL STUDY TYPE 3

Study date 3-7-12 IP OP

PRELIMINARY TECHNICAL INTERPRETATION

RIGHT

- No evidence
- Mild TBI
- Moderate
- Mod severe
- Severe

Suprainguinal

- Infrainguinal
- Infrapopliteal
- Inframalleolar

- Unchanged
- Interval improvement
- Interval worsening

LEFT

- No evidence
- Mild
- Moderate
- Mod severe TBI
- Severe

Suprainguinal

- Infrainguinal
- Infrapopliteal
- Inframalleolar

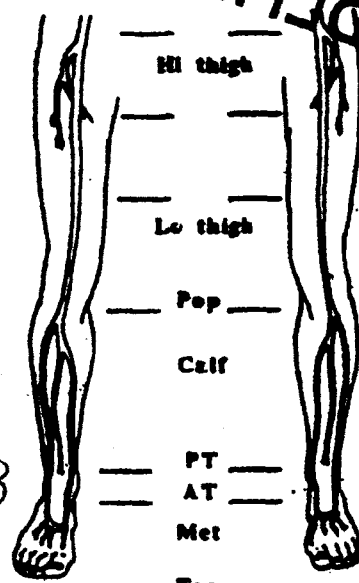
- Unchanged
- Interval improvement
- Interval worsening
- Diabetic calcification
- Press falsely elevated

RA SBP 191

LA SBP 191

DOEP	PR	PRESSURE	VELOCITY	PRESSURE	PVR	DOEP
CFA <u>I</u>	---	---	Hi thigh	---	---	CFA <u>I</u>
SFA <u>I</u>	---	---	Lo thigh	---	---	SFA <u>I</u>
Pop <u>I</u>	---	---	Pop	---	---	Pop <u>I</u>
Calf	---	---	Calf	---	---	Calf
PT <u>B</u>	<u>N</u>	<u>725</u>	PT	<u>7250</u>	<u>N</u>	PT <u>B-T</u>
AT <u>M</u>	<u>N</u>	<u>&gt;250</u>	AT	<u>169</u>	<u>N</u>	AT <u>R</u>
	<u>B</u>	<u>124</u>	Met		<u>N</u>	
			Toe	<u>72</u>	<u>B</u>	

PRELIMINARY



Pt could not lie flat. Test done in high Fowler's position

- |                 |                  |                              |
|-----------------|------------------|------------------------------|
| N: N            | T: Triphasic     | 1: Ulcer/infection/dressing  |
| RWA: R Ref wave | TA: T-above base | 2: Cuff pressure intolerable |
| B: Bistimed     | B: Biphasic      | 3: Thigh allowed one cuff    |
| BB: Bowed/blunt | M: Monophasic    | 4: Too poor to measure       |
| F: Flat         | A: Aheast        | 5: Unreliable                |
| L: Unreliable   | R: Retrograde    | 6: Patient uncooperative     |

RABI N/C LABI N/C  
RTBI 0.65 LTBI 0.38

COMMENTS

no previous

Next Vasc clinic appt [Signature] Physician qualified [Signature] Dictated [Signature] Tech performing study KC

[REDACTED]  
[REDACTED]  
[REDACTED]

**Lower Arterial**

Name: Wood, Denver  
Date of Birth: [REDACTED]

Age: 81

Patient ID: [REDACTED]  
Gender: Male

Ref By:  
Examined By:  
Read By:

Date: 03/07/2012 08:17  
Room: '

PRELIMINARY

Segmental BP

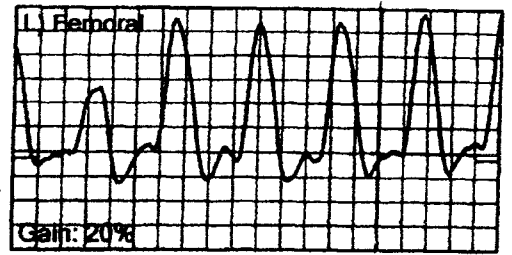
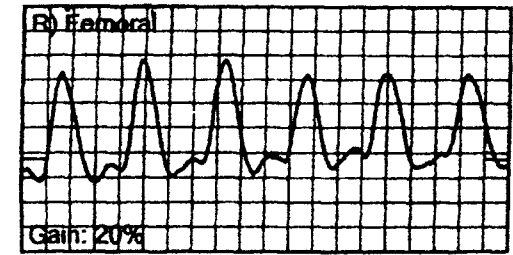
**Right**

**Left**

Brachial:	191	Index
Ankle (PT):	>254	-NC-
Ankle (AT):	>254	-NC-
Digit:	124	0.65

Brachial:	191	Index
Ankle (PT):	>254	-NC-
Ankle (AT):	169	0.88
Digit:	72	0.38

Doppler

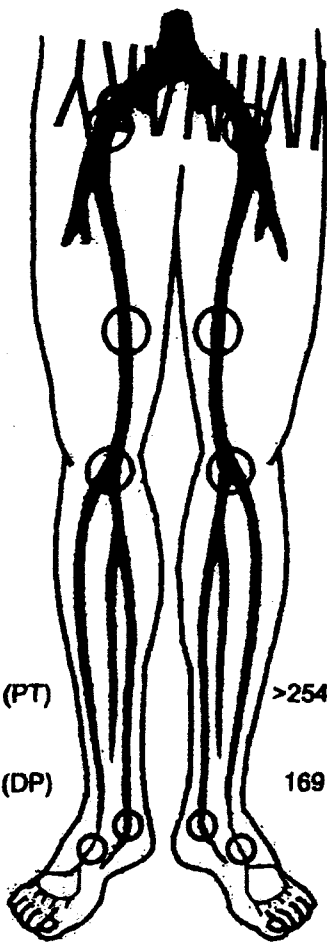
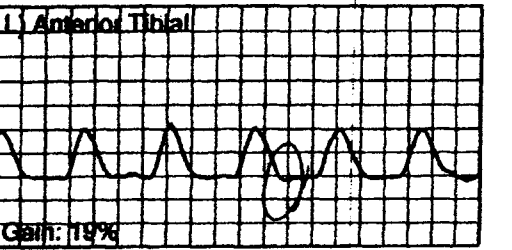
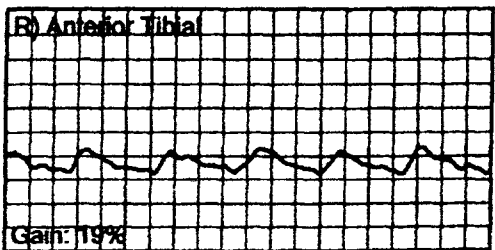
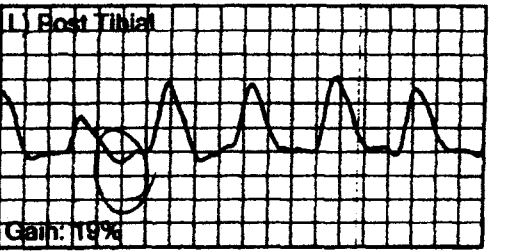
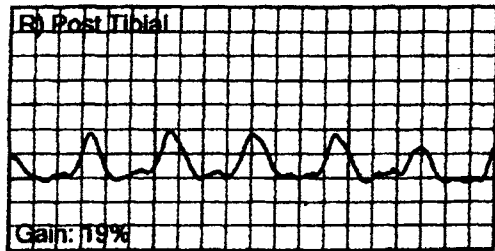
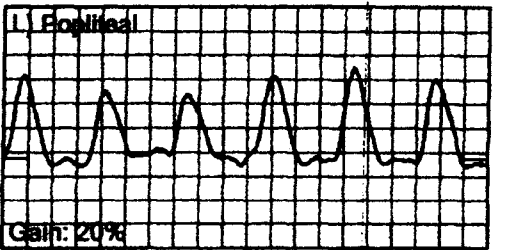
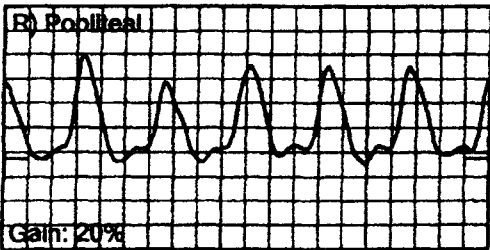
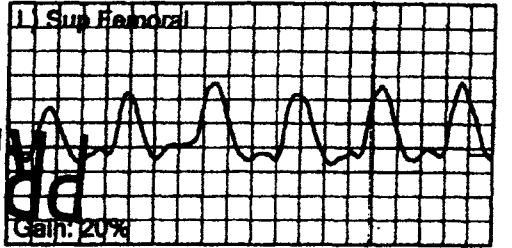
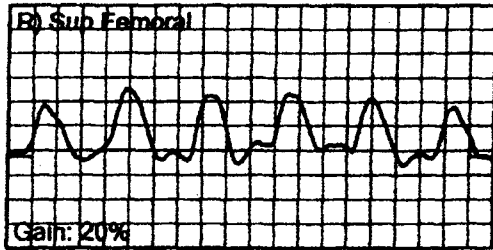


Segmental BP  
Segment/Brachial Index

191

Brachial

191



>254 (PT)  
-NC-

>254 (PT)  
-NC-

>254 (DP)  
-NC-

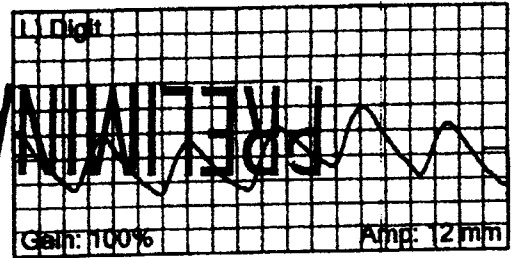
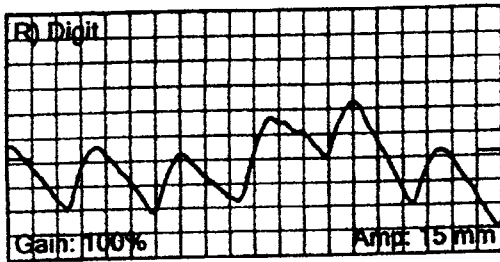
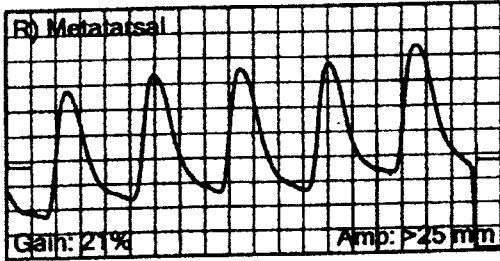
169 (DP)  
0.88

124  
0.65

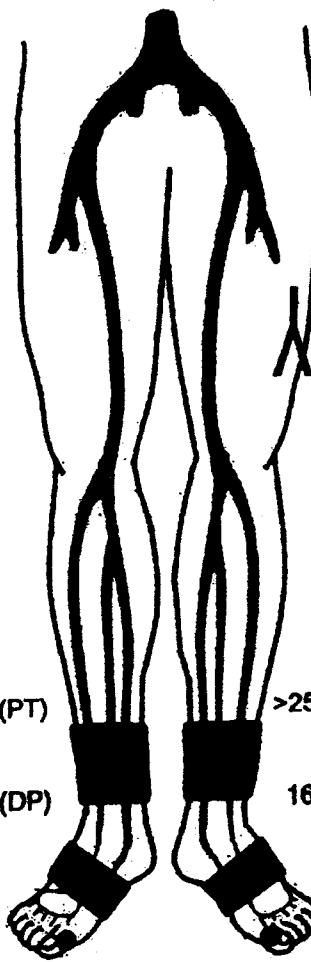
72  
0.38

Ankle/Brachial Index 0.88

VPR



Segmental BP  
Segment/Brachial Index



191	Brachial	191
>254 (PT) -NC-		>254 (PT) -NC-
>254 (DP) -NC-		169 (DP) 0.88
124 0.65		72 0.38
Ankle/Brachial Index		0.88

PRELIMINARY

MEDICAL RECORD

CONSULTATION SHEET

WOOD, DENVER EMORY

ROCHELLE TEXAS 76872

Phone:

Consult Request: TRANSTHORACIC ECHOCARDIOGRAM

Consult No.:

To: TRANSTHORACIC ECHOCARDIOGRAM

From:

Requested: 02/01/2012 11:42 a

Requesting Facility: SOUTH TEXAS HCS

Current Primary Care Provider:

Current Primary Care Team: KD BROWN TEAM

REASON FOR REQUEST: (Complaints and findings)

Brief Patient History:

81 male with multi syncope episodes

Reason for Echo Request: Other: SYNCOPE

PROVISIONAL DIAG: syncope

REQUESTED BY:

MD/Family Practice

PLACE:

Consultant's choice

URGENCY:

Routine

SERVICE RENDERED AS:

Outpatient

EARLIEST DATE:

Feb 01, 2012

CONSULTATION NOTE

LOCAL TITLE: ECHOCARDIOGRAM CONSULT

STANDARD TITLE: CARDIOLOGY CONSULT

DATE OF NOTE: APR 11, 2012@09:06

ENTRY DATE: APR 11, 2012@09:06:42

AUTHOR:

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

TRANSTHORACIC ECHOCARDIOGRAPHIC REPORT

Date Test Performed: 4/11/12

Interpreting Fellow:

AUTHOR & TITLE:

DATE:

ID #: \_\_\_\_\_ ORGANIZATION:

KERRVILLE

REG #: \_\_\_\_\_

LOC: K PC BROWN