

Name: ..... DOB: .....

Address: .....

..... Phone: .....

## ULTRASOUND DUPLEX ASSESSMENT

### ARTERIAL

- Carotid & Vertebral Ultrasound  
 Ankle-Brachial Index (ABI)  
 Lower Limb       Left       Right       Bilateral  
 Aorto-iliac/ AAA Ultrasound  
 Renal Artery Ultrasound  
 Mesenteric Artery Ultrasound  
 Upper Limb       Left       Right       Bilateral

### VENOUS

- DVT Lower  
 DVT Upper  
 Varicose Veins Ultrasound (Venous Insufficiency)  
 IVC / Iliac veins  
 Ovarian / Pelvic Veins  
 Perforator Marking  
 Conduit Marking

**R**

**L**

### ARTERIOVENOUS FISTULA

- Mapping       Surveillance       Lower       Upper       Right       Left

### VASCULAR DISEASE SCREENING

- Consists of Carotid Ultrasound - cerebrovascular screen
- ABI's - screen for peripheral arterial disease
- Aorta Ultrasound - screen for AAA

### THORACIC OUTLET SYNDROME

- Right       Left

Other: .....

Clinical Details: .....

.....

.....

Referring Doctor: .....

Address: .....

Phone: ..... Fax: .....  Would you like to receive correspondence by email?

Email: .....

Provider Number: ..... Signature: .....

Referral Date: .....

Please see over for further information... >>

## Preparation

For many vascular ultrasound examinations, no specific preparation is necessary.

If the patient is having an abdominal ultrasound:

- Fasting from midnight prior to the ultrasound is required, although moderate clear fluid is allowed.
- Take medication as usual.
- If the patient is diabetic, a piece of toast with clear fluid is acceptable.

## Other

Allow 30 minutes for each test. Eg. two legs are considered as two tests.

Missed appointments are costly, please call 24 hours before examination if not able to attend.

### North Shore Health Hub

Suite 205, Level 2, Tower A, 7 Westbourne Street, St Leonards NSW 2065



### Parkway SAN Clinic

Suite 207, 172 Fox Valley Rd, Wahroonga NSW 2076



#### North Shore Health Hub

Suite 205, Level 2, Tower A  
7 Westbourne Street  
St Leonards NSW 2065  
Provider Number - 531696GJ

#### Parkway SAN Clinic

Suite 207  
172 Fox Valley Rd  
Wahroonga NSW 2076  
Provider Number - 531696FY