



Ultrasound Distensibility

Id#: IDNO

Acrostic: ACROSTIC

Date:  /  **ULTDT1**   
Month Day Year

**1 Results of Distensibility exam (10 seconds of carotid distensibility video acquired):**

- 1  Done → Skip to #3
- 2  Incomplete
- 0  Not Done

**DISCMP1**

**2 Reason Distensibility exam incomplete or not done:**

- 1  Equipment malfunction
- 2  Time/staff/room constraints
- 3  Examinee refused/uncooperative
- 4  Examinee physically unable
- 5  Other:

**DISREAS1**

**DISTXT1**

**3 Baseline Blood Pressure and Pulse**

*(If Distensibility exam immediately follows Endothelial Function, transcribe from #16 on Endothelial Function form.)*

	Systolic	Diastolic	Pulse
Left	<input type="text"/> <b>ULSYS1</b>	<input type="text"/> <b>ULDIA1</b>	<input type="text"/> <b>ULPUL1</b>
Right	<input type="text"/> <b>URSYS1</b>	<input type="text"/> <b>URDIA1</b>	<input type="text"/> <b>URPUL1</b>

**4 Tape#**

**TAPE2ID1**

**5 VCR Start Time**      
Hr Min Sec

**DISHR1 DISMN1 DISSEC1**

**6 Were right CCA Doppler blood flow signals detectable?**

- 1  Yes
- 0  No

**DISSIG1**

**7 Pulse Wave Doppler Measurement**

**PWDOPMS1**    
cm/s

**8 Post Imaging Pressure and Pulse**

	Systolic	Diastolic	Pulse
* Left arm	<input type="text"/> <b>UPOSYS1</b>	<input type="text"/> <b>UPODIA1</b>	<input type="text"/> <b>UPOPUL1</b>

\* Right arm if it is 15 mmHg greater than the left

**9 Quality of scan**

- 1  Good
- 2  Fair
- 3  Poor:

**DISQUAL1**

Sonographer ID#  **DISTID1**

Reviewer ID#:  **DISRID1**

Data Entry ID#:  **DISDID1**