

Patient Name JOHN DOE DOB 8/8/1950
Patient Age 67 Gender M Race Caucasian
Ref. Physician NANCY SMITH, MD

PatientID ABC123
Date 10/30/2017
Examiner GEORGE JOHNSON

| Risk Factors | |
|---|---|
| <input checked="" type="checkbox"/> Tobacco Use | <input checked="" type="checkbox"/> Hyperlipidemia |
| <input checked="" type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Stroke/TIA |
| <input checked="" type="checkbox"/> Heart Disease | <input checked="" type="checkbox"/> Prev Vasc Surgery |
| <input checked="" type="checkbox"/> Prev CV Event | <input checked="" type="checkbox"/> Over Age 65 |
| <input checked="" type="checkbox"/> TEST RISK | |

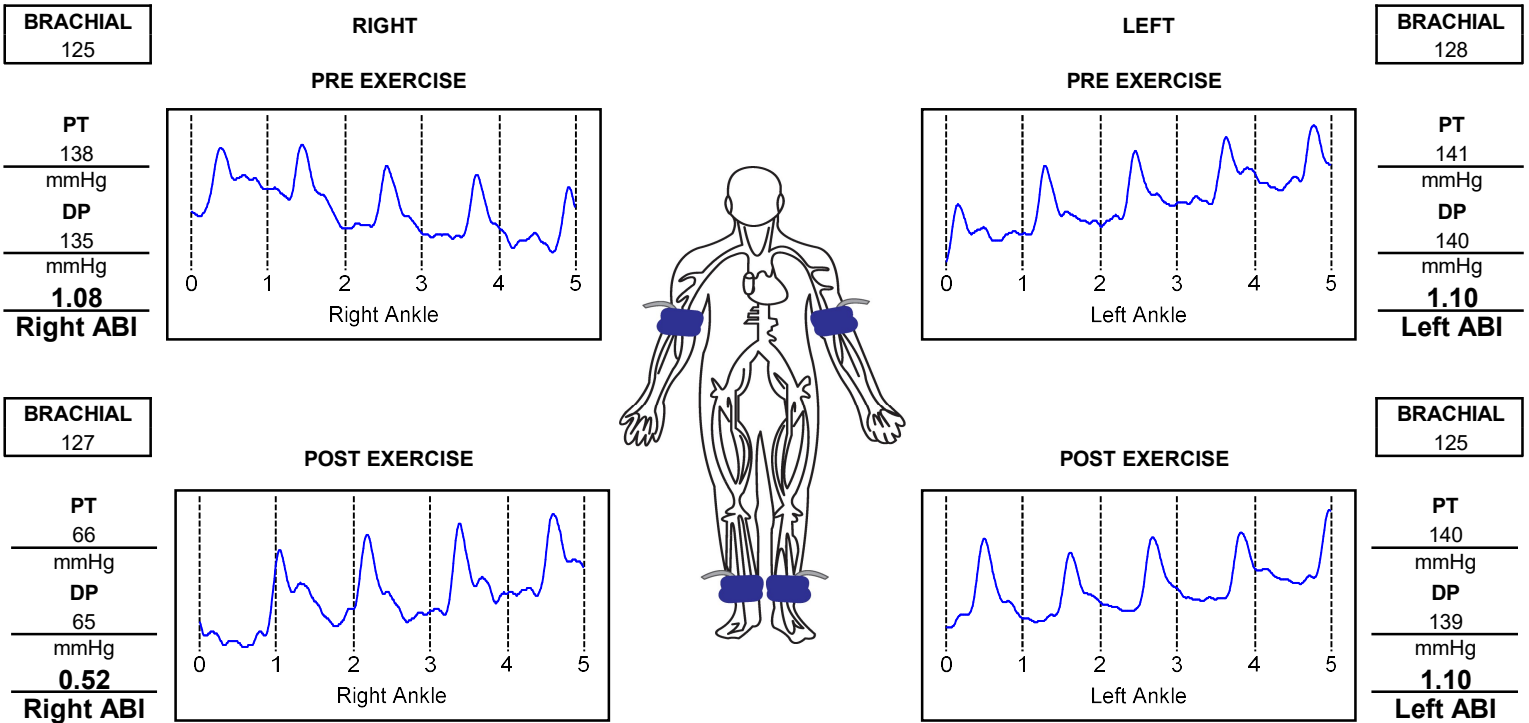
| Current Symptoms | |
|---|---------------------------------------|
| L <input checked="" type="checkbox"/> Intermittent Claudication | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Numbness Tingling in Feet | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Ulcerations | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Rest Pain | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Gangrene | <input checked="" type="checkbox"/> R |
| <input checked="" type="checkbox"/> TEST SYMPTOM | |

| Location | |
|--|---------------------------------------|
| L <input checked="" type="checkbox"/> Buttocks | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Thigh | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Calf | <input checked="" type="checkbox"/> R |
| L <input checked="" type="checkbox"/> Feet | <input checked="" type="checkbox"/> R |

| ABI Guidelines | |
|----------------|----------------|
| >1.40 | Incompressible |
| 1.00–1.39 | Normal |
| 0.91–0.99 | Borderline |
| <0.90 | Abnormal |
| | |
| | |

ICD CODES: E10.51 Diabetes Mellitus with Peripheral Circulatory Disorders Type I not stated as uncontrolled
E11.51 Diabetes Mellitus with Peripheral Circulatory Disorders Type II or unspecified type not stated as uncontrolled

Technician Comments TEST COMMENT



Abnormal; Right side claudication. Start PAD therapy.

Interpreting Physician JOHN HANCOCK, MD

10/30/2017 1:04:45 PM