

# VAS Report

## Patient Information

Patient Name:	Patient ID: STYLE,MARY__07-19-58F	Exam Date: 01/15/2026
Birth Date:	Sex: Unknown	Accession#:
BP(mmHg):		
Comments:		

## Exam Information

Exam Type: VAS	Height(cm):	Weight(kg):
Left BP(mmHg): /	Right BP(mmHg): /	Left/Right ABI: /
Left Upper Limb BP(mmHg): /	Right Upper Limb BP(mmHg): /	
Left Down Limb BP(mmHg): /	Right Down Limb BP(mmHg): /	
Sonographer: DJ	Referring.M.D: BELL	Performing.M.D:
Chief Complaint:		
Past History:		
Comments:STYLE,MARY__07-19-58F		

## Measurements

## Conclusion

### Summary

### Recommendations

Operator: \_\_\_\_\_

Perf.Physician: \_\_\_\_\_