

FINALIZE

RESET



Chronological



CardioRisk Laboratories
At the Heart of Good Health

Date Friday, February 14, 2025

Office Paramount Care Physicians

5:03p EST

Check box if unable to apply initials of the office representative due to limited access to WiFi signal.

Appt Slots (Minutes) 15

Start Time 8:30 am

End Time 1:00 pm

Sonographer Dana Johannesson, RVT

| ALSE | | Representative of Paramount Care Physicians | | 2/14/2025 Date Signed | | <i>Dana Johannesson, RVT</i> CardioRisk Laboratories Vascular Sonographer, Certified in CIMT | | | | | | | | | |
|------------------|-----------------------|--|---------------------|---|-------------------|---|---------------------------------|-------------|------------------|------------------|-------------|---|-------------------------------------|--------------------------|-------------------------------------|
| Full Name | | Emma E Maxwell | | Total number of exams performed 16 | | 100% of AAA patients NPO | | | | | | | | | |
| # | Scheduled Appointment | Patient ID (LAST,FIRST_MM-DD-YY/F) | Ordered Exam(s) | Provider | PR I O R | C I M T | D O P P L E R | A A A | ? N P O | F I M T | A B I | Comments | C X | C o m p | T D S |
| # of Patients 18 | | | Totals | | 7 | 6 | 0 | 3 | 3 | 0 | 7 | | | | |
| | | | Ordered Exam Totals | | 8 | 0 | 3 | 0 | 7 | | | | | | |
| 1 | 8:30 AM | LAYFIELD,RICHARD__04-02-72M | ABI | Scott Bell, MD, PhD | ✓ | | | | | ✓ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | 8:45 AM | HULIT,WAYNE__10-19-48M | ABI | Scott Bell, MD, PhD | ✓ | | | | | ✓ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 9:00 AM | ENGLESON,DEBORAH__05-01-50F | AAA | Scott Bell, MD, PhD | | | | | Y | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | 9:15 AM | AIELLO,HELENE__04-11-41F | AAA | Nishant, Magar, MD | | | | | Y | | | Slightly late, required additional time for mobility and coughing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 | 9:30 AM | AIELLO,JAMES__03-05-40M | ABI | Nishant, Magar, MD | | | | | | ✓ | | slow in prep and redressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | 9:45 AM | ALBERT,JASON__06-11-70M | AAA | Scott Bell, MD, PhD | | | | | Y | | | Started late due to two previous patients exams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | 10:00 AM | KLEIN,JOANN__12-05-54F | ABI | Scott Bell, MD, PhD | | | | | | ✓ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | 10:15 AM | KLEIN,DAVID__09-24-52M | ABI | Scott Bell, MD, PhD | | | | | | ✓ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | 10:30 AM | PAUL,BONNIE__06-29-52F | CIMT | Elizabeth Anderson Halabuk, MD | ✓ | ✓ | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | 10:45 AM | PAUL,RAYMOND__09-26-51M | CIMT | Elizabeth Anderson Halabuk, MD | ✓ | ✓ | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | 11:00 AM | EAGLE,BRETT__05-11-64M | CIMT | Scott Bell, MD, PhD | ✓ | ✓ | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | 11:15 AM | TAVACOL,NICHOLE__10-07-69F | CIMT | Elizabeth Anderson Halabuk, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 13 | 11:30 AM | JEANNERET,AMY__08-10-97F | CIMT | Elizabeth Anderson Halabuk, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 14 | 11:45 AM | DISANDRO,KAREN__08-24-48F | CIMT | Nishant, Magar, MD | ✓ | ✓ | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | 12:00 PM | CUMMINGSAXTON,JEANNNE__12-18-57F | CIMT | Elizabeth Anderson Halabuk, MD | ✓ | ✓ | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | 12:15 PM | REHEUSER,DANIEL__10-15-72M | CIMT | Scott Bell, MD, PhD | | ✓ | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | 12:30 PM | BROADUS,DONNA__09-27-60F | ABI | Elizabeth Anderson Halabuk, MD | | | | | | ✓ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | 12:45 PM | KONCHAR,JENNIFER__11-21-72F | ABI | Elizabeth Anderson Halabuk, MD | | | | | | ✓ | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 25 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 28 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 31 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 33 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | | | | | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|-----------------------------------|---|---|
| Friday, February 14, 2025 | This page is for sonographers to have a way to share any issues that impact the day that should be addressed by CardioRisk. | |
| Paramount Care Physicians | Please make any comments or suggestions here when issues arise so they can be addressed by the appropriate team member. | |
| Dana Johannesson, RVT | This page is an internal communication and WILL NOT be shared with the providers office. | |
| SCANS PERFORMED | 16 | |
| Back To Log Sheet | SCHEDULING | |
| | TRAVEL | |
| | EQUIPMENT | |
| | SUGGESTIONS | |
| | OTHER | all of the AAA's have been read. No need to send me images |

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Alphabetical



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End Time 1:00 pm

| ALSE | | Representative of Paramount Care Physicians | | 2/14/2025 Date Signed | | <i>Dana Johannesson, RVT</i> CardioRisk Laboratories Vascular Sonographer, Certified in CIMT | | | | | | | | | | | | |
|------------------|-----------------------|--|-----------------|---|-------------------------------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|--------------------------|-------------------------------------|-------|--|--|
| Full Name | | Emma E Maxwell | | Total number of exams performed | | 100% of AAA patients NPO | | | | | | | | | | | | |
| # of Patients 18 | | 18 | | Totals | | 7 6 0 3 3 0 7 | | | | | | | | | | 2 0 1 | | |
| # | Scheduled Appointment | Patient ID (LAST, FIRST __MM-DD-YY/M/F) | Ordered Exam(s) | Provider | PR I O R | C I M T | D O P P L E R | A A A | ? N P O | F I M T | A B I | Comments | C X | C o m p | T D S | | | |
| | | | | | Ordered Exam Totals | | | | | | | | | | | | | |
| 4 | | AIELLO, HELENE __04-11-41F | AAA | Nishant, Magar, MD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Slightly late, required additional time for mobility and coughing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 5 | | AIELLO, JAMES __03-05-40M | ABI | Nishant, Magar, MD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | slow in prep and redressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6 | | ALBERT, JASON __06-11-70M | AAA | Scott Bell, MD, PhD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Started late due to two previous patients exams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 17 | | BROADUS, DONNA __09-27-60F | ABI | Elizabeth Anderson Halabuk, MD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 15 | | CUMMINGSAXTON, JEANNNE __12-18-57F | CIMT | Elizabeth Anderson Halabuk, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 14 | | DISANDRO, KAREN __08-24-48F | CIMT | Nishant, Magar, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11 | | EAGLE, BRETT __05-11-64M | CIMT | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3 | | ENGLESON, DEBORAH __05-01-50F | AAA | Scott Bell, MD, PhD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 | | HULIT, WAYNE __10-19-48M | ABI | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 13 | 11:16 AM | JEANNERET, AMY __08-10-97F | CIMT | Elizabeth Anderson Halabuk, MD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 8 | | KLEIN, DAVID __09-24-52M | ABI | Scott Bell, MD, PhD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7 | | KLEIN, JOANN __12-05-54F | ABI | Scott Bell, MD, PhD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 18 | | KONCHAR, JENNIFER __11-21-72F | ABI | Elizabeth Anderson Halabuk, MD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 1 | | LAYFIELD, RICHARD __04-02-72M | ABI | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 9 | | PAUL, BONNIE __06-29-52F | CIMT | Elizabeth Anderson Halabuk, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 10 | | PAUL, RAYMOND __09-26-51M | CIMT | Elizabeth Anderson Halabuk, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 16 | | REHEUSER, DANIEL __10-15-72M | CIMT | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 12 | 11:16 AM | TAVAGOL, NICHOLE __10-07-69F | CIMT | Elizabeth Anderson Halabuk, MD | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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| 25 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 26 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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| 28 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 29 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 30 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 31 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 32 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 33 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 34 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 35 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 36 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 37 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |