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|-----------------------------------|--|
| Friday, May 9, 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 Physicians Care | Please make any comments or suggestions here when issues arise so they can be addressed by the appropriate team member. |
| Amy Galasso, RVT | This page is an internal communication and WILL NOT be shared with the providers office. |
| SCANS PERFORMED | 18 |
| Back To Log Sheet | SCHEDULING |
| | TRAVEL |
| | EQUIPMENT |
| | SUGGESTIONS |
| | OTHER I scanned patient name Judy Radich (AAA exam) under the wrong name of William Barfield. All of the Aorta images should be for Judy Radich__09-29-48F and the last few images of the Lower extremities are of William Barfield__02-10-61M to go with his ABI exam. I am so sorry! |

FINALIZE

RESET



Alphabetical



CardioRisk Laboratories

At the Heart of Good Health

Date Friday, May 9, 2025

Office Paramount Physicians Care

Sonographer Amy Galasso, RVT

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

Appt Slots

ht: mm

0:15

Enter Start Time Here

8:00

| Representative of Paramount Physicians Care | | 5/9/2025 Date Signed | | <i>Amy Galasso, RVT</i> CardioRisk Laboratories Vascular Sonographer, Certified in CIMT | | | | | | | | | | | | |
|---|-----------------------|---------------------------------------|------------------|--|--------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|--------------------------|--------------------------|-------------------------------------|
| Full Name Donna Reed <i>Initial Here</i> | | Total number of exams performed 18 | | 80% of AAA patients NPO | | | | | | | | | | | | |
| # | Scheduled Appointment | Patient ID (LAST,FIRST_MM-DD-YYM/F) | Ordered Exam (s) | Provider | Totals | 6 | 8 | 0 | 5 | 4 | 0 | 5 | 0 | 0 | 3 | |
| | | | | | | PRIOR | CIMT | DOPPLER | AAA | ?NPO | FIMT | ABI | Comments | CX | Comp | TDS |
| 7 | | BARFIELD,WILLIAM__02-10-61M | ABI | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | see sono notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | | BOSCHERT,CARLA__10-28-80F | CIMT | Scott Bell, MD | | <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"/> | <input type="checkbox"/> |
| 11 | | EITT,CANDICE__08-18-49F | ABI | Nishant Magar, MD | | <input checked="" 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"/> | <input type="checkbox"/> |
| 5 | | GROSSMAN,RAYMOND__09-28-43M | CIMT | Scott Bell, MD | | <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"/> | <input type="checkbox"/> |
| 17 | | HALL,DAVIS__05-02-70M | CIMT | Elizabeth Halabuk, MD | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | unsure if previous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | | HONTZ,CYNTHIA__12-09-61F | AAA | Elizabeth Halabuk, MD | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Y | <input type="checkbox"/> | <input type="checkbox"/> | gassy,habitus | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 | | HONTZ,JOHN__08-07-56M | AAA | Elizabeth Halabuk, MD | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Y | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | | KAKAR,AMIT__11-27-76M | AAA | Scott Bell, MD | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Y | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | RADICH,JUDY__09-29-48F | AAA | Elizabeth Halabuk, MD | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | see sono notes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | REED,VICTORIA__06-09-93F | AAA | Elizabeth Halabuk, MD | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Y | <input type="checkbox"/> | <input type="checkbox"/> | gassy | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 | | ROBERTS,FRANCES__09-25-42F | ABI | Nishant Magar, MD | | <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"/> | <input type="checkbox"/> |
| 20 | | ROSEN,ANDREA__10-17-52F | CIMT | Scott Bell, MD | | <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"/> | <input type="checkbox"/> |
| 9 | | SHAULIS,PATRICIA__09-05-49F | ABI | Nishant Magar, MD | | <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"/> | <input type="checkbox"/> |
| 13 | | SMITH,LISA__11-10-63F | CIMT | Elizabeth Halabuk, MD | | <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"/> | <input type="checkbox"/> |
| 15 | | STRAWDERMAN,ERNEST__02-02-41M | CIMT | Elizabeth Halabuk, MD | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | left posterior structure noted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | STRAWDERMAN,LOU__10-29-50F | CIMT | Elizabeth Halabuk, MD | | <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"/> | <input checked="" type="checkbox"/> |
| 18 | | VARANELLI,CHRISTINE__06-18-70F | CIMT | Scott Bell, MD | | <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"/> | <input type="checkbox"/> |
| 12 | | ZIELINSKI,SANDRA__09-15-63F | ABI | Elizabeth Halabuk, MD | | <input checked="" 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"/> | <input type="checkbox"/> |
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| 10 | 12:45 p | | OPEN | | | <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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