

FINALIZE

RESET



Chronological



CardioRisk Laboratories

At the Heart of Good Health

Date Friday, September 19, 2025

Office Paramount Care Physicians

10:53a Eastern DST

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

Sonographer Amy Galasso, RVT

Appt Slots

hh:mm

0:15

Enter Start Time Here

8:30

Representative of

Full Name

Maryann Poole

Initial Here



9/19/2025

Date Signed

Amy Galasso, RVT

CardioRisk Laboratories Vascular Sonographer, Certified in CIMT

Total number of exams performed 15

67% of AAA patients NPO

#	Scheduled Appointment	Patient ID (LAST, FIRST, __MM-DD-YYM/F)	Ordered Exam (s)	Provider	Totals						Comments	C X	Cp m	T D S
					PR I O	C I M T	D O P P L E	A A A	? N P O	F I M T				
16			16		8	0	3	3	0	4		1	0	1
1	8:30 a	SU,DUSTIN__06-14-81M	AAA	Scott Bell, MD	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	N			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	8:45 a	BRAIN,MAUREEN__02-23-51F	AAA	Elizabeth Halabuk, MD	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Y			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	9:00 a	SALAMA,SAMER__07-14-76M	ABI	Nishant Magar, MD	<input type="checkbox"/>					<input checked="" type="checkbox"/>				<input type="checkbox"/>
4	9:15 a	INGE,TERRY	ABI									<input checked="" type="checkbox"/>		<input type="checkbox"/>
5	9:30 a	BATES,DIANE__02-12-42F	AAA	Elizabeth Halabuk, MD	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Y			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	9:45 a	MOSES,SABRINA__12-16-70F	CIMT	Elizabeth Halabuk, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	10:00 a	ROBINSON,COLIN__09-26-46M	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	10:15 a	OROSZ,COLLEEN__08-07-63F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	10:30 a	MOYERS,MAUREEN__03-09-60F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	10:45 a	MURPHY,EDNA__08-07-31F	ABI	Elizabeth Halabuk, MD	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	11:00 a	SNYDER,DAVID__02-08-44M	ABI	Nishant Magar, MD	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	11:15 a	KENNEY,MICHAEL__06-03-57M	ABI	Scott Bell, MD	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	11:30 a	CLARK,ALAN__01-05-47M	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	11:45 a	FORSYTH,STEVEN__10-03-79M	CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	12:00 p	PETRICOIN,REBECCA__02-12-66F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	12:15 p	VILLAVICENCIO,KENT__03-16-87M	CIMT	Nishant Magar, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>
17	12:30 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	12:45 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	1:00 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	1:15 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	1:30 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	1:45 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	2:00 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	2:15 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	2:30 p				<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	2:45 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	3:00 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	3:15 p				<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	3:30 p				<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	3:45 p				<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	4:00 p				<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	4:15 p				<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	4:30 p				<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	4:45 p				<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	5:00 p				<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	5:15 p				<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	5:30 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VISUALIZATION LIMITED

Friday, September 19, 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.
Amy Galasso, RVT	This page is an internal communication and WILL NOT be shared with the providers office.
SCANS PERFORMED 15	
<div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;"> Back To Log Sheet </div>	SCHEDULING
	TRAVEL
	EQUIPMENT
	SUGGESTIONS
	<p>OTHER Patient Kent Villavicencio was extremely difficult and visualization was limited, nearly not visible due to vessel depth and patient habitus. Exam may be non-diagnostic. Patient also was very nervous and breathing heavily almost to hyperventilation, advised we did not need to continue if he choses not to but he wanted to continue.</p>

FINALIZE

RESET



Alphabetical



CardioRisk Laboratories

At the Heart of Good Health

Date Friday, September 19, 2025

Office Paramount Care Physicians

Sonographer Amy Galasso, RVT

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

Appt Slots

hh:mm

0:15

Enter Start Time Here

8:30

Representative of		9/19/2025		Amy Galasso, RVT											
Full Name		Date Signed		CardioRisk Laboratories Vascular Sonographer, Certified in CIMT											
16		16		Totals		8	0	3	3	0	4	1	0	1	
#	Scheduled Appointment	Patient ID (LAST, FIRST, __MM-DD-YYM/F)	Ordered Exam (s)	Provider	PR	CIMT	DOPPL	AAA	?NPO	FIMT	ABI	Comments	CX	Cp	TD
5		BATES, DIANE __02-12-42F	AAA	Elizabeth Halabuk, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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		BRAIN, MAUREEN __02-23-51F	AAA	Elizabeth Halabuk, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		CLARK, ALAN __01-05-47M	CIMT	Elizabeth 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		FORSYTH, STEVEN __10-03-79M	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"/>
4	9:30-a	INGE, TERRY	ABI									sick	<input checked="" type="checkbox"/>		
12		KENNEY, MICHAEL __06-03-57M	ABI	Scott Bell, 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"/>
6		MOSES, SABRINA __12-16-70F	CIMT	Elizabeth 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"/>
0		MOYERS, MAUREEN __03-09-60F	CIMT	Elizabeth 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		MURPHY, EDNA __08-07-31F	ABI	Elizabeth 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"/>
8		OROSZ, COLLEEN __08-07-63F	CIMT	Elizabeth 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"/>
15		PETRICOIN, REBECCA __02-12-66F	CIMT	Elizabeth 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"/>
7		ROBINSON, COLIN __09-26-46M	CIMT	Elizabeth 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"/>
3		SALAMA, SAMER __07-14-76M	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"/>	Calcification visualized Bilaterally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		SNYDER, DAVID __02-08-44M	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"/>	Calcification visualized Bilaterally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1		SU, DUSTIN __06-14-81M	AAA	Scott Bell, MD	<input checked="" type="checkbox"/>	<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"/>
16		VILLAVICENCIO, KENT __03-16-87M	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"/>	VISUALIZATION LIMITED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17					<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"/>
18					<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"/>
19					<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"/>
20					<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"/>
21					<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"/>
22					<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"/>
23					<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"/>
24					<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"/>
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"/>
27					<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"/>
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"/>