

FINALIZE & Email

RESET



Chronological



CardioRisk Laboratories

At the Heart of Good Health

Date Monday, April 21, 2025

Kadima Center for Heart Attack Prevention

11:03a Eastern DST

Start Time 7:45 am

Bob McDowell, VT

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

Appt Slots

'15

End Time 11:00am

Representative of Kadima Center for Heart Attack Prevention		4/21/2025 1/9/1900		Bob McDowell, VT CardioRisk Laboratories Vascular Sonographer, Certified in CIMT											
Full Name Stephanie Matthews		Total number of exams performed 10		100% of AAA patients NPO											
# of Patients 4	10	1	4	0	3	3	3	0	0	0					
#	Scheduled Appointment	Patient ID (LAST, FIRST__MM-DD-YYM/F)	Ordered Exam (s)	Provider	PRIOR	CIMT	DOPPLER	AAA	?NPO	FIMT	ABI	Comments	CX	Comp	TDS
1		CYNTHIA, MIXSON__10-24-60F	CIMT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		CYNTHIA, MIXSON__10-24-60F	FIMT		<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		CYNTHIA, MIXSON__10-24-60F	AAA		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			OPEN												
5			OPEN												
6			OPEN												
7		MIXSON, FREDERICK__12-22-64M	CIMT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		MIXSON, FREDERICK__12-22-64M	FIMT		<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		MIXSON, FREDERICK__12-22-64M	AAA		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		YEAROUT, PAUL__04-15-64M	CIMT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		MIXSON, AMANDA__03-04-67F	CIMT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		MIXSON, AMANDA__03-04-67F	FIMT		<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13		MIXSON, AMANDA__03-04-67F	AAA		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14					<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"/>
15					<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"/>
16					<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"/>
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"/>
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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"/>

Monday, April 21, 2025
Kadima Center for Heart Attack Prevention
Bob McDowell, VT

This page is for sonographers to have a way to share any issues that impact the day that should be addressed by CardioRisk. Please make any comments or suggestions here when issues arise so they can be addressed by the appropriate team member.
This page is an internal communication and WILL NOT be shared with the providers office.

SCANS PERFORMED 10

[Back To Log Sheet](#)

SCHEDULING	
TRAVEL	
EQUIPMENT	
SUGGESTIONS	
OTHER	

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Alphabetical



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End Time 11:00am

Representative of

Kadima Center for Heart Attack Prevention

4/21/2025

1/9/1900

Bob McDowell, VT

CardioRisk Laboratories Vascular Sonographer, Certified in CIMT

Full Name

Stephanie Matthews

Total number of exams performed 10

100% of AAA patients NPO

Initial Here

Sm

#	Scheduled Appointment	Patient ID (LAST, FIRST __MM-DD-YYM/F)	Ordered Exam (s)	Provider	PRIOR	CIMT	DOPPLER	AAA	?NPO	FIMT	ABI	Comments	CX	Comp	TDS
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