

# VAS Report

## Patient Information

Patient Name: ANNIE MCDOWELL  
Birth Date: 06/05/1970  
BP(mmHg):  
Description:

Patient ID: 20241126\_190036  
Gender: Female

Exam Date: 11/26/2024  
Accession#:

## Exam Information

Exam Type: VAS  
Left BP(mmHg): /  
Left Upper Limb BP(mmHg): /  
Left Down Limb BP(mmHg): /  
Sonographer: RLM  
Chief Complaint:  
Past History:  
Comments:

Height(cm):  
Right BP(mmHg): /  
Right Upper Limb BP(mmHg): /  
Right Down Limb BP(mmHg): /  
Referring.M.D: NM

Weight(kg):  
Left/Right ABI: /  
  
Performing.M.D:

## Measurements

## Conclusion

### Summary

### Recommendations

Operator:

Perf.Physician: