

# VAS Report

## Patient Information

Patient Name: ANNIE MCDOWELL

Patient ID: 20241126\_190036

Exam Date: 11/26/2024

Birth Date: 06/05/1970

Gender: Female

Accession#:

BP(mmHg):

Description:

## Exam Information

Exam Type: VAS

Height(cm):

Weight(kg):

Left BP(mmHg): /

Right BP(mmHg): /

Left/Right ABI: /

Left Upper Limb BP(mmHg): /

Right Upper Limb BP(mmHg): /

Left Down Limb BP(mmHg): /

Right Down Limb BP(mmHg): /

Sonographer: RLM

Referring.M.D: NM

Performing.M.D:

Chief Complaint:

Past History:

Comments:

## Measurements

## Conclusion

### Summary

### Recommendations

Operator:

Perf.Physician: