

Date: **Friday, April 26, 2024**  
 Office: **Paramount Care Physicians**  
 Sonographer: **Michele Walters, RVT**

8:00am-3:00pm



**CardioRisk Laboratories**

At the Heart of Good Health

Enter Start Time Here **8:30**

[Link to spreadsheet instructions](#)

Representative of  
 Paramount Care Physicians  
 Full Name: **MaryAnn Poole**  
 Date Signed: **4/26/2024**  
 Signature: *MaryAnn Poole*  
 Michele Walters, RVT  
 CardioRisk Laboratories Vascular Sonographer, Certified in CIMT

# Scheduled 23				Totals		13	4	0	7	0	12	0	0
#	Patient ID (LAST, FIRST_MM-DD-YY/F)M	Ordered Exam(s)	Provider	PRIOR	CIMT	DOPPLER	AAA	FIMT	ABI	Comments	Not Scanned CX / No Show	Comp Scans	
23	ALMOJIL, WEDAD__10-17-55F	CIMT	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4	BROYHILL, LINDA__04-30-51F	ABI	Elizabeth Anderson Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
2	CARTER, SHARON__08-12-83F	AAA	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POSSIBLE PRIOR; PATIENT IS NPO			
14	CUPPAN, CATHERINE__10-17-58F	CIMT	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12	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 checked="" type="checkbox"/>				
16	EITT, ROBERT__03-27-53M	ABI	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POSSIBLE PRIOR			
17	FORSTER, WILLIAM__10-14-38M	ABI	Nishant Magar, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
7	GOLD, BENNETT__05-18-38M	ABI	Scott Bell, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POSSIBLE PRIOR; KNOWN LOWER EXTREMITY PAD BILATERALLY; S/P RLE ANGIOPLASTY AND LLE ANGIOPLASTY AND STENT PLACEMENT OF UNKNOWN VESSELS. PATIENT IS FOLLOWED BY VASCULAR SURGERY.			
6	GROSSMAN, JACQUELINE__10-24-46F	AAA	Elizabeth Anderson Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PATIENT IS NPO			
11	HINTON, MARGARET__05-14-49F	ABI	Elizabeth Anderson Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
9	JAVINS, SUSAN__10-04-54F	AAA	Scott Bell, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	POSSIBLE PRIOR; PATIENT IS NPO			
1	LAYFIELD, RICHARD__04-02-72M	AAA	Scott Bell, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PATIENT IS NPO			
5	LILIENTHAL, PHILLIP__09-04-40M	ABI	Elizabeth Anderson Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
25	LUKENS, LINDA__05-31-45F	ABI	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POSSIBLE PRIOR			
3	MARSENGILL, FLORENCE__05-16-43F	ABI	Elizabeth Anderson Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIGH BRACHIAL SYSTOLIC BP NOTED BILATERALLY. DR. ANDERSON HALABUK NOTIFIED OF FINDING. PAD NOTED BILATERALLY. PATIENT DENIES LOWER EXTREMITY CLAUDICATION BILATERALLY.			
15	MCCARTHY, JAMES__10-29-51M	AAA	Scott Bell, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PATIENT IS NPO; THE PROXIMAL SEGMENT OF THE AO WAS NOT VISUALIZED DUE TO OVERLYING BOWEL GAS.			
13	RADICH, JUDY__09-29-48F	CIMT	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10	REHEUSER, EDWARD__06-21-33M	AAA	Scott Bell, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PATIENT IS NPO			
8	SAHAGHIAN, MANIK__03-30-83F	ABI	Nishant Magar, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
22	SCOWCROFT, KATHRYN__10-14-62F	ABI	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POSSIBLE PRIOR			
19	STERNFELS, PAUL__02-09-36M	AAA	Nishant Magar, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PATIENT IS NPO; THE PROXIMAL SEGMENT OF THE AO WAS NOT VISUALIZED DUE TO OVERLYING BOWEL GAS.			
24	TUCKER, VALERIE__05-10-60F	ABI	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	POSSIBLE PRIOR			
18	WINICK, LISA__04-10-64F	CIMT	Elizabeth Anderson Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>				
21				<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"/>				
27				<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"/>				
29				<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"/>				
31				<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"/>				
33				<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"/>				
35				<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"/>				
37				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				