



Ctrl + Alt + Shift + 3



Ctrl + Alt + Shift + 4



CardioRisk Laboratories

At the Heart of Good Health

Date **08/01/24**

Office **Synergy**

Sonographer **Sheri A Bono-Striegel**

Appt Slots

hh:mm **0:15**

Enter Start Time Here

8:00

Representative of Synergy		8/1/2024		Sheri A Bono-Striegel														
Full Name Diana Gomez		Date Signed		CardioRisk Laboratories Vascular Sonographer, Certified in CIMT														
# of Patients	2 Initial Here	Total number of exams performed 32																
		42			Totals		10	16	16	0	0	0	0	0	5	Not Scanned CX / No Show	0	Comp Scans
#		Ordered Exam (s)	Provider	PRI OR	DOP P L E R	AAA	? N P O	F I M T	A B I	Additional Formatting (hover to see note)								
14	1:15 p	BARROW,PATRICIA__10-31-45F	Anjana Rastogi, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	11:15 AM	BLOCKER,DALYNN__10-24-60FX	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			NO SHOW
18	3:15 p	CHERRY,LISA__03-12-68F	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	8:15 a	DENNISON,TAMMY__10-29-63F	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	11:00 a	FARMER,KAREN__10-05-51F	Fukamanji Sikazwe, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1	8:00 AM	FIVECOAT,STACEY__08-17-69FX		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			NO SHOW
5	9:30 a	GALVAN,JUNIOR__08-30-86M		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			PT NOT SURE IF HE HAS HAD EXAM BEFORE.
6	10:00 a	GARCIA,MARIA DE LOS ANGELES__07-14-60F	Anjana Rastogi, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			PT HAS ELEVATED VELOCITIES BILATERALLY IN BOTH RT AND LT ICA'S. HIGHEST VELOCITY SEEN IN RT ICA 296.45 CM/S. ABNORMAL WAVE FORMS SEEN IN LEFT CCA AND LEFT ICA
8	10:45 a	GOMEZ,DIANA__01-12-85F	Marisol Armstrong, APRN	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			EMPLOYEE OF SYNERGY
13	1:00 p	JOBE,LARRY__10-03-46M	Fukamanji Sikazwe, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			HIGH BIF ON THE LEFT ICA AREA, DIFFICULT TO SHOW VESSEL
16	2:30 p	MARTINEZ,ANGIE__11-22-73F	Anjana Rastogi, MD.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	4:30 p	OCHOA,ELIGIO__10-12-70MX	Anjana Rastogi, MD.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			NO SHOW
7	10:15 a	PORTER,ANGELA__02-19-72F	Anjana Rastogi, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	4:45 p	PORTER,JUDD__04-30-73M	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	11:45 a	PRICE,STEVEN__02-07-53M	Anjana Rastogi, 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	4:00 p	RAY,KATHRYN__08-17-68F	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	8:45 a	RILEY,KINNEY__02-08-64M	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			RT THYROID NODULE, PLEASE EXPEDITE RESULTS PT HAS APPT ON 8/15
20	4:15 a	SANCHEZ,JOE__10-18-67MX	Marisol Armstrong, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			NO SHOW
15	1:30 p	SOLIS,RACHAEL__01-21-78F	Fukamanji Sikazwe, APRN	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	9:15 a	VALERIANO,ABEL__12-18-76MX	Anjana Rastogi, MD.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			NO SHOW
17	2:45 p	VALLEJOS,CHRISTINA__10-19-80F	Anjana Rastogi, MD.	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			DIFFICULT EXAM DUE TO SIZE OF PT NECK
12	12:00 p	LUNCH		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>			

[1] CLICK "FILE" TOWARD THE LEFT SIDE OF THE TOOL BAR.
FROM THE DROPDOWN MENU, SELECT "SETTINGS"
IN THE POP UP YOU WILL SEE "TIME ZONE"
FROM THE DROPDOWN MENU, SELECT "GMT +00.00 GMT (NO DAYLIGHT SAVING)"

WHEN NECESSARY, CHANGE THE TIME DISPLAY BY SELECTING THE APPROPRIATE TIME ZONE
FROM THIS CELL'S DROPDOWN MENU.

"DST" REPRESENTS DAYLIGHT SAVINGS TIME" , EST, CST, MST, PST ALL REPRESENT STANDARD
TIME.