

**Ultrasound Research Lab**  
**Carotid Duplex Scan Feedback Form**  
 Study: LLFS Machine: GE Logiq e

Participant Name Code: \_\_\_\_\_ Study ID: \_\_\_\_\_ Tech ID: \_\_\_\_\_ Scan Date: \_\_\_\_\_  
 CQI Tech ID: \_\_\_\_\_ CQI Date: *Repro only*: \_\_\_\_\_ Test Seq: \_\_\_\_\_ Read Seq: \_\_\_\_\_

IMT Images:		Right				Left			
		CCA #1	CCA #2	CCA #3	CCA #4	CCA #5	CCA #6	CCA #7	CCA #8
Gains set to optimize lumen and walls		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Captured in end diastole		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Vessel parallel		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Bulb clearly visualized in image		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Is segment visualized in Scout Scan/Cine Clip*		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Segment adequate reading length	<u>Use IMT Reference Codes below</u>								
Overall image quality for reading	<u>Use IMT Reference Codes below**</u>								

\*Use for random data check, practice, certification and maintenance scans; \*\* If ≤ 2 then comment required on next page

**IMT Reference Codes**

Segment adequate reading length codes:	Overall Image Quality codes:
4 = <i>Excellent</i> = 0.8 – 1.0 cm of interfaces visualized	4 = <i>Excellent</i> = All interfaces clearly identified, no artifacts seen
3 = <i>Good</i> : = 0.6 - 0.8 cm of interfaces visualized	3 = <i>Good</i> = Slight breaks in vessel interfaces and minimal artifact seen
2 = <i>Poor</i> : = 0.1 - < 0.6 cm of interfaces can be visualized	2 = <i>Poor</i> = Unclear IMT and multiple breaks in vessel interfaces and multiple artifacts seen
1 = <i>Unacceptable</i>	1 = <i>Unacceptable &amp; Unreadable images</i>

Plaques identified by sonographer?  Y  N Total # of plaques identified on CIMT Worksheet \_\_\_ Total # of plaques assessed on CQI \_\_\_

Plaque Visualization:		Right				Left			
		Plaque #1	Plaque #2	Plaque #3	Plaque #4	Plaque #1	Plaque #2	Plaque #3	Plaque #4
Plaque Location*		<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA	<input type="checkbox"/> <sup>1</sup> CCA <input type="checkbox"/> <sup>2</sup> BULB <input type="checkbox"/> <sup>3</sup> ICA
Plaque grade correct		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Both Shoulders visualized		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Interfaces L-I & M-A visualized**		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Whole plaque visualized		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Plaque drawn in correct vessel segment on worksheet		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
All plaques visualized on scout scan were identified		<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N			
Overall plaque quality	<u>Plaque Score</u> Excellent=4 Good=3 Poor=2*** Unacceptable=1								

\*Location allocated to segment containing >50% of plaque; \*\*L-I= Lumen intima interface M-A= media-adventitia interface; \*\*\* If ≤2 then comment required

**Overall Comments:**

RT CCA-#1: \_\_\_\_\_ LT CCA-#5: \_\_\_\_\_  
 RT CCA-#2: \_\_\_\_\_ LT CCA-#6: \_\_\_\_\_  
 RT CCA-#3: \_\_\_\_\_ LT CCA-#7: \_\_\_\_\_  
 RT CCA-#4: \_\_\_\_\_ LT CCA-#8: \_\_\_\_\_