

Ultrasound Research Lab
Carotid Duplex Scan Feedback Form

Study: LLFS Visit 3 Machine: GE Logiq e

Study ID: _____ Participant Name Code: _____ Tech ID: _____ Scan Date: _____

CQI Tech ID: _____ CQI Date: _____

Repro only: Test Seq: _____ CQI Seq: _____

IMT Images:	Right				Left			
	CCA #1	CCA #2	CCA #3	CCA #4	CCA #5	CCA #6	CCA #7	CCA #8
Lumen and walls optimized	<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 on the upstroke of the R wave	<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
Overall image quality*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* If ≤ 2 then comment required. Score reference codes: 4 – excellent, 3 – good, 2 – poor, 1 – unreadable

RT CCA-#1: _____ LT CCA-#5: _____

RT CCA-#2: _____ LT CCA-#6: _____

RT CCA-#3: _____ LT CCA-#7: _____

RT CCA-#4: _____ LT CCA-#8: _____

Sonographer/scanner agreement on plaque assessment (RT)? Y N Can plaque assessment be made with clips provided (RT): Y N

Right Plaque Index

	1-Prox CCA	2-Distal CCA	3-Bulb	ICA	ECA
1. Segment adequately visualized	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()
2. Any plaques visualized	Y () N () Go to Sonographer/scanner agreement (LT)				
3. No. of Lesions					
4. Plaque Grade* (0, 1, 2, 3)					
5. Calcified Plaque	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()

Sonographer/scanner agreement on plaque assessment (LT)? Y N Can plaque assessment be made with clips provided (LT): Y N

Left Plaque Index

	1-Prox CCA	2-Distal CCA	3-Bulb	ICA	ECA
1. Segment adequately visualized	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()
2. Any plaques visualized	Y () N ()				
3. No. of Lesions					
4. Plaque Grade* (0, 1, 2, 3)					
5. Calcified Plaque	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()