



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Exam Date:

d d M M M y y y y
(e.g., 10JUN2005)

Tech Code:

Circle Field Center Location:

BU CU DK UP

URL Carotid IMT Worksheet Visit 3

CD #: _____ *Repro only: Test Seq:* _____

Participant Name Code: _____

Machine GE Logiq e GE NextGen Logiq eR8

Was Carotid Exam completed? Yes ()
 No () Specify reason(s): () ...Equipment problem () ...Participant unable
 () ...Participant refused () ...Not enough time
 () ...Other

A. 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 () Go to A3		N () Go to A6		
3. No. of Lesions					
4. Plaque Grade (0, 1, 2, 3)					
5. Calcified Plaque	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()

6. <input type="checkbox"/> ANT (15° to 60°)	<input type="checkbox"/> LAT(10° to -10°)	<input type="checkbox"/> POST (-15° to -60°)
7. Technically Difficult Study (TDS) <input type="checkbox"/> YES* →	Specify reason (s) :	<input type="checkbox"/> Deep Vessels
<input type="checkbox"/> NO Go to 8	<input type="checkbox"/> Tortuous vessel	<input type="checkbox"/> Morbidly obese
	<input type="checkbox"/> Participant movement	<input type="checkbox"/> Other
8. Machine Failure <input type="checkbox"/> YES * Indicate reason for machine failure <input type="checkbox"/> NO Go to B		

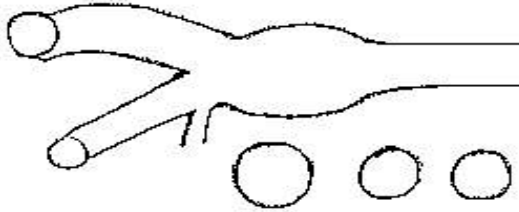
*Additional Comments: _____

Participant ID: _____

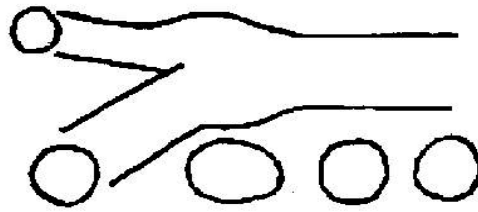
Exam Date: _____

B. Right Plaque and Wall thickening

ICA Anterior



ECA Anterior



C. Left Plaque Index

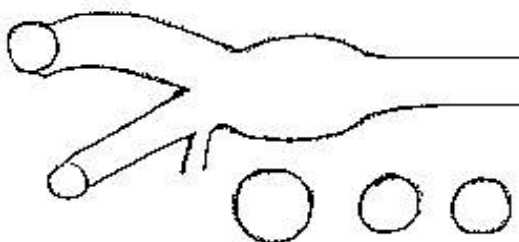
	1-Prox CCA	2-Distal CCA	3-Bulb	ICA	ECA
1. Segment adequately visualized	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()
2. Any plaques visualized	Y () Go to C3		N () Go to C6		
3. No. of Lesions					
4. Plaque Grade (0, 1, 2, 3)					
5. Calcified Plaque	Y () N ()	Y () N ()	Y () N ()	Y () N ()	Y () N ()

6. <input type="checkbox"/> ANT (15° to 60°)	<input type="checkbox"/> LAT(10° to -10°)	<input type="checkbox"/> POST (-15° to -60°)
7. Technically Difficult Study (TDS)	<input type="checkbox"/> YES* → <input type="checkbox"/> NO Go to 8	Specify reason (s) : <input type="checkbox"/> Tortuous vessel <input type="checkbox"/> Participant movement <input type="checkbox"/> Deep Vessels <input type="checkbox"/> Morbidly obese <input type="checkbox"/> Other
8. Machine Failure <input type="checkbox"/> YES * Indicate reason for machine failure		<input type="checkbox"/> NO Go to D

*Additional Comments: _____

D. Left Plaque and Wall thickening

ICA Anterior



ECA Anterior

