

This is **NOT** an interpretation of the examination.  
See patient dictated report for radiologist findings & impression.

### MESENTERIC DUPLEX

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: \_\_\_\_\_  
Tech/ext: \_\_\_\_\_  
Date: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

	PSV cm/sec	EDV cm/sec
Aorta:	_____	_____
Celiac:	_____	_____
IMA:	_____	_____
SMA:		
Proximal:	_____	_____
Mid:	_____	_____
Distal:	_____	_____

Technologist  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_