

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

TRANSCRANIAL DOPPLER ULTRASOUND

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

Site: _____
 Tech/ext: _____
 Date: _____

History: _____

Previous stroke: Y / N Currently on Transfusion: Y / N Prior TCD: Y / N

Right			Left		
	Depth (mm)	TAMx (cm/sec)		Depth (mm)	TAMx (cm/sec)
MCA (M-1)	_____	_____	MCA (M-1)	_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
	_____	_____		_____	_____
Bifurcation	_____	_____	Bifurcation	_____	_____
dICA	_____	_____	dICA	_____	_____
ACA	_____	_____	ACA	_____	_____
PCA	_____	_____	PCA	_____	_____
Basilar	_____	_____	Basilar	_____	_____
Vertebral:	Visualized	Not visualized	Vertebral:	Visualized	Not visualized

Comments: _____

TAMx	
Normal	<150 cm/sec
Conditional	150-185 cm/sec
Abnormal	>185 cm/sec or <70 cm/sec