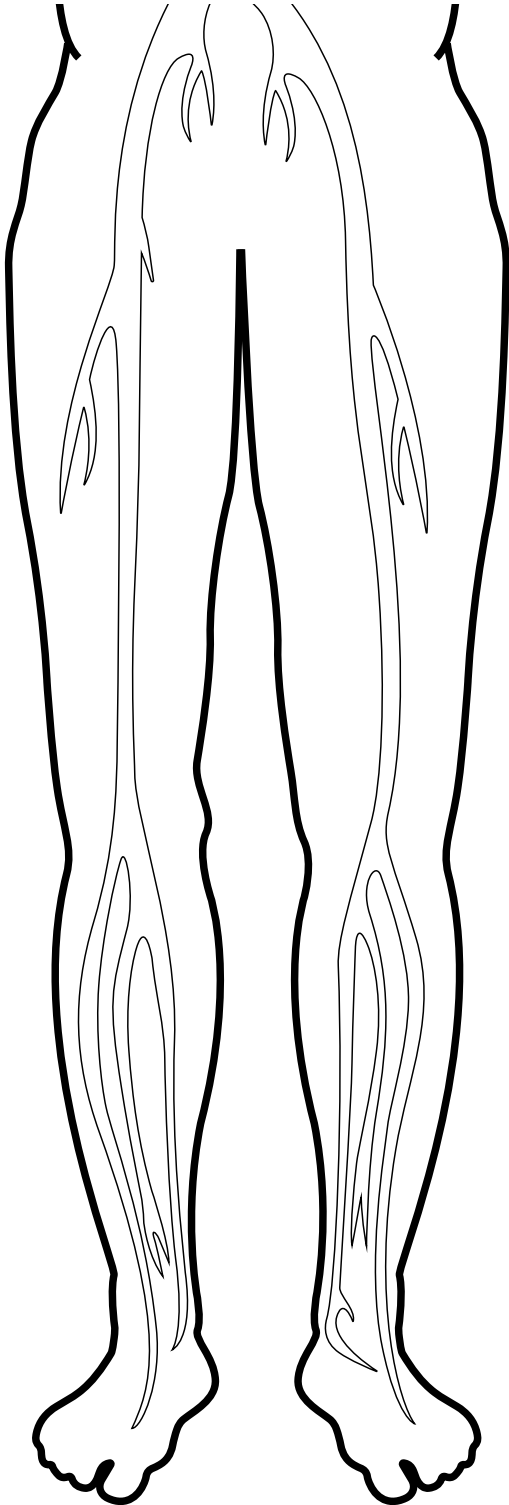




Aorto-iliac/lower extremity IVUS measurements and area calculations



circle circle
 Pain L/R Wound L/R



Date _____

Physician name _____

Notes _____

Lesion location (circle all that apply)

RT	Iliac	Popliteal	Anterior Tibial
LT	SFA	Peroneal	Posterior Tibial

Pre-therapy percent angiographic stenosis: _____ %

Pre-therapy IVUS measurements

IVUS proximal reference vessel diameter and area:

_____ mm and _____ mm²

IVUS distal reference vessel diameter and area:

_____ mm and _____ mm²

IVUS percent area stenosis: _____ %

Therapy delivered

Balloon: _____

Stent: _____

Atherectomy Device: _____

Post-therapy IVUS measurements

IVUS minimum luminal area _____ mm²

IVUS percent area luminal gain _____ %

This worksheet is intended to assist in documenting IVUS workflow measurements but is not a substitute for the independent judgment of the clinician as to appropriate measurements for a particular procedure. 600-9900.31/LB



