₹ 1/day x 350 days — ₹ 400/yr

10 pad
₹ 2 yrs.
₹ 3

DEPARTMENT OF RADIOLOGY

NAME:	IP.NO:
AGE :	SEX :
DATE :	

ARTERIAL DOPPLER STUDY (RT/LT/BILATERAL) of LOWER LIMB

RIGHT	PSV/flow	Waveform	Wall/plaques/thrombosis
Common femoral artery –			
Femoral artery –			
Popliteal artery –			
Anterior tibial –			
Posterior tibial –			
Dorsalis pedis –			
Iliac arteries/Aorta –			

LEFT	PSV/flow	Waveform	Wall/plaques/thrombosis
Common femoral artery –			
Femoral artery –			
Popliteal artery –			
Anterior tibial –			
Posterior tibial –			
Dorsalis pedis –			
Iliac arteries/Aorta –			

IMPRESSION

Signature