

Baptist Medical Center East
400 Taylor Road
Montgomery, AL 36124
334-277-8330

Name: BRONSON, DARRYL

MR#: E000618352

Account: E2202800506

Admit Type: ECT

Sex: Male

Admit: 2/18/2022

Discharge Date:

DOB: 5/2/1981

Room/Bed:

/

Age: 40 years

Admitting Physician: BARTON, LINDSEY T, NP

Ultrasound

ACCESSION	EXAM DATE/TIME	PROCEDURE	ORDERING PROVIDER	STATUS	PATIENT AGE AT EXAM
US-22-0008622	2/18/2022 10:01 CST	US Arterial Duplex w/Segmental Pressures	BARTON, LINDSEY T, NP	Auth (Verified)	40 years

CDM code

41430450

CDM description

US Arterial Duplex w/Segmental Pressure

Reason For Exam

(US Arterial Duplex w/Segmental Pressures) bilat leg pain/ Claudication; LEG PAIN

FINDINGS

BRONSON, DARRYL

EXAM:

US ARTERIAL DUPLEX W/SEGMENTAL PRESSURES

HISTORY:

bilat leg pain/ Claudication.

COMPARISON:

No comparisons

TECHNIQUE:

Duplex sonography of the lower extremities including the common femoral, superficial femoral, popliteal, posterior tibial, and dorsalis pedis arteries. Ankle brachial indices are obtained.

FINDINGS:

Right posterior tibial artery ABI 0.96

Right dorsalis pedis artery ABI 0.81

Left posterior tibial artery ABI 1.08

Left dorsalis pedis artery ABI 0.90

There are normal triphasic waveforms in the right leg with the exception of dampened monophasic flow in the right dorsalis pedis artery.

There are normal triphasic waveforms in the left leg with the exception of dampened monophasic flow in the left dorsalis pedis artery.

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Printed: 2/18/2022 12:26 CST

Sex: Male

DOB: 5/2/1981

Name: BRONSON, DARRYL

Page 1 of 2

Report Request ID: 158947701

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Name: BRONSON, DARRYL

Ultrasound

FINDINGS

Systolic velocities in the right and left leg are symmetric without elevation.

IMPRESSION:

Normal study with the exception of bilateral dampening and monophasic flow in both dorsalis pedis arteries. This indicates peripheral arterial disease in the calf and ankle region.

ELECTRONICALLY SIGNED BY: Dobbs, Matthew D, MD
PHYSICIAN SIGNED DATE AND TIME 02/18/2022 10:39
TECHNOLOGIST: CLS

2/18/22
please refer to
Dr. Sellers for
further eval
J. B. Smith, CRP

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Page 2 of 2

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