



Vascular  
HealthCare



Vascular One  
HealthCare



VASCULAR ONE  
ULTRASOUND

For bookings call 1300 664 227 or email [info@vascularonehealthcare.com.au](mailto:info@vascularonehealthcare.com.au)

**CEREBROVASCULAR**

Carotid / Vertebral Arteries  
Temporal Arteries  
Transcranial Doppler

**LOWER LIMB - ARTERIAL**

**Lower Limb Arterial Full Assessment\* !**

Includes arterial ultrasound,  
ABI's and waveforms  
Treadmill exercise +

ABI's And Waveforms Only  
Treadmill exercise +  
(includes toe pressures if indicated)

Lower Limb Arterial Ultrasound\* !  
R. Right L. Left Aorto-Iliac\*

Acute Arterial  Leg !

Graft / Stent Surveillance  
R. Right L. Left Iliac\*

Foot and leg (Raynauds)\*

Pseudoaneurysm

Pedal Arteries  
(Pedal Acceleration Time – PAT)

**LOWER LIMB - VENOUS**

Diagnostic Venous Reflux of  
Lower Limbs – includes both legs  
(Varicose Veins/Venous Insufficiency)

Deep Vein Thrombosis (DVT)  
 Right  Left  Both

Vein Map for Surgery

Vein Map for Graft

Mark veins prior to surgery

**ARM - ARTERIAL**

Arm Arteries - scan only  
 Right  Left  Both

Arm arteries - scan and pressures  
 Right  Left  Both

Hand and arm (Raynauds)

AV Fistula / Haemodialysis Access

**ABDOMINAL**

Renal Arteries\* / Renal Stent

Mesenteric / Coeliac Arteries\*

Abdominal Aortic Aneurysm\*

Endovascular Aortic Repair (EVAR)

Ovarian Vein Incompetence\*

IVC and Iliac Veins\*

\* Fasting instructions required.  
See back page for locations.

! Leg artery examination includes aorta and iliac arteries

§ + Treadmill studies are an essential part of evaluating claudication, however not essential in ulceration, critical limb ischaemia or foot pain at rest. Is your patient suitable for walking treadmill exercise? Y/N

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Signature .....

Your doctor has referred you to this practice. This form may be used at a similar practice of your choice.



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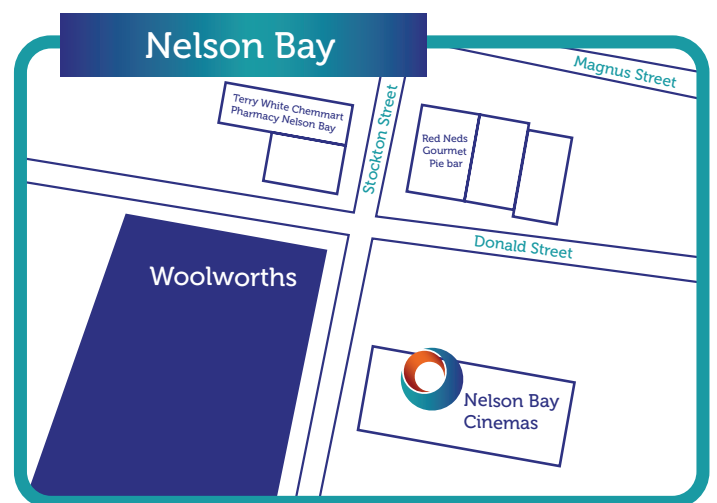
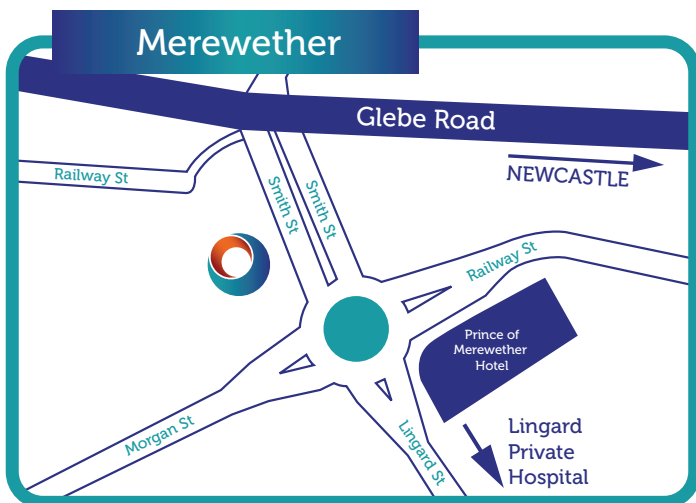
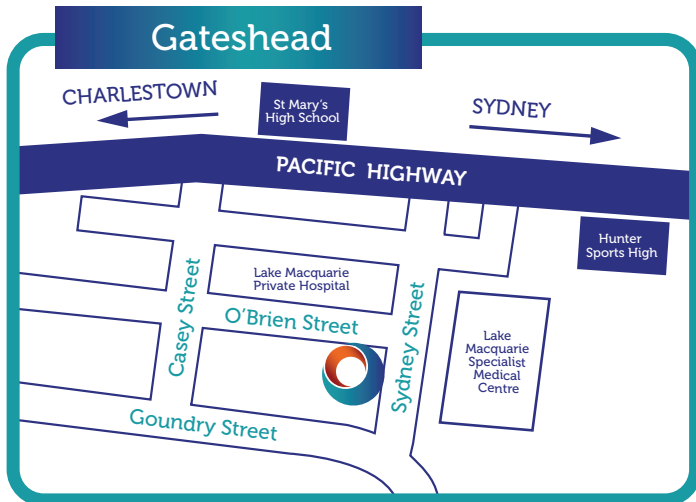


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MEREWETHER • GATESHEAD • EAST MAITLAND • NELSON BAY • TORONTO



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