Aorto-iliac/lower extremity IVUS measurements and area calculations

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.