

# CKiD carotid IMT Worksheet

Clinical Site #: \_\_\_\_\_

Subject ID #: \_\_\_\_\_

Sonographer Initials: \_\_\_\_\_

Date of Study: \_\_\_\_\_

- Visit:**  V2  
 V6  
 V10  
 V14  
 Irregular (Accelerated) Visit \_\_\_\_

Is this a Repeat carotid IMT?  Yes  No

## Sonographer Checklist

### Check When Carotid IMT Study Completed

1. \_\_\_\_\_ All of the above worksheet data filled in.
2. \_\_\_\_\_ Subject ID and site number entered correctly on tape/disc (no patient name is to be listed on tape or worksheet)
3. \_\_\_\_\_ Completed CKiD vascular study including the following images:
  - a) \_\_\_\_\_ Cross-sectional right carotid artery view (10 cardiac cycles) (**Carotid Image #3**)
  - b) \_\_\_\_\_ Longitudinal bifurcation right carotid artery view (10 cardiac cycles) (**Carotid Image #1**)
  - c) \_\_\_\_\_ Longitudinal right carotid artery view optimizing the distal 2 cm of CCA for IMT measures (10 cardiac cycles) (**Carotid Image #2**)
  - d) \_\_\_\_\_ Cross-sectional left carotid artery view (10 cardiac cycles) (**Carotid Image #6**)
  - e) \_\_\_\_\_ Longitudinal bifurcation left carotid artery view (10 cardiac cycles) (**Carotid Image #4**)
  - f) \_\_\_\_\_ Longitudinal left carotid artery view (10 cardiac cycles) (**Carotid Image #5**)
4. \_\_\_\_\_ Videotape/disk copied and stored. Both tapes/discs labeled with clinical site, patient ID and study date.

### Shipment Directions for CKiD Sonographer:

- Make a copy of this form. Keep a copy for CKiD records. Mail original form with the carotid IMT Self Critique Form and tape/disc to:

**CCHMC**

**Attn: Lauren Longshore**

**Cardiology Dept., ML 2003**

**3333 Burnet Ave.**

**Cincinnati, OH 45229**

**513-803-5517**

[Lauren.Longshore@cchmc.org](mailto:Lauren.Longshore@cchmc.org)

### **FedEx Slip:**

- Contact Leah Haddadi at [Lshaddadi@cmh.edu](mailto:Lshaddadi@cmh.edu) for a FedEx slip and it will be emailed to you.