

# Pulse Wave Velocity by Echo Worksheet

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

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

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

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

Study Visit Number: \_\_\_\_\_

Indicate Visit Protocol

Regular Study Visit

Post Dialysis Visit

Post Transplant Visit

Is the PWV a certification study?

Yes

No

## Sonographer Checklist

### Check When Completed

1. \_\_\_\_\_ All of the above worksheet data filled in.
2. \_\_\_\_\_ Subject ID, site number, visit # and date entered correctly on imaging (no patient name, medical record number, etc. is to be listed on images or worksheet)
3. \_\_\_\_\_ Measurement from Supra Sternal Notch to Femoral Artery obtained in cm and annotated on screen
  - a) \_\_\_\_\_ Measurement 1
  - b) \_\_\_\_\_ Measurement 2
  - c) \_\_\_\_\_ Average
  - d) \_\_\_\_\_ Notes
4. \_\_\_\_\_ Doppler for calculation of PWV obtained
  - a) \_\_\_\_\_ ECG-gated Pulse Doppler in the SSN (**Image #1**)
  - b) \_\_\_\_\_ ECG-gated Pulse Doppler in short axis of the Femoral Artery (**Image #2**)
  - c) \_\_\_\_\_ Notes
6. \_\_\_\_\_ Imaging stored. Imaging labeled with clinical site, subject ID, visit # and study date.

### Instructions for CKiD Sonographer:

**Please keep a copy of this form for your records. Upload this form, and images to the CKiD Cardiovascular Imaging Research Lab via AMBRA. If you have any questions please contact Matthew Zacharias [matthew.zacharias@cchmc.org](mailto:matthew.zacharias@cchmc.org) or Chrissy Schulte [christine.schulte@cchmc.org](mailto:christine.schulte@cchmc.org).**