

# CVS4

**Hokanson complete physiological  
peripheral vascular instruments**



**Hokanson**®

Specializing in peripheral vascular technology since 1973

# Comprehensive Reports

## Software Reports

f ä >äüYÄÖe² ä² %ü Öel² röö Oz %ü YäÖ qäüZ Yü ÜY  
 f ä 3 %üYÄÖe² ä² %ü Öel² röö Oz %ü YäÖ qäüZ Yü ÜY  
 f ä '² gÖqzYä-i eÄÖzöYä ÜÄÖYüÄÖÖö ä ÄÄÖe² ä

**Hokanson NIVP3**  
Version: 5.31

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**Hokanson**  
Room 111  
111 Main St.  
Anytown, WA.  
(206) 000-0000 / Phone  
(206) 000-0001 / Fax

**Hokanson**

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Last Name: alexander      First Name: jim      Patient ID: 987  
 Visit Date: 23-Jun-2002    Time of Day: 1:43:01 PM    Visit No.: 1      Birthdate:      Sex: Male  
 Accession #:      Referring MD: johnson

REFERRING MD: Jones      INSURANCE CARRIER: Blue Cross  
 EXAMINING MD: Brown      NEXT OF KIN: Father  
 TECH: Jane      CONSENT SIGNED: 1/14/94  
 ROOM: 111      NEXT APPT.:  
 HOSP. CHOICE: General  
 SMOKER?: No

Diagnosis: venous thrombosis is likely

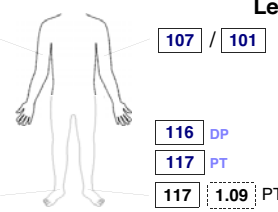
**Right**

106 / 102

DP 115

PT 118

PT 1.10 118



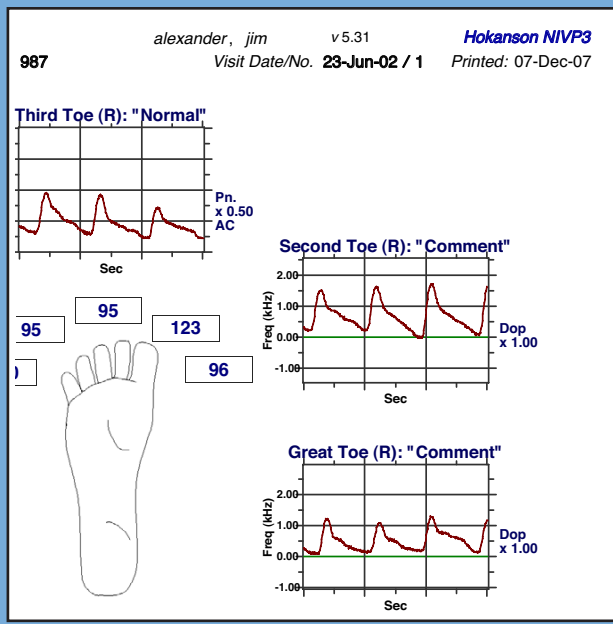
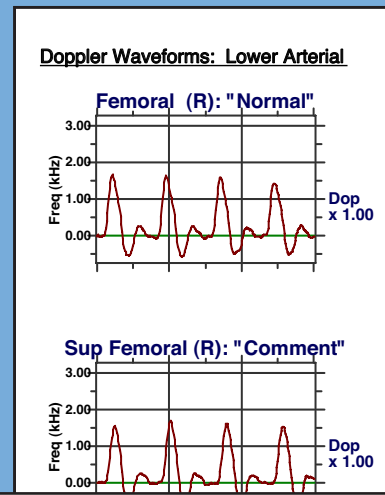
**Left**

107 / 101

DP 116

PT 117


PT 1.09 117



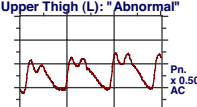
alexander, jim    v 5.31    Hokanson NIVP3  
 ID: 987    Visit Date/No. 23-Jun-02 / 1    Printed: 07-Dec-07

**Seg. Limb and VPR: Lower Arterial**

**Upper Thigh (R): "Normal"**



**Upper Thigh (L): "Abnormal"**



**Arm Pressures (mmHg)**

**Left Brachial:**  
Systolic 107  
Diastolic 101

**Right Brachial:**  
Systolic 106  
Diastolic 102

**Right**      **Left**

0.93: 100    100 0.93

1.04: 111    102 0.95

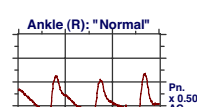
1.05: 112    104 0.97

1.10: 118 <PT> 117 1.09  
1.07: 115 <DP> 116 1.08

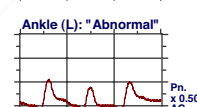
1.03: 110    100 0.93

0.70: 75    125 1.17


**Ankle (R): "Normal"**



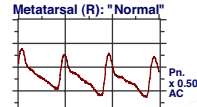
**Ankle (L): "Abnormal"**



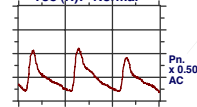
**Below Knee (L): "Comment"**



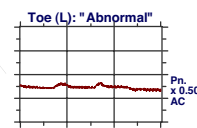
**Metatarsal (R): "Normal"**



**Toe (R): "Normal"**



**Toe (L): "Abnormal"**



Comments:



