

St. Michael's

Inspired Care.
Inspiring Science.



Patient ID

Echocardiography and Vascular Ultrasound Laboratory Requisition



Echo: 416.864.5515 / echolab@smh.ca
Vascular: 416.864.5890 / vascularlab@smh.ca
Fax: 416.864.5571

Echocardiography - Urgent Routine

Transthoracic Echo

- CHF
- Valvular disease
- Prosthetic valves
- Syncope
- Cardio-Oncology
- Murmurs
- Systolic/Diastolic function
- Hypertensive Heart Disease
- Agitated saline contrast
- Constriction

Transesophageal Echo (Please call 416-864-5515)

- Infective endocarditis
- Source of embolus
- Valvular disease
- ASD
- Masses/Thrombus

Pediatric Echo

(Please forward request to 416-867-3736)

Supine Bicycle Stress Echo / Dobutamine Stress Echo

- CAD
- Angina
- Valvular disease
- HCM

Medication to hold:

- Beta-blockers
- Diltiazem/Verapamil

Clinical History: _____

Vascular Ultrasound - Urgent Routine

Arterial Lower Extremity (Includes Aorta):

- Claudication
- Leg Ulcer
- Ischemic Toes
- Pressure
- Reduced pulses
- Rule-out PAD
- Post-Surgical interventions

Arterial Upper Extremity

- Thoracic Outlet syndrome
- Decreased pulses
- Subclavian steal

Abdominal Aorta:

- Rule-out Aneurysm
- Follow-up Aneurysm repair
- Splanchnic vessels
- Post EVAR
- Post fistula creation

Carotid:

- TIA/Stroke
- Bruit
- Visual disturbance
- Post stent/endarterectomy

Venous Lower Extremity:

- Varicose veins
- Venous insufficiency

Venous Upper Extremity:

- Rule out DVT

Pre-Fistula Mapping:

- Upper Limb
- Lower Limb

Dialysis Fistula/Graft:

- Post fistula creation
- HeRograft
- Rule out Stenosis

Pre-Transplant Screening:

Peripheral Vascular Pressure/Volume:

- ABI
- ABI + Exercise
- Lower Extremity Segmental
- Upper Extremity Segmental Pressure
- Thoracic Outlet Syndrome (TOS)
- Toe Brachial Index
- Lower Digits PPG
- Upper Digits PPG

Groin Study:

- Rule out Pseudo aneurysm
- AV Fistula

Renal Arteries:

- Hypertension
- Post angioplasty or stent

Clinical History: _____

Interpreter required? YES NO - Language: _____

Date: _____

Referring MD: _____ Signature: _____

Phone: _____ Fax: _____

ECHOCARDIOGRAPHY AND VASCULAR ULTRASOUND LABORATORY REQUISITION