Ultrasound

Ultrasound equipment

Have you used the machine that you registered with us? ☐ Yes ☐ No

If no:

Manufacturer _____ Model _____ Probe ☐☐☐ MHz

Scan

Date of scan D D M M Y Y Y Y Initials of sonographer ☐☐☐

Was the scan performed in a single session without any interruptions? ☐ Yes ☐ No

If yes:

Start time H H : M M Stop time H H : M M

If no:

Total time spent on scan H H : M M

Right side temporal ☐ Normal* ☐ Abnormal**

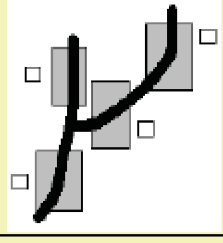
If normal:

Please indicate that the appropriate recording was made:

Video: transverse sweep from common superficial temporal artery to bifurcation showing both the frontal and parietal branch ☐ RTSN

If abnormal:

Please indicate which areas were abnormal:



Left side temporal ☐ Normal* ☐ Abnormal**

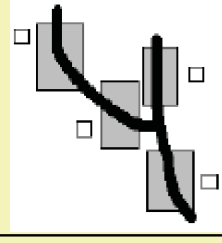
If normal:

Please indicate that the appropriate recording was made:

Video: transverse sweep from common superficial temporal artery to bifurcation showing both the frontal and parietal branch ☐ LTSN

If abnormal:

Please indicate which areas were abnormal:



Right side axillary ☐ Normal* ☐ Abnormal**

If normal:

Please indicate that the appropriate recording was made:

Still: longitudinal image of axilla (grey scale or colour Doppler) at the level of the circumflexa humeri artery. ☐ RALN

If abnormal:

Please complete the relevant section on page 4

Left side axillary ☐ Normal* ☐ Abnormal**

If normal:

Please indicate that the appropriate recording was made:

Still: longitudinal image of axilla (grey scale or colour Doppler) at the level of the circumflexa humeri artery. ☐ LALN

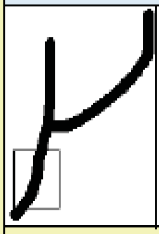
If abnormal:

Please complete the relevant section on page 4

*If all are normal, please sign page 4.

**For any areas indicated as abnormal please complete the relevant sections in pages 2 to 4.

Right common superficial temporal artery



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

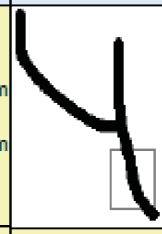
Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ RCTH Longitudinal ☐ RCLH

Occlusion:[1] Transverse ☐ RCTO Longitudinal ☐ RCLO

Stenosis:[2] Longitudinal ☐ RCLS Doppler[3] pulse wave ☐ RCDS

Left common superficial temporal artery



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

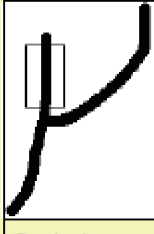
Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ LCTH Longitudinal ☐ LCLH

Occlusion:[1] Transverse ☐ LCTO Longitudinal ☐ LCLO

Stenosis:[2] Longitudinal ☐ LCLS Doppler[3] pulse wave ☐ LCDS

Right parietal ramus



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

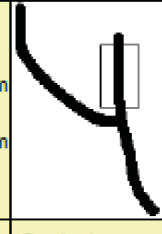
Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ RPTH Longitudinal ☐ RPLH

Occlusion:[1] Transverse ☐ RPTO Longitudinal ☐ RPLO

Stenosis:[2] Longitudinal ☐ RPLS Doppler[3] pulse wave ☐ RPDS

Left parietal ramus



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ LPTH Longitudinal ☐ LPLH

Occlusion:[1] Transverse ☐ LPTO Longitudinal ☐ LPLO

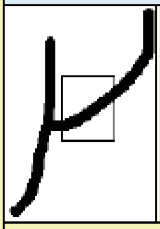
Stenosis:[2] Longitudinal ☐ LPLS Doppler[3] pulse wave ☐ LPDS

[1] Video 3 seconds

[2] Still image

[3] Doppler pulse wave should show doppler curves demonstrating low and high flow systolic velocities

Right proximal frontal ramus (≤ 2cm)



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

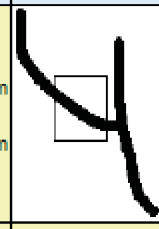
Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ RPFTH Longitudinal ☐ RPFLH

Occlusion:[1] Transverse ☐ RPFTO Longitudinal ☐ RPFLO

Stenosis:[2] Longitudinal ☐ RPFLS Doppler[3] pulse wave ☐ RPFDS

Left proximal frontal ramus (≤ 2cm)



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

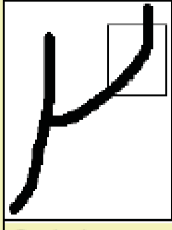
Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ LPFTH Longitudinal ☐ LPFLH

Occlusion:[1] Transverse ☐ LPFTO Longitudinal ☐ LPFLO

Stenosis:[2] Longitudinal ☐ LPFLS Doppler[3] pulse wave ☐ LPFDS

Right distal frontal ramus (> 2cm)



Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ RDFTH Longitudinal ☐ RDFLH

Occlusion:[1] Transverse ☐ RDFTO Longitudinal ☐ RDFLO

Stenosis:[2] Longitudinal ☐ RDFLS Doppler[3] pulse wave ☐ RDFDS

Left distal frontal ramus (> 2cm)

Halo ☐ Yes ☐ No If yes:

Halo maximum thickness ☐☐.☐ mm

Halo maximum length ☐☐ mm

Does the halo run along the entire length of the section? ☐ Yes ☐ No

Occlusion ☐ Yes ☐ No

Arteriosclerosis ☐ Yes ☐ No

Stenosis ☐ Yes ☐ No If yes:

Velocity in stenosis ☐☐☐ cm/s

Velocity out of stenosis ☐☐☐ cm/s

Please indicate which recordings you have taken:

Halo:[1] Transverse ☐ LDFTH Longitudinal ☐ LDFLH

Occlusion:[1] Transverse ☐ LDFTO Longitudinal ☐ LDFLO

Stenosis:[2] Longitudinal ☐ LDFLS Doppler[3] pulse wave ☐ LDFDS

[1] Video 3 seconds

[2] Still image

[3] Doppler pulse wave should show doppler curves demonstrating low and high flow systolic velocities

Right axillary artery	Left axillary artery
Halo ☐ Yes ☐ No **If yes:**	Halo ☐ Yes ☐ No **If yes:**
Halo maximum thickness ☐☐.☐ mm	Halo maximum thickness ☐☐.☐ mm
Halo maximum length ☐☐ mm	Halo maximum length ☐☐ mm
Does the halo run along the entire length of the section? ☐ Yes ☐ No	Does the halo run along the entire length of the section? ☐ Yes ☐ No
Occlusion ☐ Yes ☐ No	Occlusion ☐ Yes ☐ No
Arteriosclerosis ☐ Yes ☐ No	Arteriosclerosis ☐ Yes ☐ No
Stenosis ☐ Yes ☐ No **If yes:**	Stenosis ☐ Yes ☐ No **If yes:**
Velocity in stenosis ☐☐☐ cm/s	Velocity in stenosis ☐☐☐ cm/s
Velocity out of stenosis ☐☐☐ cm/s	Velocity out of stenosis ☐☐☐ cm/s
Luminal minimum diameter ☐.☐ mm	Luminal minimum diameter ☐.☐ mm
Luminal maximum diameter ☐.☐ mm	Luminal maximum diameter ☐.☐ mm
Please indicate which recordings you have taken:	Please indicate which recordings you have taken:
Halo:[1] Transverse ☐ RATH Longitudinal ☐ RALH	Halo:[1] Transverse ☐ LATH Longitudinal ☐ LALH
Occlusion:[1] Transverse ☐ RATO Longitudinal ☐ RALO	Occlusion:[1] Transverse ☐ LATO Longitudinal ☐ LALO
Stenosis:[1] Longitudinal ☐ RALS Doppler[2] pulse wave ☐ RADS	Stenosis:[1] Longitudinal ☐ LALS Doppler[2] pulse wave ☐ LADS

[1] Still image
[2] Doppler pulse wave should show doppler curves demonstrating low and high flow systolic velocities

Checklist

In your opinion are the results consistent with a diagnosis of GCA? ☐ Yes ☐ No

If no, specify:

Has the ultrasound scan been transferred to the TABUL central office? ☐ Yes ☐ No

If no: ☐ Technical problem ☐ Other, specify

Have you reminded the participant to report any serious adverse events which occur after the ultrasound? ☐ Yes ☐ No

I certify that the ultrasound data are complete and accurate. (To be signed and dated by the sonographer)

Signature

Date D D M M Y Y Y Y

Print name