Vascular Screening Examination | Vascular Lab at Northridge Medical Park

I. PURPOSE
To screen patients for the present of significant vascular disease, specifically carotid atherosclerosis, lower extremity peripheral artery disease (PAD), and abdominal aortic aneurysm (AAA).

II. INDICATIONS
A. Age ≥ 65 years
B. Age ≥ 50 years with cardiovascular risk factors
C. Adults ≥ 45 years who wish to undergo early screening for atherosclerotic vascular disease for whom an abnormal finding would prompt modification of their lifestyle practices or medical care
D. Family history of AAA
E. This study protocol is appropriate for screening of asymptomatic patients only. Patients with symptoms suggestive of vascular disease (e.g., prior TIA or stroke, pulsatile abdominal mass, lower extremity claudication) should be referred for the appropriate complete diagnostic study.

III. LIMITATIONS
A. Patients who are unable to lie flat or still may prove difficult to scan
B. Patients with very thick, muscular necks may pose a challenge for the carotid examination; similarly abdominal obesity will post a challenge for the aorta examination
C. Patients with impaired mental status
D. Bowel gas will post a challenge for the aorta examination. It is preferred that patients do not eat 4-6 hours prior to the examination but is not mandatory.
**Vascular Screening Examination | Patient Questionnaire**

**If any of these questions in gray are answered “yes”, the screening protocol is not appropriate for this patient, and a complete diagnostic examination should be performed.**

**Cardiovascular Risk Factors**
Do you have a history of:
1. Hyperlipidemia (high cholesterol)
2. Hypertension (high blood pressure)
3. Diabetes mellitus
4. Cigarette smoking (> 100 cigarettes in your lifetime)
5. Known coronary artery disease (prior angina, myocardial infarction/heart attack, prior abnormal stress test, prior coronary angioplasty/stenting or coronary bypass)
6. If you are a woman, have you entered menopause?
7. Do you have a family history of premature coronary artery disease (e.g., angina, heart attack, heart bypass or stenting in a grandparent, aunt/uncle, sibling, or child)?

**Carotid screening**
1. Do you have a family history of stroke (grandparent, aunt/uncle, sibling, or child)?
2. **Have you ever had a stroke or TIA (mini stroke)?**
3. **Are you known to have a blockage of one of the carotid arteries?**

**AAA screening**
1. Do you have a family history of abdominal aortic aneurysm (grandparent, aunt/uncle, sibling, or child)?
2. **Are you known to have an abdominal aortic aneurysm?**

**ABI screening**
1. Do you have any open wounds on the legs?
2. Do you get pain in one or both of your calves, thighs, or buttocks that comes on with walking and goes away within 10 minutes of resting?
3. **Do you have known peripheral artery disease/PAD (prior abnormal ABI, prior leg angioplasty/stenting or bypass surgery, and claudication?)**

To make an appointment, patients can call **434.924.5824**.
To refer a patient to UVA Heart and Vascular Center, call Physician Direct at **800.552.3723**.