



Patient ID

**Echocardiography and Vascular  
Ultrasound Laboratory  
Requisition**



**Echo:** 416.864.5515 / [echolab@smh.ca](mailto:echolab@smh.ca)  
**Vascular:** 416.864.5890 / [vascularlab@smh.ca](mailto:vascularlab@smh.ca)  
**Fax:** 416.864.5571

**Echocardiography** -  Critical (call Echo lab)  Urgent/symptomatic  Established indication/asymptomatic  Surveillance/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: \_\_\_\_\_