Upper Extremity Venous Ultrasound

Patient Name:				MR#:	Date:/		/	
				Tech:				
Reason for	Study:							
Patient History:								
<u>— RIG</u>	IT UPPER EX	TREM	<u> </u>		FT UPPER EXT	REMI	T Y —	
		<u>Yes</u>	<u>No</u>			<u>Yes</u>	<u>No</u>	
Internal ju	igular:			Interna	l jugular:			
•	Flow:			> >	Flow:			
	Compression:			> >	Compression:			
Subclavia	ո։			Subclav	ian:			
	Flow:			> > >	Flow:			
Axillary:				Axillary	:			
	Flow:			> > >	Flow:			
	Compression:			> > >	Compression:			
Cephalic:			_	Cephali				
	Flow:			, ,	Flow:			
	Compression:				Compression:			
Brachial:		_	_	Brachia		_	_	
	Flow:			, , ,	Flow:			
Daeilia.	Compression:			Doellie	Compression:			
Basilic:	Flow:			Basilic:	Flow:		П	
	Compression:			> > >	Compression:			
	compression.	Ш		> > >	Compression.			
Ulnar:		_	_	Ulnar:		_	_	
	Flow:			; ;	Flow:			
Dadiel	Compression:	Ц	Ш	5	Compression:	Ш	Ш	
Radial:	Flow:			Radial:	Flow:		П	
				> > >				
	Compression:	Ш	Ц		Compression:		Ш	
	RUE Thrombus seen?				LUE Thrombus seen?			
	DVT □ SVT □				DVT □ SVT □			
No Thrombus seen at this time □				No.	No Thrombus seen at this time □			
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