

UNILATERAL UPPER EXTREMITY VENOUS DUPLEX (UEDVT)

PATIENT NAME: _____ MR# _____ DATE: _____
TECH INITIAL: _____ EXT: _____ FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

INDICATION (must check at least one): **RIGHT / LEFT**

☐ Arm Pain ☐ Arm Swelling/Edema ☐ Follow up Deep Vein Thrombosis
☐ Shortness of breath ☐ Chest discomfort/pain/pressure ☐ Arm Erythema/Redness
☐ OTHER: _____

HISTORY:

☐ Pulmonary Embolism ☐ Deep Vein Thrombosis, previously noted ☐ Venacava Filter
☐ Clotting disorder ☐ Currently on blood thinner

COMPARISON: ☐ None ☐ Prior exams: _____

TECHNIQUE:

A unilateral (**right / left**) upper extremity venous Doppler ultrasound exam was performed to include the following deep veins: Internal Jugular, Subclavian, Axillary, and Brachial veins using gray scale and compression technique. The superficial veins, Basilic and Cephalic, were also evaluated during this exam. Color and pulsed Doppler waveform analysis with physiological maneuvers were also performed in the examined venous segments.

FINDINGS: (check all that apply):

UPPER EXTREMITY (check all that applies):

☐ The examined segments of the upper extremity are compressible. Spontaneous, phasic and augmented waveforms are appropriate.

(Choose acute, chronic or indeterminate)

ACUTE ☐ In the upper extremity, there is hypoechoic thrombus filling the _____ which appears to be acute. The veins are not compressible and demonstrate no spontaneous or augmented flow. The proximal extent of the visualized DVT lies in the (proximal / mid / distal) _____ vein.

CHRONIC ☐ In the upper extremity, there is echogenic material filling the _____ which appears to be chronic. The veins are partially compressible and demonstrate partial spontaneous or augmented flow. The proximal extent of the visualized DVT lies in the (proximal / mid / distal) _____ vein.

INDETERMINATE ☐ In the upper extremity, there is medium to low level echogenic thrombus filling the _____ which appears to be age indeterminate. The veins are (partially compressible / non compressible) and demonstrate (partial / no) spontaneous or augmented flow. The proximal extent of the visualized DVT lies in the (proximal / mid / distal) _____ vein.

☐ (If there is a prior exam) The DVT has (progressed / regressed / unchanged / resolved) from the prior exam.

☐ A (PICC / Jugular – Hohn or dialysis) catheter enters the (Basilic / Brachial / Cephalic / Jugular) vein.

☐ Suboptimal visualization of the _____ veins due to technical factors.

☐ The _____ were not visualized due to technical factors.

The waveform in the contralateral subclavian vein has normal variation with respiration and augmentation.

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

IMPRESSION (Choose One): *Preliminary findings/impression subject to radiologist review.*

☐ No evidence for deep venous thrombosis. If symptoms persist, a repeat scan can be performed in 7-10 days.

☐ There is deep venous thrombosis, described as above.

☐ ADD DICTATION