

LIVER DOPPLER

Patient Name _____

DOB _____

MRN _____

Date _____ Ordering _____ Tech _____

Indication _____

	Patent		Thrombus		Flow Direction	Velocity
Portal V						
Main	Y	N	Partial	Complete	Antegrade/ Retrograde	_____ cm/s
Left	Y	N	Partial	Complete	Antegrade/ Retrograde	_____ cm/s
Right	Y	N	Partial	Complete	Antegrade/ Retrograde	_____ cm/s
Hepatic A						
Main	Y	N				_____ cm/s
Left	Y	N				
Right	Y	N				
Hepatic Vs						
Left	Y	N				
Mid	Y	N				
Right	Y	N				
IVC	Y	N	Partial	Complete		
Splenic V	Y	N	Partial	Complete	Antegrade/ Retrograde	

AP Diameter of MPV _____ cm

Ascites Y N

Collaterals Y N

Spleen _____ cm

COMMENTS

