

# TIPS DOPPLER ULTRASOUND

Patient Name _____
DOB _____
MRN _____

Date \_\_\_\_\_ Ordering \_\_\_\_\_ Tech \_\_\_\_\_

Indication \_\_\_\_\_  
 \_\_\_\_\_

Date of TIPS Placement \_\_\_\_\_ Ascites Y N AP Diameter of MPV \_\_\_\_\_ cm

PORTAL VEINS	Patent		Thrombus		Flow Direction		Velocities
<b>MPV</b>	Yes	No	Partial	Complete	Antegrade	Retrograde	_____ cm/s
<b>RPV</b>	Yes	No	Partial	Complete	Antegrade	Retrograde	_____ cm/s
<b>LPV</b>	Yes	No	Partial	Complete	Antegrade	Retrograde	_____ cm/s

TIPS	Patent		Current Velocities	Previous Velocities
<b>Prox (portal)</b>	Yes	No	_____ cm/s	_____ cm/s
<b>Mid</b>	Yes	No	_____ cm/s	_____ cm/s
<b>Dst (hepatic)</b>	Yes	No	_____ cm/s	_____ cm/s

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Normal TIPS Velocities = 80 - 200 cm/s**

**Abnormal Indicators:**

- Serial (point-to-point) increase or decrease in velocity of > 50 cm/s
- Velocities < 80 cm/s
- Antegrade flow in RPV and LPV
- Reappearance of ascites or varices