

UPPER EXTREMITY VENOUS DUPLEX

Bilateral Right Left

Patient Name
DOB
MRN

PATIENT HISTORY	NO	RT	LT
DVT / PE			
IV site / PICC			
Redness / Swelling			

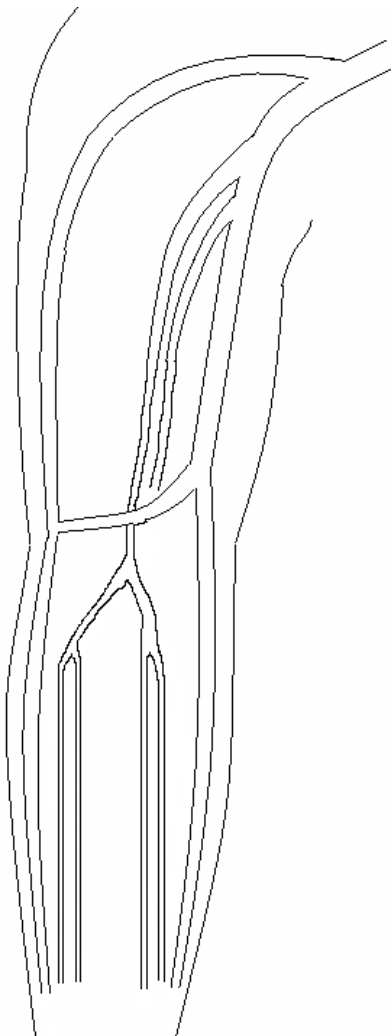
Indication _____

UNILATERAL EXAM— Contralateral Subclavian V — WNL? Yes / No

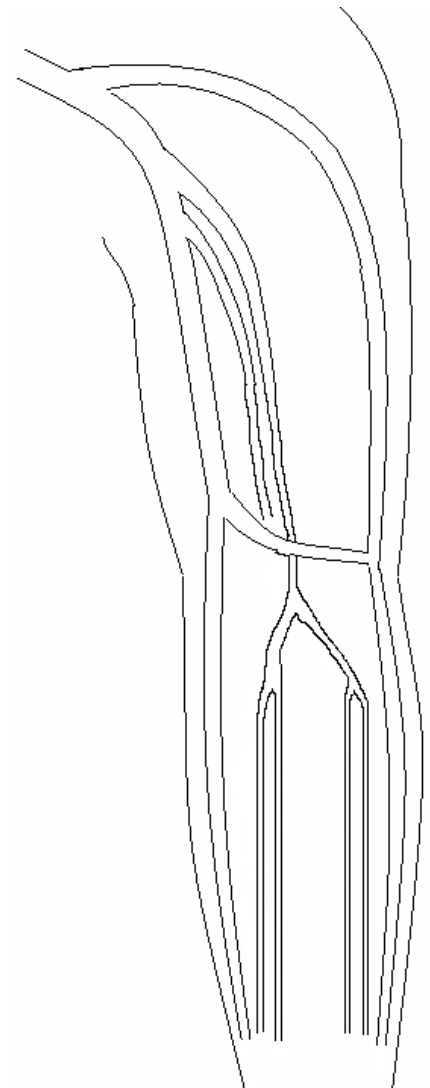
RESULTS: **Normal / No DVT**

Abnormal /Thrombus / Other _____

Document approximate location of thrombus within vessel lumen
Occlusive= lumen filled in solid Non-Occlusive= dashed lines through lumen



Right		Left
	IJV	
	Subclavian V	
	Prox	
	Mid	
	Distal	
	Axillary V	
	Basilic V	
	Prox	
	Mid	
	Distal	
	Brachial Vs	
	Prox	
	Mid	
	Distal	
	Cephalic V	
	Prox	
	Mid	
	Distal	



Yes or = Normal/compressible
 No or NC = Non compressible
 PC = Partial compression
 WT = Wall Thickening