UPPER EXTREMITY VENOUS DUPLEX
Bilateral Right Left

Date: _____

Tech: _____

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

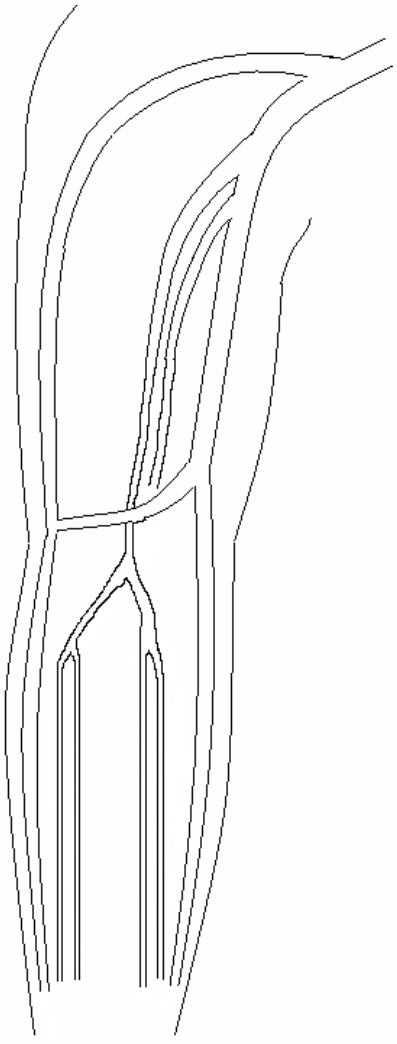
RESULTS: ☐ Normal / No DVT

☐ Abnormal /Thrombus / Other_____

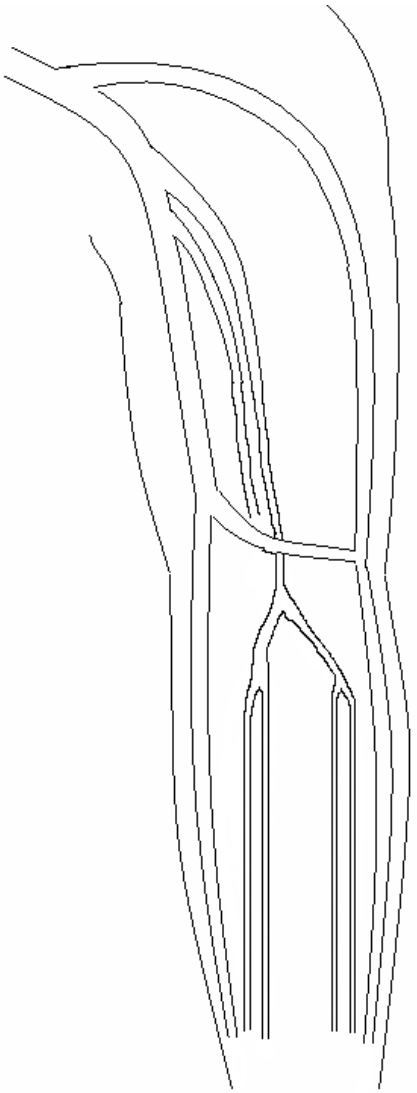
_____

_____

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