Venous Duplex Imaging Worksheet: Upper Extremity

Name: _____ Date: / /01

Sex: ☐ Male ☐ Female DOB: / / Hospital No.:_____

Referring Physician:_____ Sonographer's Name:_____

Indication: _____

_____

Presentation: ☐ Asymptomatic

☐ Symptomatic: ☐ Right ☐ Left ☐ Bilateral

Pain: ☐ No ☐ Yes Describe:_____

Swelling: ☐ No ☐ Yes Describe: _____

Other: ☐ No ☐ Yes Describe: _____

Risk Factors:	No	Yes	
Lines	☐	☐	_____
Intravenous Drug Use	☐	☐	_____
Previous DVT/PE	☐	☐	_____
Malignancy	☐	☐	_____
Recent Surgery/Trauma	☐	☐	_____
Oral Contraceptives	☐	☐	_____
Hormone Replacement	☐	☐	_____
Cardiac	☐	☐	_____
Other	☐	☐	_____

Duplex Imaging:

Results	Right	Left
Not Done:	☐	☐
Negative:	☐	☐
Positive:	☐	☐

If Positive

Right Arm: ☐ Non-compressible ☐ Doppler ☐ Color

Left Arm: ☐ Non-compressible ☐ Doppler ☐ Color

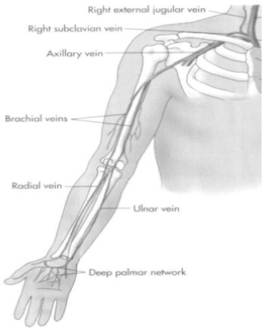
Description: Location, Extent, Occluding vs. Non-occluding, Free-floating

_____

_____

_____

_____



Reason for limited examination: _____

_____

_____

Compared to previous examination: _____

_____

Physician: _____