

# Arm Venous DVT US Technologist Worksheet

**St Vincents** Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER  
**Optimal** Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: \_\_\_\_\_ MMI: \_\_\_\_\_ Age: \_\_\_\_\_

History/Symptoms: \_\_\_\_\_

Arm Pain	Arm Swelling	Shortness of Breath	Chest Pain	Dyspnea	Hypoxemia	Pulmonary Embolus	Recent Surgery
R L	R L						
Prior DVT	N	Y	If so, what vein(s)?				
Current Anticoagulants?							

(Check only if abnormal)

		No Evidence of Clot	Occlusive	Non Occlusive	Echogenic Possibly Chronic
<b>RIGHT ARM</b>	Internal Jugular (deep)				
	Subclavian (deep)				
	Axillary (deep)				
	Brachial (deep)				
	Basilic (superficial)				
	Cephalic (superficial)				
<b>LEFT ARM</b>	Internal Jugular (deep)				
	Subclavian (deep)				
	Axillary (deep)				
	Brachial (deep)				
	Basilic (superficial)				
	Cephalic (superficial)				

Sonographer's Impression: \_\_\_\_\_

Sonographer's Name, Date & Time: \_\_\_\_\_ # Images \_\_\_\_\_