



Clinical Protocol

Upper Extremity DVT

1. Grayscale with comparison compression in trans plane:
 - R/L internal jugular (IJ) vein,
 - Subclavian (SUBC) vein,
 - Innominate (INN) vein when seen,
 - Axillary (AXIL) vein,
 - Brachial (BRACH) vein,
 - Cephalic (CEPH) vein, and
 - Basilic (BAS) vein.

2. Color/spectral Doppler assessment:
 - R/L internal jugular (IJ) vein,
 - Subclavian (SUBC) vein,
 - Innominate (INN) vein when seen,
 - Axillary (AXIL) vein,
 - Brachial (BRACH) vein,
 - Cephalic (CEPH) vein, and
 - Basilic (BAS) vein.

3. Spectral Doppler waveform with augmentation at AXIL unless DVT seen. ***No augmentation if DVT seen.***

4. On all studies, include spectral Doppler waveforms from long axis of bilateral subclavian veins.

Symptomatic/abnormal areas (i.e., forearms) generally require additional evaluation.

Make note whether or not thrombus occlusive.

DVT is Critical Finding and must be reported STAT.



INDICATIONS	DATE/TIME	
	SONOGRAPHER	

RIGHT	Thrombus		Findings/Limitations
IJ	+	-	
SUBC	+	-	
AXIL	+	-	
BRACH	+	-	
CEPH	+	-	
BAS	+	-	

LEFT	Thrombus		Findings/Limitations
IJ	+	-	
SUBC	+	-	
AXIL	+	-	
BRACH	+	-	
CEPH	+	-	
BAS	+	-	

Bilateral SUBC spectral Doppler waveforms in long axis

Comments

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.	_____ Sonographer's Signature
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FMC	KMC	CMC	TMC	NHSC	Name / MR # / Label
KIC	MIC	PI	TI		
MFP	SFP	Other			

US Upper Extremity DVT Worksheet