

**This is NOT an interpretation of the examination.
See patient dictated report for radiologist findings & impression.**

TIPS ULTRASOUND

Patient Name: _____
ACC#: _____
MRN#: _____
DOB: _____
Ref Physician: _____

Site: _____

Tech/ext: _____

Date: _____

PORTAL VEINS

Indicated PV that stent originates: **RPV** **LPV** **MPV**

At stent origin, indicate PV flow proximal and distal to stent insertion:

Proximal to stent	Hepatofugal	Hepatopetal	
Distal to stent	Hepatofugal	Hepatopetal	

RPV	_____	cm/s	fugal	petal
LPV	_____	cm/s	fugal	petal
MPV	_____	cm/s	fugal	petal
	_____	diameter MPV		

SHUNT VELOCITIES

Proximal: _____ cm/s

Middle: _____ cm/s

Distal: _____ cm/s

HEPATIC ARTERY

_____ cm/s

_____ RI

HEPATIC VEINS

Indicate HV that drains stent: **RHV** **LHV** **MHV**

In draining hepatic vein, indicate flow proximal and distal to stent insertion:

Proximal to stent	to IVC	away from IVC		
Distal to stent	to IVC	away from IVC		

RHV	to IVC	away from IVC	not certain	no flow
LHV	to IVC	away from IVC	not certain	no flow
MHV	to IVC	away from IVC	not certain	no flow

SPLENIC VEIN

Direction: — to — away from spleen

ASCITIES	_____	YES	_____	NO
IVC PATENT:	_____	YES	_____	NO
SMV PATENT:	_____	YES	_____	NO

COMMENTS:
