

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

## VENOUS ARM DOPPLER

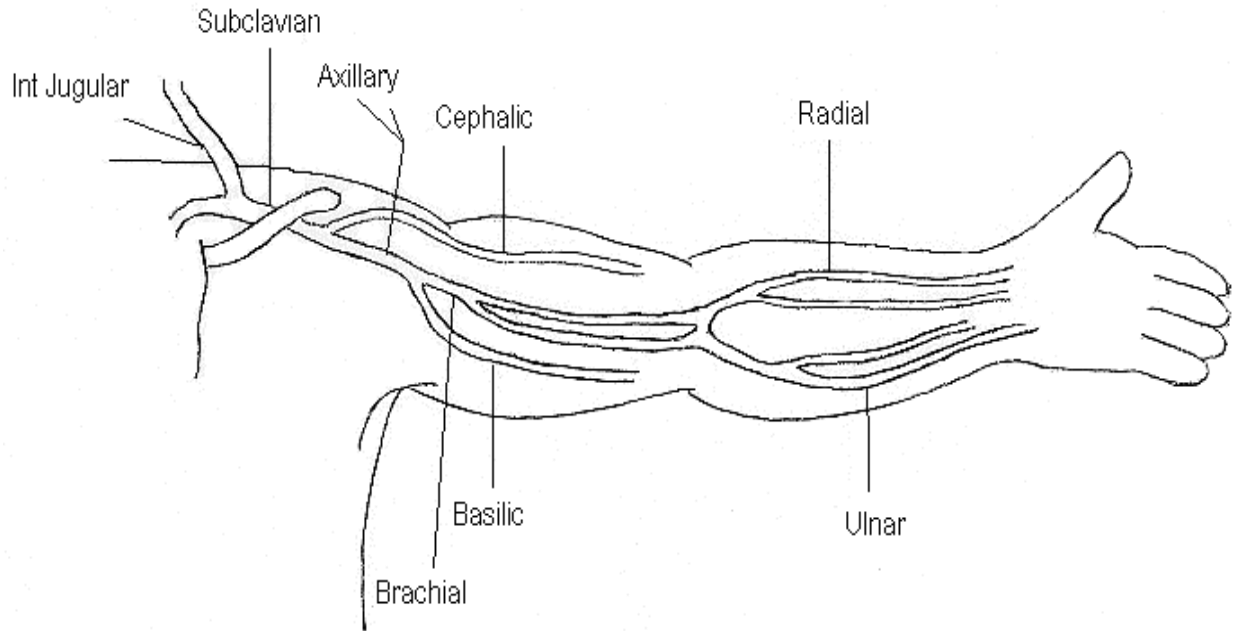
Patient Name: \_\_\_\_\_  
 ACC#: \_\_\_\_\_  
 MRN#: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Ref Physician: \_\_\_\_\_

Site: \_\_\_\_\_  
 Tech/ext: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Y or N Previous DVT**  
**Y or N Chest pain/shortness of breath**  
**Y or N Surgery**

**Indications:** \_\_\_\_\_

RT  LT **If checked, all venous vascular functions are Normal**



**Findings:** \_\_\_\_\_

	Internal Jugular		Subclavian		Axillary		Brachial		Cephalic		Basilic		Other: _____	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L
	Spontaneous Phasic													
Augmented														
Competent														
Compressible														

**Only abnormal findings marked off accordingly:      ↓ =Reduced    ∅ =Absent**