

Arm Venous DVT US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER Beach 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
RIGHT ARM	Internal Jugular (deep)					
	Subclavian (deep)					
	Axillary (deep)					
	Brachial (deep)					
	Basilic (superficial)					
	Cephalic (superficial)					
LEFT ARM	Internal Jugular (deep)					
	Subclavian (deep)					
	Axillary (deep)					
	Brachial (deep)					
	Basilic (superficial)					
	Cephalic (superficial)					

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____ # Images _____

Not Intended for Treatment Planning

MI-0612
(Revised 6/2025)

Tech Wrksht - "Arm Venous DVT Chrtform"