UNITED IMAGING
CONSULTANTS

TIPS Doppler

Exam Date		Room #	
Tech Name		Tech Phone	
Ordering MD Name		Ordering MD Phone	
Nurse Name		Nurse Phone	

Patient Name	
DOB	
MR#	
(Sticker OR Fill-out)	

Indication/History: ☐ Increased ascites ☐ GI hemorrhage ☐ Encephalopathy ☐ Hepatic decompensation

Specify: ____

TIPS VELOCITY (cm/s, nl 90-190) ☐ Occluded Prox __________ cm/s Mid __________ cm/s Distal __________ cm/s	**PRIOR VELOCITIES** Prior exam date: ___________ Prox __________ cm/s (significant change >50 cm/s) Mid __________ cm/s Distal __________ cm/s
PORTAL VEINS (nl hepatopedal) Right: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Left: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Main: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Prox to TIPS: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Main velocity: _________ cm/s (nl 20-40) Main diameter: ________ cm (nl ≤1.3 cm)	**PRIOR PORTAL VEINS** (nl hepatopedal) Right: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Left: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Main: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Prox to TIPS: ☐ pedal ☐ fugal ☐ phasic ☐ occluded Main velocity: _________ cm/s (nl 20-40) Main diameter: ________ cm (nl ≤1.3 cm)
HEPATIC VEINS (nl hepatofugal) Right: ☐ pedal ☐ fugal ☐ occluded Middle: ☐ pedal ☐ fugal ☐ occluded Left: ☐ pedal ☐ fugal ☐ occluded Dist to TIPS: ☐ pedal ☐ fugal ☐ occluded	**PRIOR HEPATIC VEINS** (nl hepatofugal) Right: ☐ pedal ☐ fugal ☐ occluded Middle: ☐ pedal ☐ fugal ☐ occluded Left: ☐ pedal ☐ fugal ☐ occluded Dist to TIPS: ☐ pedal ☐ fugal ☐ occluded
IVC ☐ Normal ☐ Abnormal **SPLENIC VEIN** ☐ Patent ☐ Occluded **HEPATIC ART** ☐ mono ☐ bi ☐ tri ☐ occluded **GASTRIC VARICES** ☐ Yes ☐ No **ESOPHAGEAL VARICES** ☐ Yes ☐ No **RECANALIZED UMBILICAL VEIN** ☐ Yes ☐ No **ASCITES** ☐ None ☐ Small ☐ Mod ☐ Large	**OTHER FINDINGS**:

IMPRESSION/SUMMARY: ____

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