UNITED IMAGING
CONSULTANTS

IVC and Draining Veins Ultrasound/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: ☐ DVT ☐ PE ☐ Abdominal/Pelvic Edema ☐ Hypercoagulable ☐ IVC Filter ☐ Malignancy

Specify: _____

Note to Tech: Must obtain color and/or spectral doppler waveforms of the IVC in addition to gray scale images indicated below.

Proximal _____x_____ cm. (AP x ML)

Mid _____x_____ cm.

Distal _____x_____ cm.

Right CIV: _____x_____ cm. Left CIV: _____x_____ cm.

Incidental findings: _____

_____

IMPRESSION: ☐ Patent ☐ Partial Thrombus ☐ Occlusive Thrombus ☐ IVC Filter

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