UNITED IMAGING
CONSULTANTS

Transplant Liver 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: ☐ Abd pain ☐ Weight loss ☐ Jaundice ☐ Abnl LFT's ☐ Liver transplant ☐ Rejection

Specify: _____

HEPATIC VEINS (nl hepatofugal)
Right: ☐ pedal ☐ fugal ☐ occluded
Middle: ☐ pedal ☐ fugal ☐ occluded
Left: ☐ pedal ☐ fugal ☐ occluded

IVC: ☐ Normal ☐ Abnormal - Describe
_____

CELIAC AXIS ☐ Normal ☐ Stenosis

PSV_____ cm/s (>200 implies >70% stenosis)

PORTAL VEINS (nl hepatopedal)
Right: ☐ pedal ☐ fugal ☐ phasic ☐ occluded
Left: ☐ pedal ☐ fugal ☐ phasic ☐ occluded
Main: ☐ pedal ☐ fugal ☐ phasic ☐ occluded
Anastamosis: ☐ pedal ☐ fugal ☐ phasic ☐ occl

Main velocity: _____ cm/s (nl 20-40)

Main diameter: _____ cm (nl ≤1.3 cm)

HEPATIC ARTERY
Right: ☐ mono ☐ bi ☐ tri PSV____cm/s
Left: ☐ mono ☐ bi ☐ tri PSV____cm/s
Main: ☐ mono ☐ bi ☐ tri PSV____cm/s
Anastamosis: ☐ mono ☐ bi ☐ tri PSV____cm/s

SPLENIC VEIN ☐ Normal
☐ Thrombus ☐ Occluded ☐ Collaterals
Other:

SMA ☐ Normal ☐ Stenosis

PSV_____ cm/s (>275 implies >70% stenosis)

GASTRIC VARICES ☐ Yes ☐ No
ESOPHAGEAL VARICES ☐ Yes ☐ No
RECANALIZED UMBILICAL VEIN ☐ Yes ☐ No
ASCITES ☐ None ☐ Small ☐ Mod ☐ Large

OTHER FINDINGS:

Reasons for nonvisualization: _____

IMPRESSION/SUMMARY: _____

_____

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