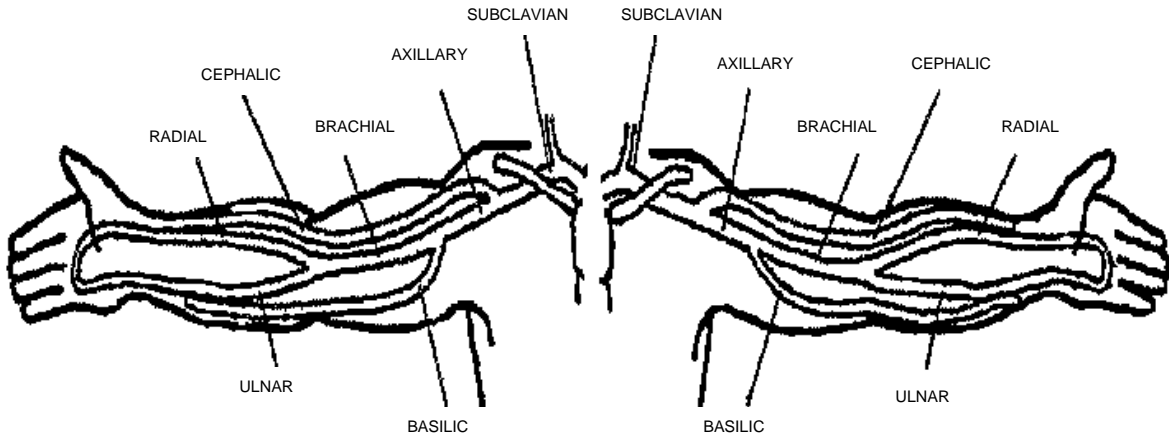


BROWN-FOLSE PACS, LLC VASULAR LABORATORY

Name _____ DOB _____ Physician _____

Indication _____

UPPER EXTREMITY VENOUS



MARK ONLY ABNORMAL FINDINGS BELOW:

+ = PRESENT O = ABSENT P = PARTIAL ↓ = REDUCED ↑ = INCREASED

LUMEN COMPRESSIBLE	ECHOES VISUALIZED	REFLUX	FLOW AUGMENTS	PHASIC	SPONTANEOUS	THROMBUS ASSESSMENT		LUMEN COMPRESSIBLE	ECHOES VISUALIZED	REFLUX	FLOW AUGMENTS	PHASIC	SPONTANEOUS
						ACUTE Hypoechoic Spongy Poorly Attached Dilated Smooth Border No Collaterals	CHRONIC Hypoechoic Rigid Well Attached Contracted Irregular Border Collaterals						
						INTERNAL JUGULAR							
						SUBCLAVIAN							
						AXILLARY							
						BRACHIAL							
						CEPHALIC							
						BASILIC							
						RADIAL							
						ULNAR							

COMMENTS: _____

SONOGRAPHER: _____