

Arm Vein Mapping US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER
Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____ MMI: _____ Age: _____

History/Symptoms: _____

RIGHT ARM	Cephalic	Basilic
Upper Arm	mm	mm
Lower Arm	mm	mm
Upper Forearm	mm	mm
Lower Forearm	mm	mm

Axillary Vein:	mm
Brachial Vein:	mm
Radial Artery:	mm
Ulnar Artery:	mm

LEFT ARM	Cephalic	Basilic
Upper Arm	mm	mm
Lower Arm	mm	mm
Upper Forearm	mm	mm
Lower Forearm	mm	mm

Axillary Vein:	mm
Brachial Vein:	mm
Radial Artery:	mm
Ulnar Artery:	mm

RIGHT ARM			
Int Jugular Vein	No Clot	Nonocclusive	Occlusive
Subclavian Vein	No Clot	Nonocclusive	Occlusive
Axillary Vein	No Clot	Nonocclusive	Occlusive
Brachial Vein	No Clot	Nonocclusive	Occlusive
Cephalic Vein	No Clot	Nonocclusive	Occlusive
Basilic Vein	No Clot	Nonocclusive	Occlusive
Radial Artery	Patent	Not Patent	
Ulnar Artery	Patent	Not Patent	

LEFT ARM			
Int Jugular Vein	No Clot	Nonocclusive	Occlusive
Subclavian Vein	No Clot	Nonocclusive	Occlusive
Axillary Vein	No Clot	Nonocclusive	Occlusive
Brachial Vein	No Clot	Nonocclusive	Occlusive
Cephalic Vein	No Clot	Nonocclusive	Occlusive
Basilic Vein	No Clot	Nonocclusive	Occlusive
Radial Artery	Patent	Not Patent	
Ulnar Artery	Patent	Not Patent	

Sonographer's Impression: _____

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