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CV Worksheet for Blank, Ben

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Upper Extremity Venous Exam, 9/16/2011

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Exam Info

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Name: **Blank, Ben**
 Patient ID: 125469787742
 DOB:
 Age:

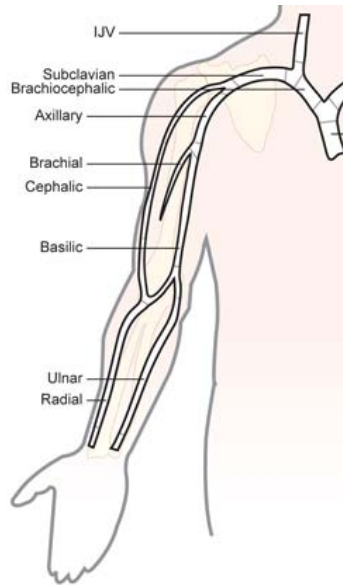
Exam Date: **9/16/2011**
 Procedure: Upper Extremity Venous
 Exam Site:
 Accession #:

Ref. Phys:
 History: Smokes, Diabetes-Adult.

Measurements/Anatomy

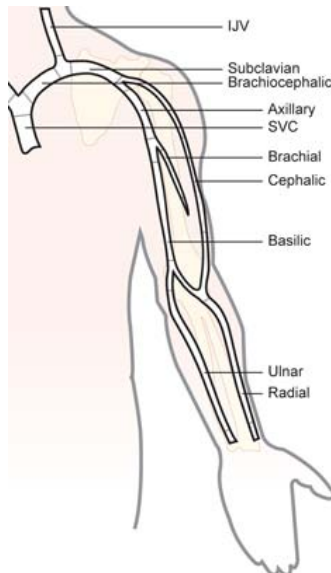
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Right



	Doppler Normal Flow			B Mode	
	Spontaneous	Phasicity	Augmentation	Compressibility	Thrombus
IJV	Yes	Triphasic	Yes	Yes	None
Br Ceph	Yes	Triphasic	Yes	Yes	None
Subclavian	Yes	Triphasic	Yes	Yes	None
Axillary	Yes	Triphasic	Yes	Yes	None
Brachial	Yes	Triphasic	Yes	Yes	None
Radial	Yes	Triphasic	Yes	Yes	None
Ulnar	Yes	Triphasic	Yes	Yes	None
Cephalic	Yes	Triphasic	Yes	Yes	None
Basilic	Yes	Triphasic	Yes	Yes	None

Left



	Doppler Normal Flow			B Mode	
	Spontaneous	Phasicity	Augmentation	Compressibility	Thrombus
IJV	Yes	Triphasic	Yes	Yes	None
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Brachial	Yes	Triphasic	Yes	Yes	None
Radial	Yes	Triphasic	Yes	Yes	None
Ulnar	Yes	Triphasic	Yes	Yes	None
Cephalic	Yes	Triphasic	Yes	Yes	None
Basilic	Yes	Triphasic	Yes	Yes	None

Comments

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Allergies

Medications

Exam Status

*Draft Started: 9/16/2011 2:13:19 PM.
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