US VEIN MAPPING (BUE)

DATE: ____/____/____

TECH: _____

ID #: _____

UPDATED 7/21/26 -ar

PATIENT NAME: _____ **DOB:** ____/____/____ **SEX:** M / F

ACUTE HX (location, duration, severity)**:**

_____

_____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

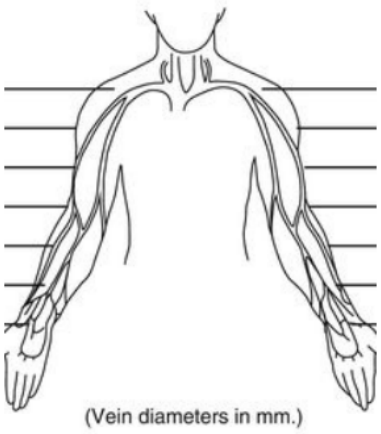
COMPARISON: YES · NO **DATE:** _____

Findings:

Always Note Patency, Axial Diameter and Distance from the Skin

N = Normal P = Partial Thrombus O = Occlusive Thrombus WT = Wall Thickening C = Calcifications

Drawing



(Vein diameters in mm.)

Drawing

	Cephalic			Basilic		
Level	**Pat**	**Dia. (mm)**	**Skin (mm)**	**Pat**	**Dia. (mm)**	**Skin (mm)**
High Arm						
Mid arm						
Low Arm						
Antecub						
Upper Forearm						
Forearm						
Wrist						

Basilic			Cephalic			
Skin (mm)	**Dia. (mm)**	**Pat**	**Skin (mm)**	**Dia. (mm)**	**Pat**	**Level**
						High Arm
						Mid arm
						Low Arm
						Antecub
						Upper Forearm
						Forearm
						Wrist

Additional Findings:

Tech Summary: _____