DEEP VEIN THROMBOSIS ULTRASOUND

- CLINICAL INDICATIONS:

  - Recent surgery and leg swelling
  - Active cancer and leg swelling
  - Pregnancy and leg swelling
  - Possible PE
  - **Positive D Dimer and leg swelling**
  - Leg swelling and oedema
  - Calf swelling > 3cm to the opposite leg
  - Collateral superficial veins visible

- NB: If the ultrasound is negative or inconclusive and the D Dimer positive with a high clinical probability of a DVT, the ultrasound will be repeated in one week time.

TECHNIQUE:

- Routinely the patient will be examined with the head of the bed raised, to promote venous pooling.
- The deep veins are examined in transverse section from groin to trifurcation to include the superficial femoral, popliteal, posterior tibial and peroneal veins.
- The transducer is moved distally from the groin along the deep venous system with light compression applied at appropriate intervals sufficient to cause the lumen to collapse, thus assessing the vein for presence or absence of compressibility.
- The veins are scanned in the long axis to assess the vessels for flow using colour Doppler and manual calf compression.
- The anterior tibial veins are not routinely investigated.
- The iliac veins will be examined to IVC to evaluate the extent of the thrombus if there is thrombus identified in the femoral vein.
- If there is a focal, painful area and thrombophlebitis is suspected, then scan this area and measure the extent of thrombus in the longitudinal plane.
- Probe to be cleaned following department protocols

CASE:

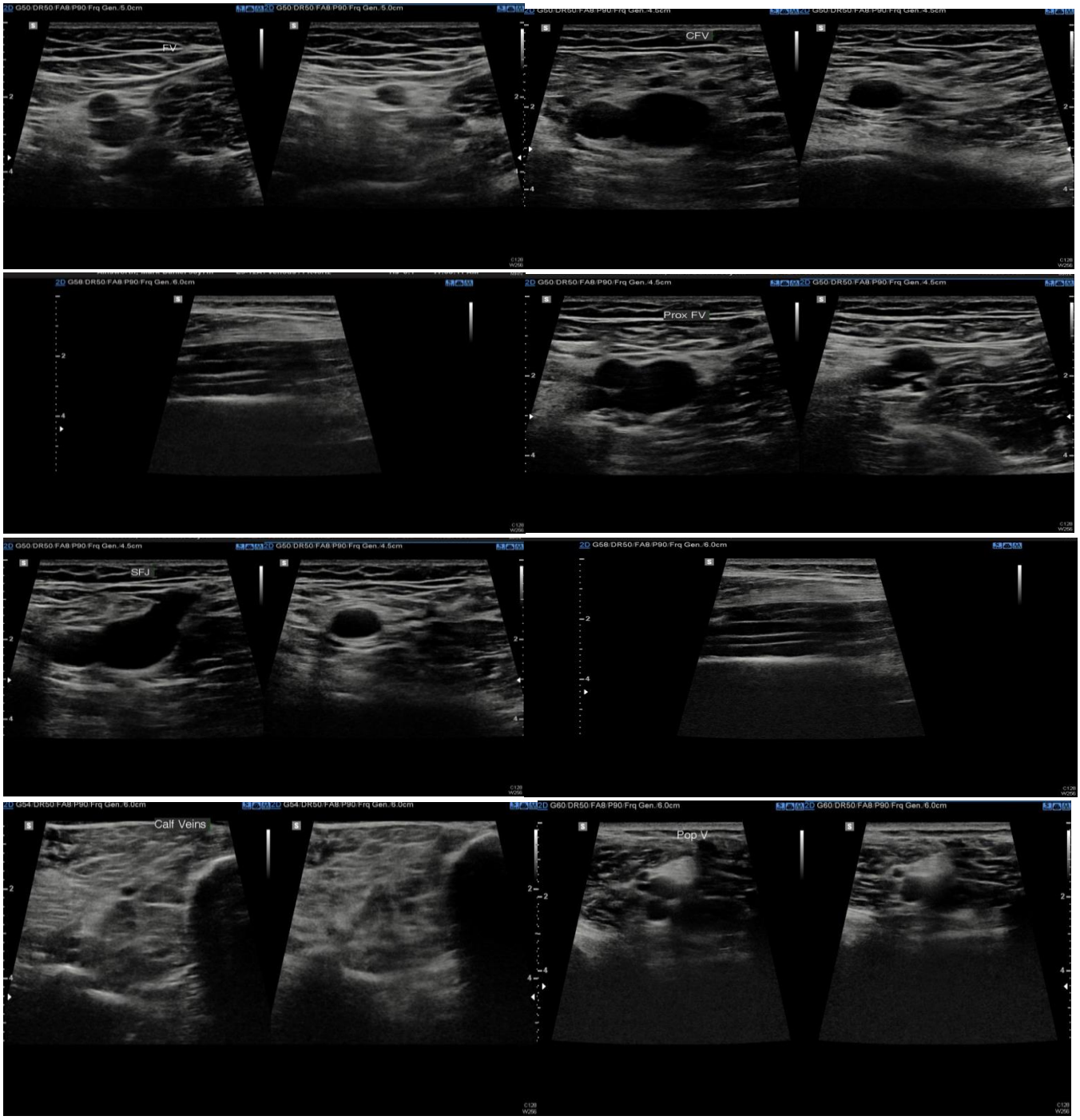
Clinical Information: Patient has pain in left leg, previous arterial damage. Please exclude a DVT.

Report:

-The deep veins of the left leg were examined from the groin to the distal calf.

- No sonographic evidence of DVT or baker's cyst seen.

-No collection seen in the distal tender area.



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