

AMUSE Vascular (DVT) Ultrasound Reporting Sheet

Patient & Scan Details

Patient's Clinical Details: _____

Date of Scan: _____

Hospital / Unit: _____

Operator: _____

Supervisor / Reviewer: _____

Indication for Scan (e.g. suspected DVT): _____

Clinical Context

Side Examined: Right / Left / Bilateral

Presenting Symptoms (pain, swelling, redness):

Veins Assessed – Compression Ultrasound

Tick compressibility at each site

Common Femoral Vein (CFV)

Compressible: Yes / No / U/A

Intraluminal thrombus visualised: Yes / No / U/A

Femoral Vein (Proximal / Mid / Distal)

Proximal Femoral Vein compressible: Yes / No / U/A

Intraluminal thrombus visualised: Yes / No / U/A

Mid Femoral Vein compressible: Yes / No / U/A
Intraluminal thrombus visualised: Yes / No / U/A

Distal Femoral Vein compressible: Yes / No / U/A
Intraluminal thrombus visualised: Yes / No / U/A

Popliteal Vein

Compressible: Yes / No / U/A
Intraluminal thrombus visualised: Yes / No / U/A

Extension into trifurcation assessed: Yes / No / U/A
Intraluminal thrombus visualised: Yes / No / U/A

Additional Findings

Overall Scan Result

Proximal DVT identified: Yes / No / Indeterminate

If yes, location: _____

Scan Adequacy & Limitations

All required segments visualised: Yes / No

If no, specify limitations (body habitus, pain, dressings, etc.):

Clinical Interpretation & Plan

Summary Interpretation:

Recommended Action (e.g. anticoagulation, formal duplex, repeat scan):

Signatures

Operator Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____