

DVT Deep venous thrombosis



Ultrafest
M A R I B O R

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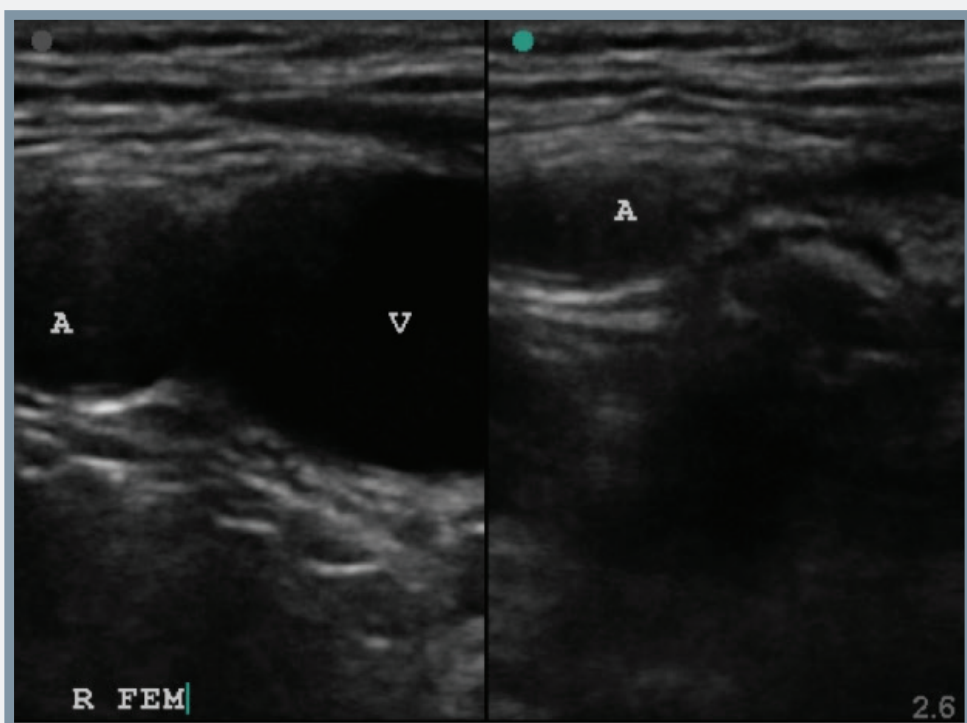
STATION GOALS

To confirm or exclude potential presence of a thrombus in deep veins of lower extremity.

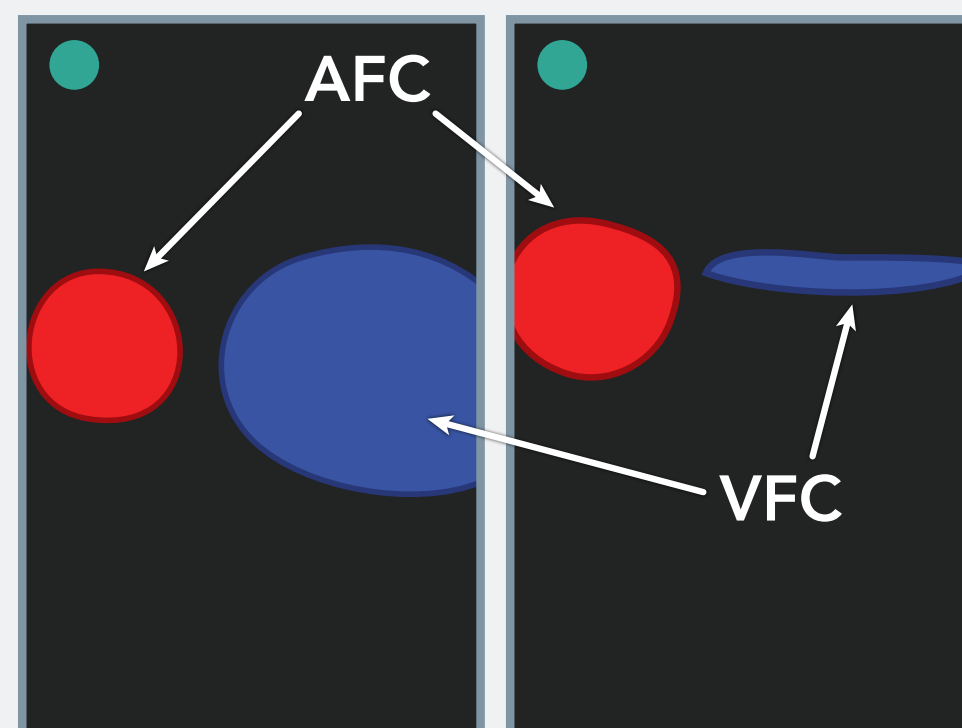
Probe: Linear probe (10-5 MHz)

Patient body position: Sitting / standing up (or lying down)

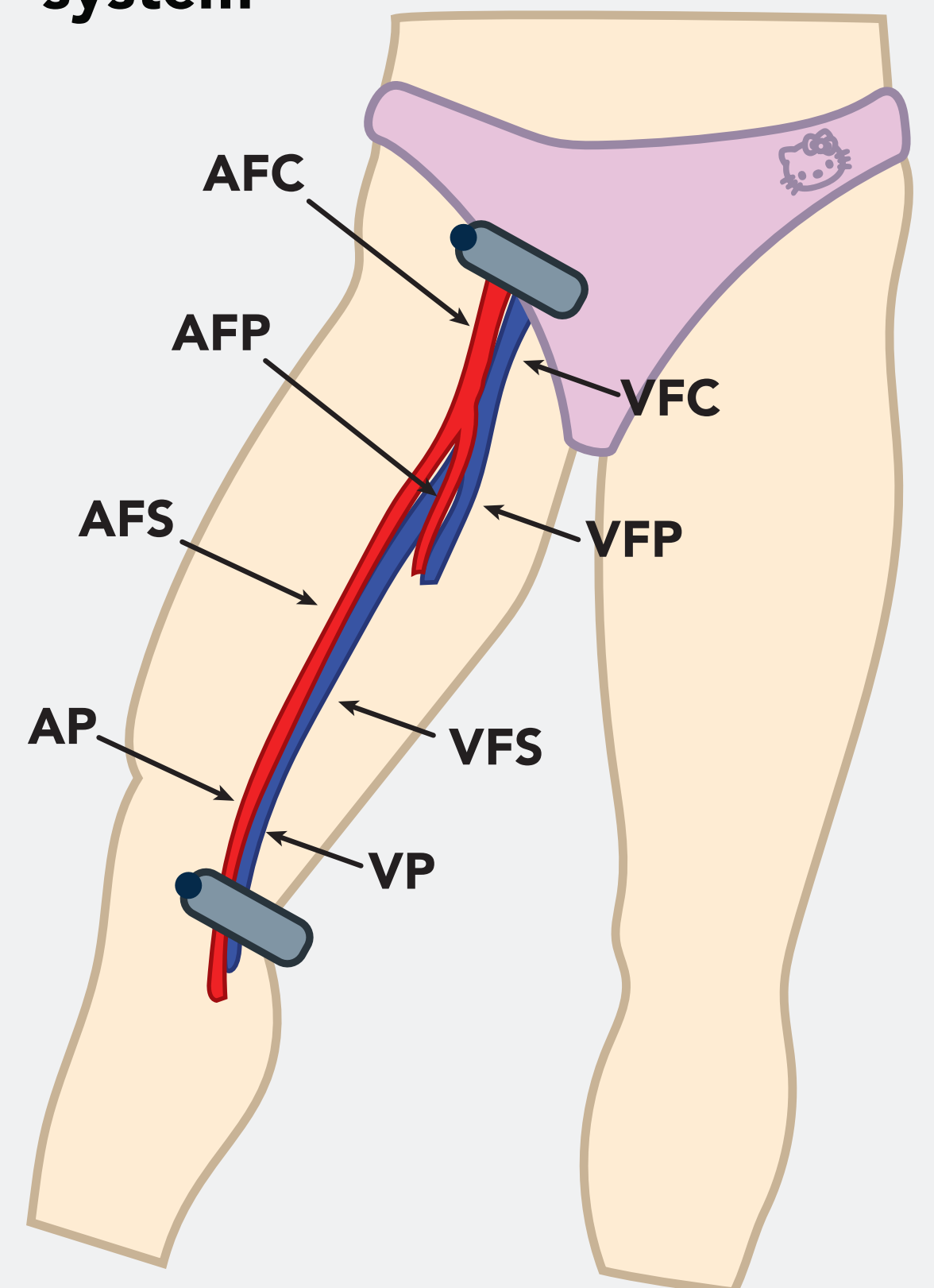
Femoral



No compressibility **Compressibility**

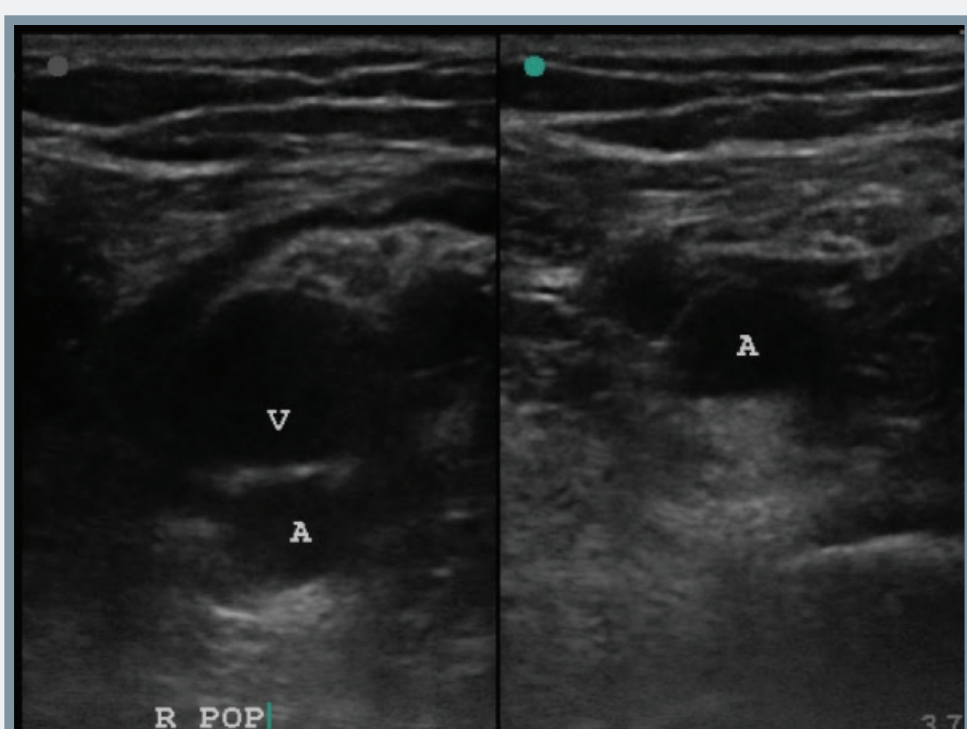


Schematic representation of the lower extremity vascular system

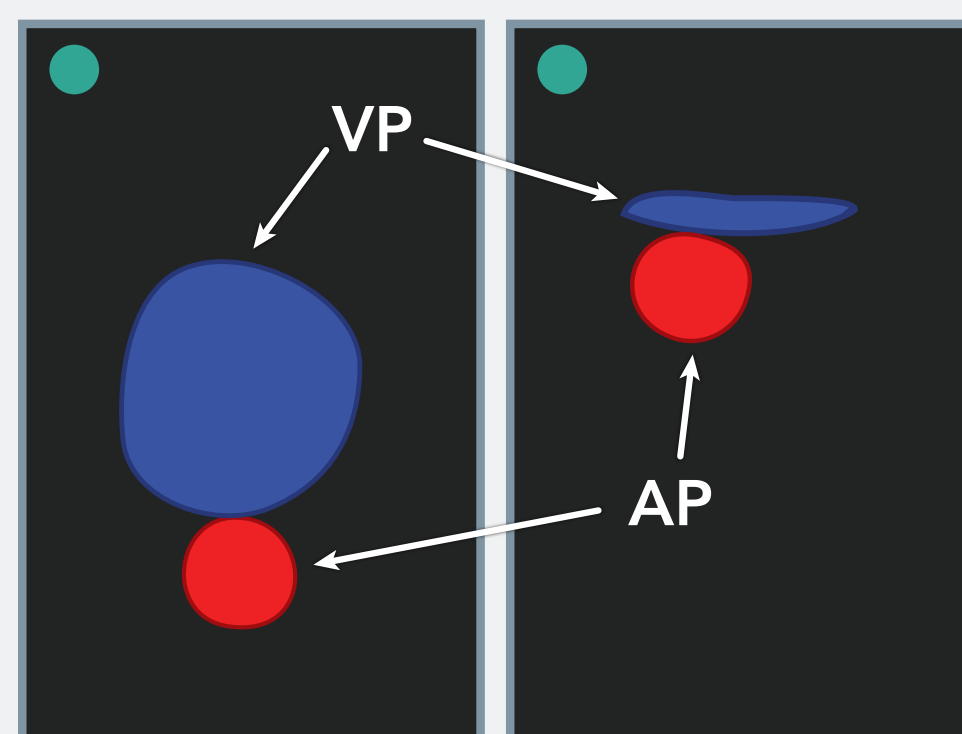


AFC = a. femoralis communis; VFC = v. femoralis communis;
 AFP = a. femoralis profunda; VFP = v. femoralis profunda;
 AFS = a. femoralis superficialis; VFS = v. femoralis superficialis;
 AP = a. poplitea; VP = v. poplitea

Popliteal



No compressibility **Compressibility**



US TECHNIQUE

For the correct identification of the vein we are looking for it is crucial to be well acquainted with vascular anatomy as well as the concept of compressibility. Healthy veins are compressible, compared to the arteries.

Provided appropriate clinical image the non-compressibility of the vein shows the tendency towards the presence of thrombosis. With US we examine for possible thrombosis in femoral and popliteal region.

If at all possible the patient is sat down so that the veins fill up and are therefore easier to examine.

INTERESTING CLINICAL FACTS

Using US to assess deep venous thrombosis is suitable only in correlation with Wells pre-test criteria which are used to examine the probability of the presence of venous thrombosis.

Compressional US test has 90 % sensitivity and 98 % specificity for diagnosing DVT.