

# Ultrasound ARTERIOVENOUS FISTULA / GRAFT WORKSHEET

**Patient Name:**

**DOB**

**Accession #**

**Date of exam**

**Previous surgery or treatment**

**Medical history**

**AVF (Fistula)**

**PSV (peak  
systolic  
velocity)**

**EDV (end  
diastolic  
velocity)**

**NOTES**

Inflow artery

Arteriovenous anastomosis

Outflow vein

**AVG (Graft)**

Inflow artery

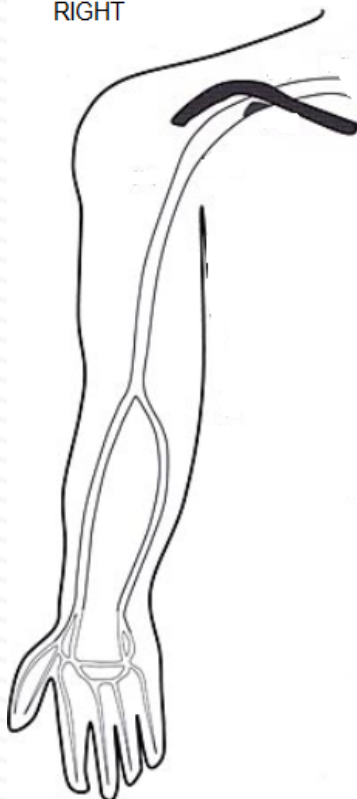
Arterial anastomosis

Graft

Venous anastomosis

Outflow vein

**RIGHT**



**LEFT**

