

# UPPER LIMB VENOUS ULTRASOUND

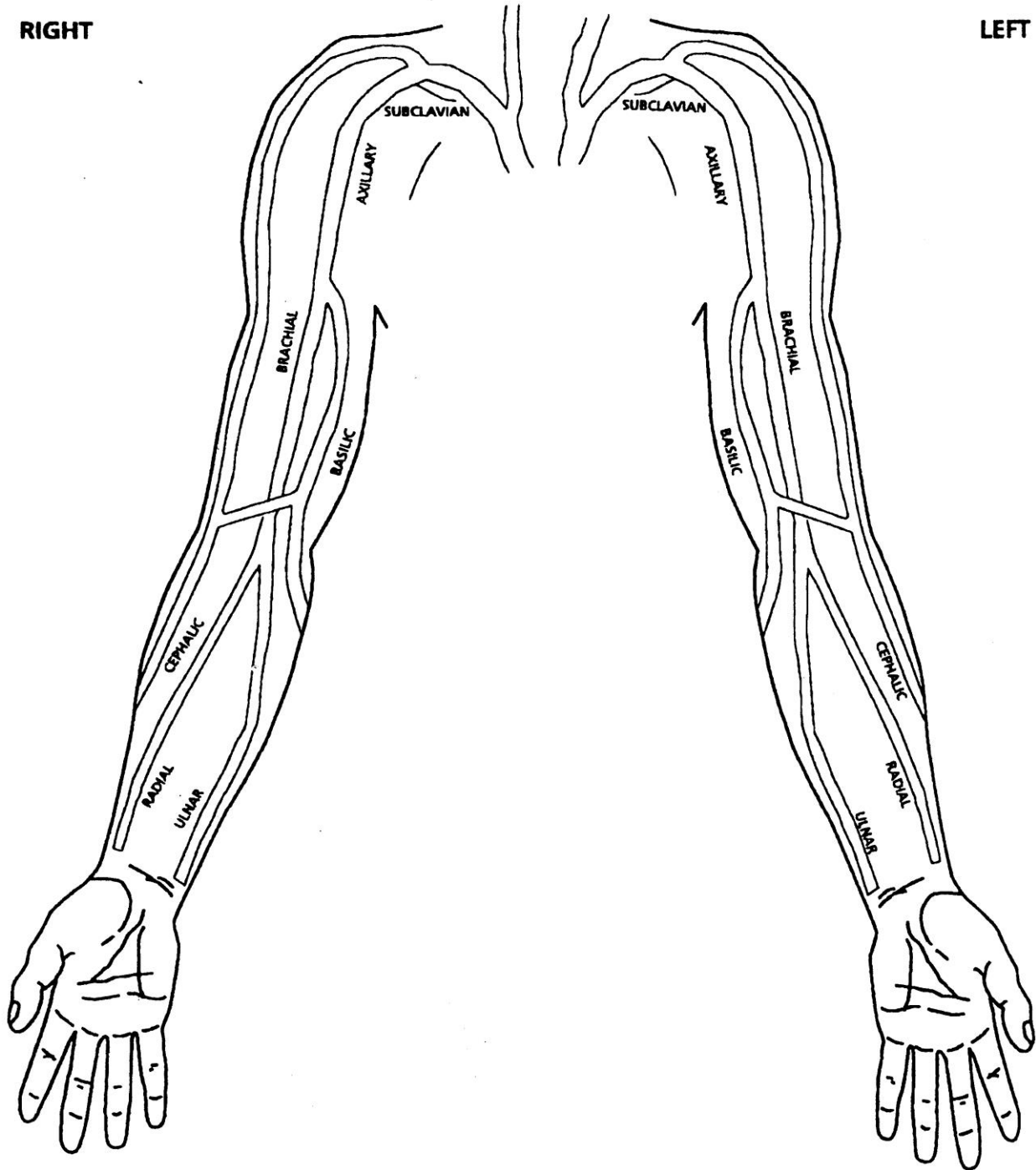
Name: .....

Sonographer: .....

Relevant clinical history:.....  
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.....

**RIGHT**

**LEFT**



Comments:.....  
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