
- Identification of relevant veins and arteries: internal jugular/carotid, subclavian vein/artery, axillary vein/artery, brachial vein/artery, radial artery, femoral vein/artery, peripheral veins such as basilic, cephalic, external jugular
- Differentiation of vein from artery based on anatomic position, compressibility, respirophasic changes
- Identification of normal anatomic variability such as vascular hypoplasia, variability of carotid artery position relative to internal jugular
- Identification of vascular thrombosis by direct visualization or by compression study
- Identification of adjacent non-venous structures such as sternocleidomastoid muscle, mass, lymph node
- Knowledge of the effects of patient position on anatomic topography: head/low extremity rotation effects on overlap of the artery by the vein, effects of Trendelenburg position on vascular distention
- Venous thrombosis: identification of relevant veins and their associated artery: internal jugular, subclavian, axillary, brachial, basilica, common femoral, proximal saphenous, superficial femoral, popliteal with differentiation from adjacent artery
- Venous thrombosis: identification of venous thrombosis: visualization of endoluminal thrombus, performance of compression study with identification of non-compressible vein consistent with thrombus
- Venous thrombosis: knowledge not to perform compression maneuver if there is a visible thrombus
- Venous thrombosis: identification of adjacent structures such as lymph node, mass, hematoma, ruptured Baker cyst