

## **HOMODIALYSIS GRAFT ULTRASOUND**

**Exam Code:** USDIALGRA

**Exam Description:** This is a study for blood flow on a patient that has a fistula or graft.

**Information Needed:**

- What is the clinical indication for exam?
- Where is the patient graft site?
- If patient has had a previous exam. If not at Oregon Imaging Centers send in previous exams.

**Scheduling Times:**

- 8:00 AM to 4:30m PM.

**Patient Preparation:**

- No prep

**Patient Requirements:**

- None

**Special Notes:**

- Do not schedule on same day patient is having dialysis unless the ultrasound is before the dialysis.