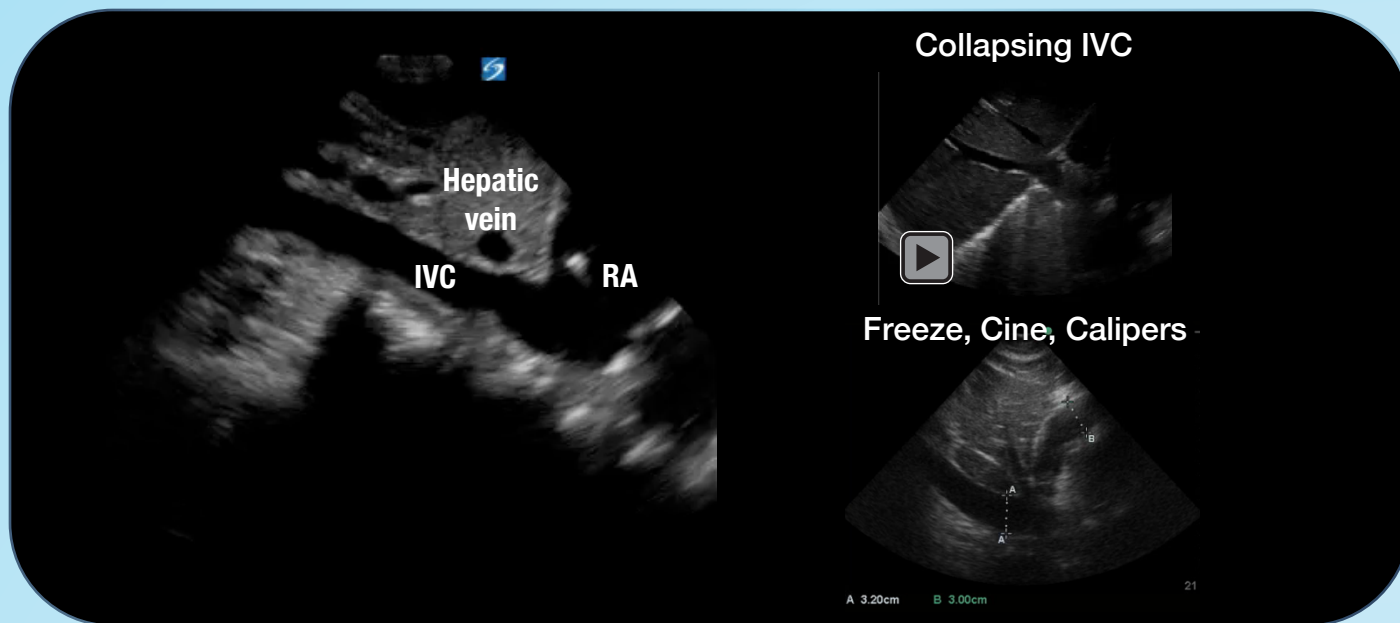
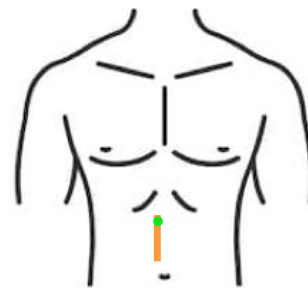




IVC



Purpose: Visualize size/collapsibility of IVC

Probe: Curvilinear/Phased array (Abdo preset)

Orientation: Marker to patients head

Anatomic Landmarks: Xiphoid, slide right

Sono Landmarks: Inflow to RA

Area of interest: 2-3cm from inflow to RA
or drainage of hepatic vein
into IVC

Images: Longitudinal view of IVC at max
diameter draining into RA

Measurements: Use B mode with the cine
function and calipers to measure
IVC at area of interest during
inspiration and expiration

Interpretations: **Most valuable at extremes**

<1.5cm: (flat) possibly underfilled
1.5-2.5cm: possibly normal
>2.5cm: possibly overfilled

>50% collapsibility: May be fluid responsive.

Non collapsible: In combination with >2.5cm
considered plethoric. * Can help identify
tamponade with PCE.

Pitfalls : IVC should not be considered in isolation and needs to be assessed within the
global picture, often including cardiac and lungs for volume assessment.