

WavelinQ™

EndoAVF System

Post-Creation Ultrasound Assessments

Patient Name _____

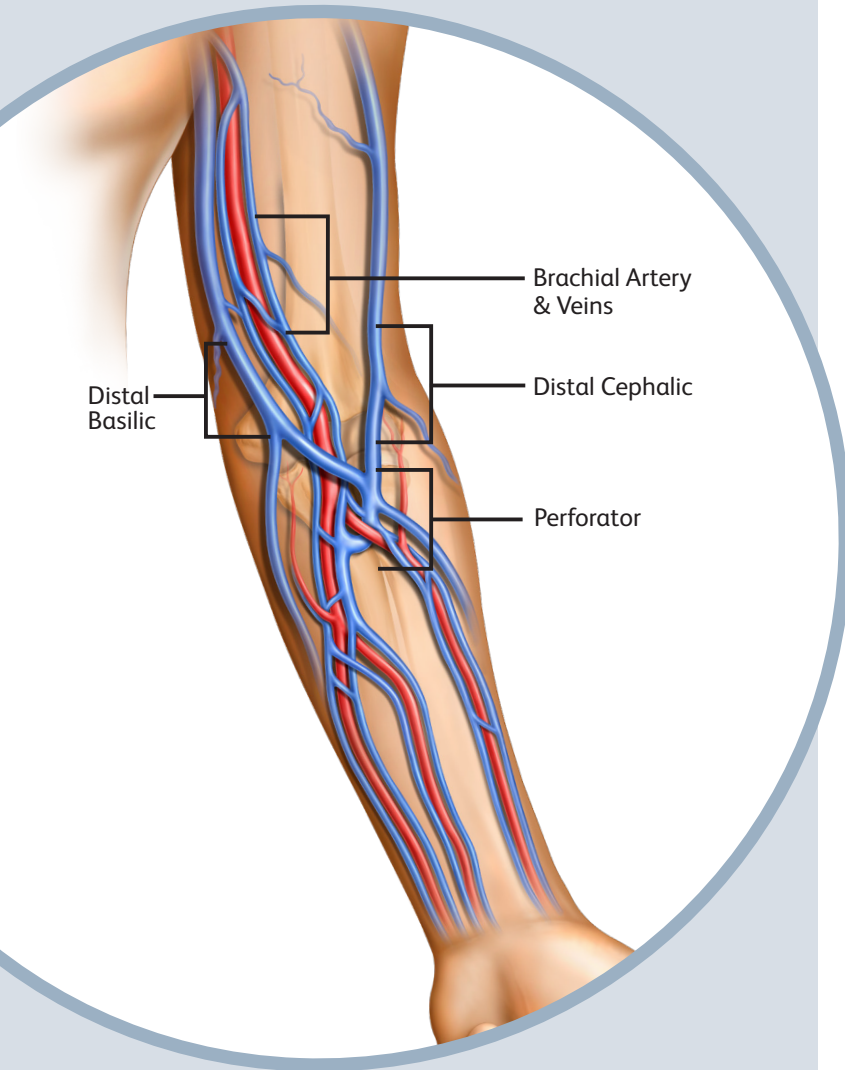
Date of EndoAVF Creation _____

Arm:

Left Right

Creation Site:

Ulnar Ulnar Radial Radial



Suggested guidelines for maturation:

Inflow: Brachial Artery Flow ≥ 500 ml/min

Outflow: Cephalic or Basilic Vein Diameter ≥ 4.0 mm
and Depth from skin surface ≤ 6.0 mm

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Post-Creation Ultrasound	#1	#2	#3	#4
Date				
Brachial Artery				
Flow (ml/min)				
Cephalic Vein (Distal)				
Flow (ml/min)				
Diameter (mm)				
Depth (mm)				
Basilic Vein (Distal)				
Flow (ml/min)				
Diameter (mm)				
Depth (mm)				
Brachial Veins				
Lateral Flow (ml/min)				
Lateral Coiled?	Y / N	Y / N	Y / N	Y / N
Medial Flow (ml/min)				
Medial Coiled?	Y / N	Y / N	Y / N	Y / N
Perforator				
Patent?	Y / N	Y / N	Y / N	Y / N
Flow (ml/min)				