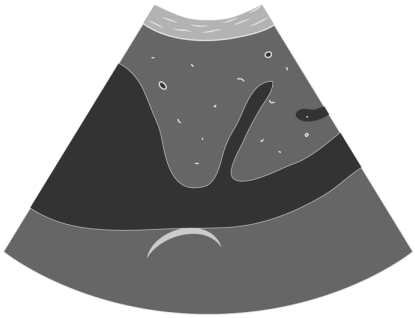
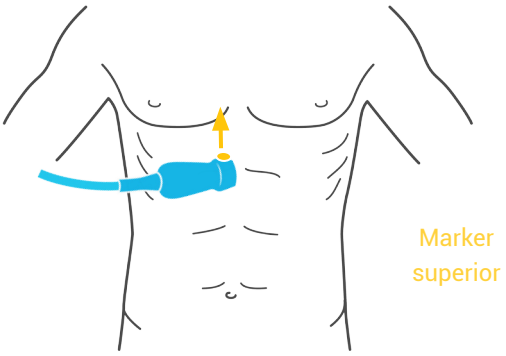
INFERIOR VENA CAVA (IVC)

Getting and understanding the views

Similar to the subxiphoid view of the heart, the phased-array probe is placed under the patient's xiphoid process and aimed upwards into the chest, with the indicator towards the patient's head.





Hypervolemia

Normally you should appreciate some variation in the diameter of the IVC with normal respiration. If there is no, or very little, change, you would be concerned about hypervolemia.

M-mode

M-mode can be used to evaluate the maximum and minimal diameter change of the IVC during a respiratory cycle. By placing the M-mode line 2 cm distal to the inlet of the right atrium, or just distal to the hepatic vein as it enters the IVC, you can measure the maximum and minimum width. Little or no change would be consistent with hypervolemia; a collapse of greater than 50% is suggestive of hypovolemia.