

VENOUS DUPLEX ULTRASOUND EVALUATION LEGS FOR INSUFFICIENCY

Date: ____ / ____ / ____

Name: _____

Age: ____ Ref. M.D.: _____ Tech: _____

Previous Duplex ____ at ____ on ____ Venogram ____ at ____ on ____

Chief complaint: _____

History:

- Phlebitis Yes No
- Trauma Yes No
- Edema Yes No
- Vein Surgery Yes No
- Varices Yes No
- Malignancy Yes No

Physical Examination:

- Edema Yes No
- Tenderness Yes No
- Ulcer Yes No
- Varices Yes No
- Prominent Veins Yes No
- Skin Color Yes No

Duplex:

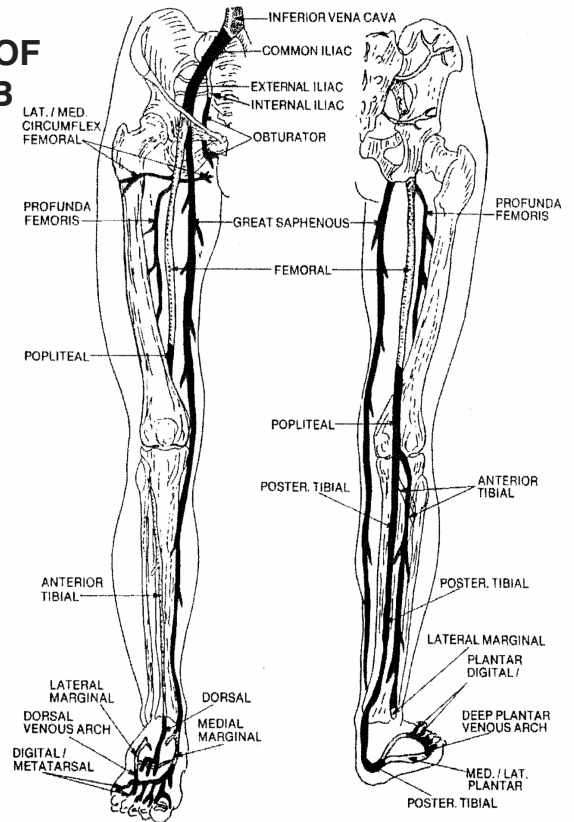
Veins	Compressibility		Spontaneous VS		Augmented VS		Valve Competence
	RT	LT	RT	LT	RT	LT	
CFV							
SFV							
Pop V							
Post Tibial Vein							

	Reversal with Valsalva
RT CFV	
RT SFV	
LT CRV	
LT SFV	

AP Diameter

	RT CFV	RT Saph	LT CFV	LT Saph
Supine				
Erect				

VENOUS SYSTEM OF THE LOWER LIMB



PT.

MR.#/RM.

DR.