

# Lower Extremity Vein Mapping

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

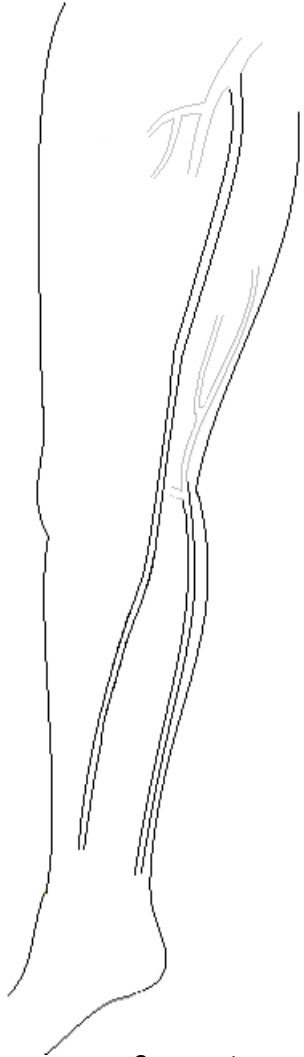
Tech: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

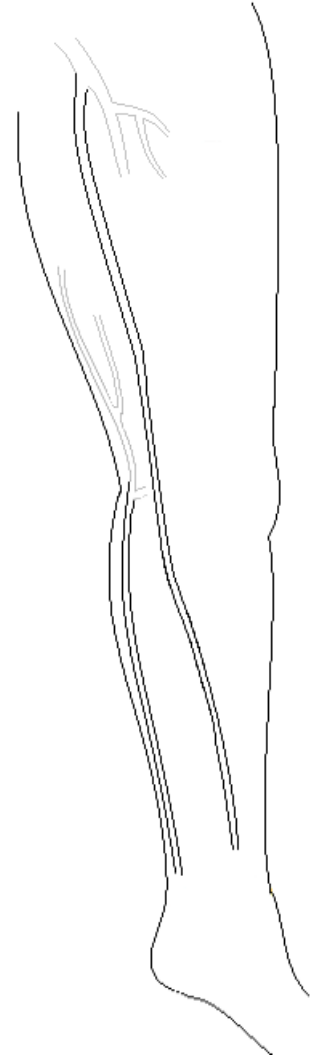
Indication: \_\_\_\_\_

**Right**

**Left**



Vessel AP Diam	Location	Vessel AP Diam
	GSV @ SFJ	
	GSV Prox Thigh	
	Prox/Mid Thigh	
	GSV Mid Thigh	
	GSV Mid/Dist Thigh	
	GSV Dist Thigh	
	GSV Knee level	
	GSV Prox Calf	
	GSV Prox/Mid Calf	
	GSV Mid Calf	
	GSV Mid/Dist	
	GSV Dist Calf	
	GSV @ Ankle	



Comments: \_\_\_\_\_

	Compressed
CFV	
SFJ	
Prof F	
GSV	
SFV	
Pop V	
Tib/Per V	


	Compressed
CFV	
SFJ	
Prof F	
GSV	
SFV	
Pop V	
Tib/Per V	