

LOWER EXTREMITY VENOUS SSV MAPPING

Patient Name: _____

MRN: _____

DOB: _____

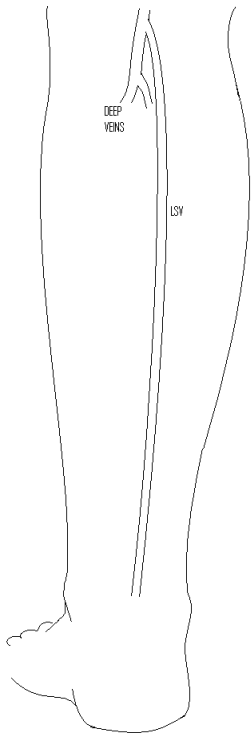
Date: _____

Tech: _____

Ordering Provider: _____

Indication: _____

LEFT



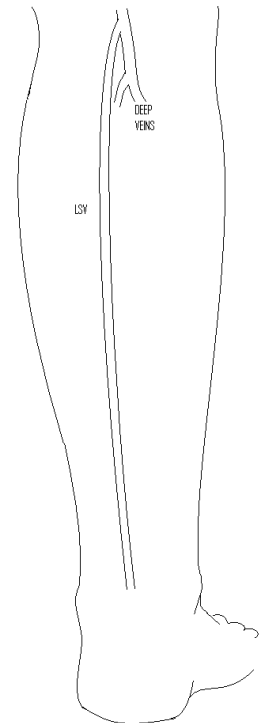
L

PRONE DIAGRAM

R

RIGHT

AP diameter	SSV	AP diameter
	Knee Level	
	Prox lower leg	
	Prox/Mid lower leg	
	Mid lower leg	
	Mid/Dist lower leg	
	Dist lower leg	
	Ankle	



LEFT LEG	Comp	Comments	RIGHT LEG	Comp
CFV		_____	CFV	
SFJ		_____	SFJ	
GSV		_____	GSV	
Profunda V		_____	Profunda V	
Femoral V		_____	Femoral V	
Pop V		_____	Pop V	
Tib/Pero Vs		_____	Tib/Pero Vs	
SSV		_____	SSV	