

LOWER EXTREMITY VENOUS DUPLEX

Bilateral Right Left

Patient Name _____

DOB _____

MRN _____

PATIENT HISTORY	NO	RT	LT
DVT / Pulmonary Embolism			
Leg Swelling / edema			
Acute / Chronic Leg Pain			

Indication _____

UNILATERAL EXAM— Contralateral CFV/GSV — WNL? Yes / No

RESULTS: **Normal / No DVT**

Abnormal /Thrombus / Other _____

Document approximate location of thrombus within vessel lumen

Occlusive= lumen filled in solid **Non-Occlusive=** dashed lines through lumen



Right		Left
	CFV	
	CFV/GSV Junction	
	GSV	
	Prof V	
	Femoral V Prox	
	Mid	
	Dist	
	Popliteal V	
	Tib/Pero Trunk	
	Gastroc Vs	
	Post Tib Vs	
	Peroneal Vs	



Yes or ✓ = Normal/compressible
 No or NC = Non compressible
 PC = Partial compression
 WT = Wall Thickening