# LOWER EXTREMITY VENOUS DUPLEX
## Bilateral Right Left

Date: _____

Tech: _____

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**

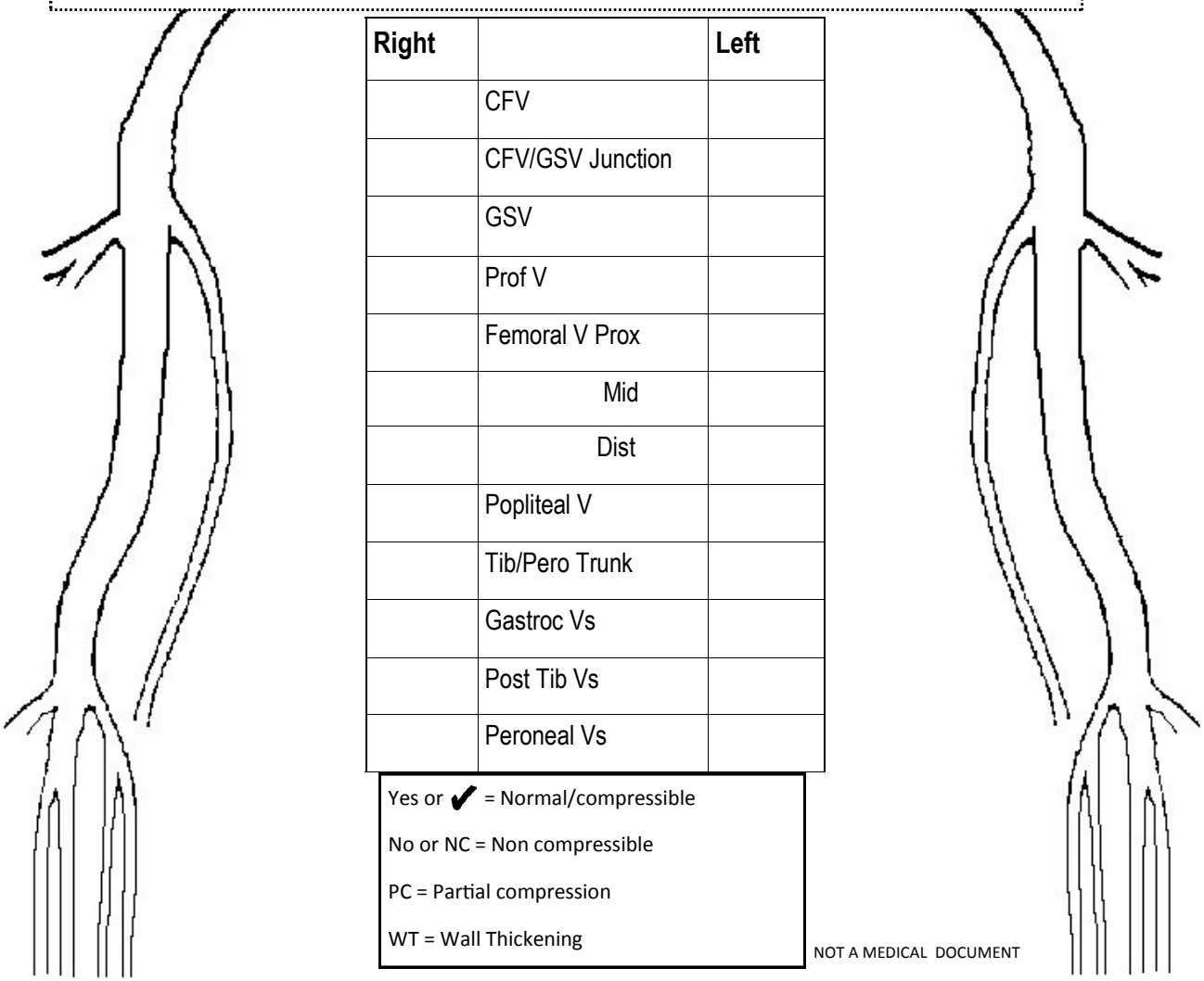
☐ **Abnormal /Thrombus / Other**_____

_____

_____

**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

NOT A MEDICAL DOCUMENT