

VENOUS DUPLEX ULTRASOUND EVALUATION LEGS

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:

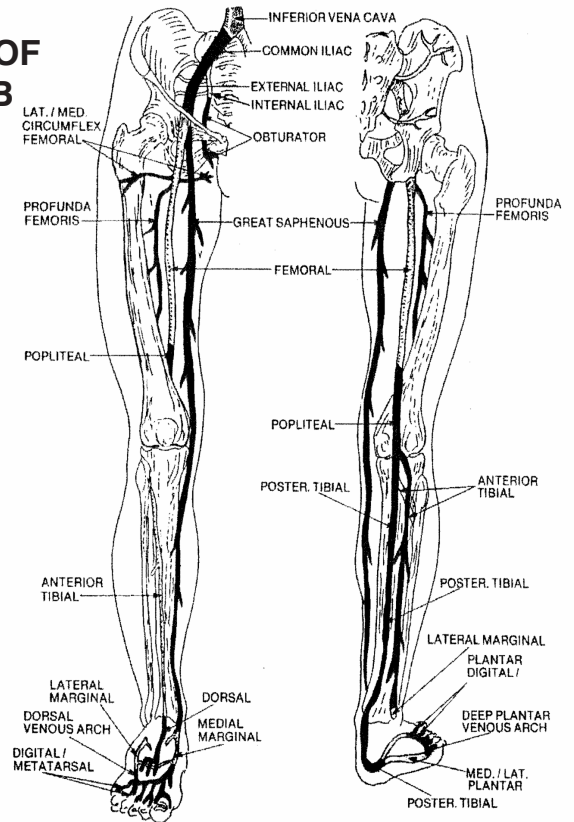
- Edema Yes No
- Tenderness Yes No
- Ulcer Yes No
- Varices Yes No
- Prominent Veins Yes No
- Skin Color Yes No

Comments:

Duplex:

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

VENOUS SYSTEM OF THE LOWER LIMB



PT.

MR. #/RM.

DR.