

**VENOUS DUPLEX ULTRASOUND EVALUATION LEGS**

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

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

Age: \_\_\_\_ Ref. M.D.: \_\_\_\_\_ Tech: \_\_\_\_\_

Previous Duplex \_\_\_\_ at \_\_\_\_ on \_\_\_\_ Venogram \_\_\_\_ at \_\_\_\_ on \_\_\_\_

Chief complaint: \_\_\_\_\_

Severity \_\_\_\_ / 10

Duration: \_\_\_\_\_

**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

**Duplex:**

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

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

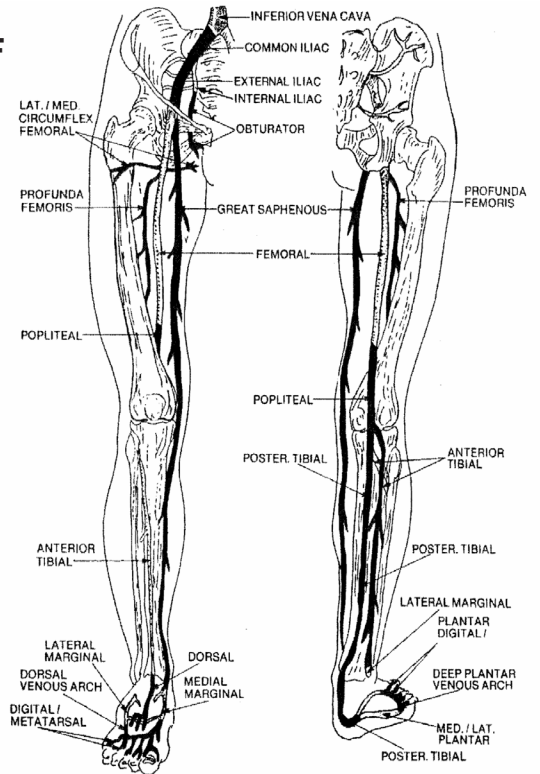
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**VENOUS SYSTEM OF THE LOWER LIMB**



PT.

MR./RM.

DR.