

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

Previous exam: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Technologist: \_\_\_\_\_

**LOWER EXTREMITY VENOUS ULTRASOUND**

**CLINICAL INFORMATION (CIRCLE ALL THAT APPLY):**

Phlebitis of saphenous femoral, or popliteal vein, venous embolism, venous insufficiency, limb pain or swelling, edema, shortness of breath, chest pain, aneurysm of iliac artery, varicose veins, cellulitis (other than the foot).

OTHER CLINICAL INFORMATION OR SYMPTOMS: \_\_\_\_\_

Upper Leg: Right

*Common Femoral Vein*

Normal      Abnormal

*Femoral Vein*

Normal      Abnormal

*Greater Saphenous Vein*

Normal      Abnormal

*Profunda*

Normal      Abnormal

Lower Leg: Right

*Popliteal*

Normal      Abnormal

*Popliteal Confluence*

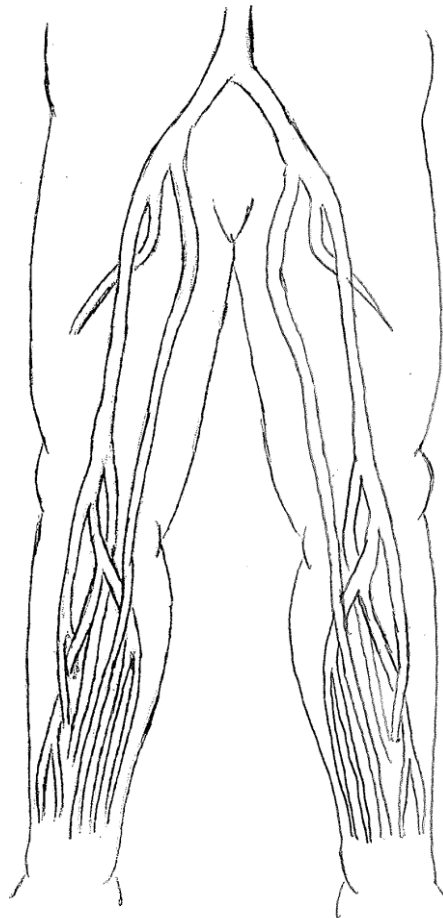
Normal      Abnormal

*Posterior Tibial*

Normal      Abnormal

*Peroneal*

Normal      Abnormal



Upper Leg: Left

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Lower Leg: Left

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Normal      Abnormal

*Posterior Tibial*

Normal      Abnormal

*Peroneal*

Normal      Abnormal

Other comments: \_\_\_\_\_

Routine, no immediate call back necessary

Call report to: \_\_\_\_\_ Number or Pager: \_\_\_\_\_