US LOWER EXTREMITY VEIN MAPPING

DATE: _____/_____/

TECH:_____

ID #: _____

UPDATED 7/1/26 -JZ

PATIENT NAME: _____ **DOB:**____/____/____ **SEX:** M / F

ACUTE HX (location, duration, severity) **:**

_____

_____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries:_____

COMPARISON: YES · NO **DATE:** _____

RIGHT		**GREAT SAPHENOUS VEIN (GSV)**		
Thigh – Proximal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Thigh – Mid	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Thigh – Distal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Calf – Proximal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Calf – Mid	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Calf – Distal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
RIGHT		**SMALL SAPHENOUS VEIN (SSV/LSV)**		
Proximal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Mid	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Distal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
DVT	None CFV SFV Popliteal other:			

LEFT		**GREAT SAPHENOUS VEIN (GSV)**		
Thigh – Proximal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Thigh – Mid	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Thigh – Distal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Calf – Proximal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Calf – Mid	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Calf – Distal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
LEFT		**SMALL SAPHENOUS VEIN (SSV/LSV)**		
Proximal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Mid	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
Distal	mm	Intraluminal thrombus	Occlusive thrombus	Not seen
DVT	None CFV SFV Popliteal other:			

Additional Findings:

Tech Summary:

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