US VENOUS INSUFFICIENCY

DATE: _____/_____/_____

TECH:_____

ID #: _____

UPDATED 8/10/26 - AB

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

History of DVT : YES / NO **Right / Left / Bilateral** **Compression Stockings: YES / NO**

Prev. TX: _____ **Clinical Indication:**_____

Comparison: _____ **Date:**_____

Deep System Evaluation (Reflux >1000msec or 1.0 sec)

RIGHT			LEFT	
Reflux (Sec)	DVT (+/-)	Deep System	DVT (+/-)	Reflux (Sec)
	+ / -	CFV	+ / -	
	+ / -	Prox Prof	+ / -	
	+ / -	FV Prox	+ / -	
	+ / -	FV Mid	+ / -	
	+ / -	FV Dist	+ / -	
	+ / -	POP V	+ / -	

Superficial Venous System Evaluation (Reflux >500 msec or 0.5 sec)

RIGHT				LEFT		
SVT (+/-)	Diameter (mm)	Reflux (sec)	Vessel	SVT (+/-)	Diameter (mm)	Reflux (sec)
+ / -			SFJ	+ / -		
+ / -			GSV Prox	+ / -		
+ / -			GSV Mid	+ / -		
+ / -			GSV Dist	+ / -		
+ / -			GSV PROX CALF	+ / -		
+ / -			SSV PROX	+ / -		
+ / -			SSV Dist	+ / -		
+ / -			Perforators / Varicosities	+ / -		

RIGHT LOWER EXTREMITY COMMENTS:

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LEFT LOWER EXTREMITY COMMENTS:

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