

LOWER LIMB VENOUS ULTRASOUND

(For Venous Incompetence)

Name: _____

Sonographer: _____

Relevant clinical history:.....

Right Side

Superficial System

Great Saphenous Vein:

Measurement at SFJ:mm

Measurement at knee:..... mm

Competent Incompetent

GSV at SFJ	<input type="checkbox"/>	<input type="checkbox"/>
GSV prox thigh	<input type="checkbox"/>	<input type="checkbox"/>
GSV mid thigh	<input type="checkbox"/>	<input type="checkbox"/>
GSV at knee	<input type="checkbox"/>	<input type="checkbox"/>
GSV calf	<input type="checkbox"/>	<input type="checkbox"/>

Short Saphenous Vein

Measurement at pop crease:..... mm

Competent Incompetent

SSV at SPJ	<input type="checkbox"/>	<input type="checkbox"/>
SSV pop fossa	<input type="checkbox"/>	<input type="checkbox"/>
SSV mid calf	<input type="checkbox"/>	<input type="checkbox"/>

Incompetent thigh perforators

Distance from knee crease	Size	
.....	mm

Incompetent calf perforators

Distance from medial malleolus	Size	
.....	mm
.....	mm
.....	mm

Deep System

Competent Incompetent

Common Femoral Vein	<input type="checkbox"/>	<input type="checkbox"/>
Profunda Femoris Vein	<input type="checkbox"/>	<input type="checkbox"/>
Femoral Vein	<input type="checkbox"/>	<input type="checkbox"/>
Popliteal Vein	<input type="checkbox"/>	<input type="checkbox"/>
Gastrocnemius Veins	<input type="checkbox"/>	<input type="checkbox"/>

Evidence of acute or chronic DVT: Yes / No

