

# LOWER LIMB VENOUS ULTRASOUND (FOR SUSPECTED DVT)

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

Sonographer: \_\_\_\_\_

Relevant clinical history:.....

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## Right

## Left

Pelvis Studied: Yes / No

Phasic (CFV): Yes / No

Rt / Lt Symmetry Yes / No

Augment (CFV): Yes / No

Pelvis Studied: Yes / No

Phasic (CFV): Yes / No

Lt / Rt Symmetry Yes / No

Augment (CFV): Yes / No

NAD

NAD

Inf. Vena Cava

PFV PFV

Inf. Vena Cava

Common Femoral Vein

Common Femoral Vein

Profunda Femoris Vein

Profunda Femoris Vein

Femoral Vein

Femoral Vein

Popliteal Vein

Popliteal Vein

Posterior Tibial Veins

Posterior Tibial Veins

Peroneal Veins

SSV GSV GSV SSV

Peroneal Veins

Gastroc / Soleal Veins

Gastroc / Soleal Veins

Superficial Veins

Superficial Veins

Other Pathology

Other Pathology

Baker's Cyst Yes / No

Baker's Cyst Yes / No

Comments:.....

Comments:.....

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ATV PER V PTV

PTV PER V ATV

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Location of most proximal thrombus: ..... cm Above / Below .....

Additional comments:

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