

LOWER LIMB VENOUS ULTRASOUND

(For Venous Incompetence)

Name: _____

Sonographer: _____

Relevant clinical history:.....

Left 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

