

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

