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Complete Venous Color Duplex Scan		
Name:		**Patient ID**:
Exam Date:		**Sonographer**:
DOB:	**Age**: Yrs	**Gender**:
Reading Physician:	**Referring Provider**:	
Indication(s):		
History and Risk Factors:		
Procedure:		

Deep Veins (1.0 secs = 0.100 msec) WNL Valve Closure < 1.0 sec; CFV < 1.5 sec	RIGHT **Compress**	 **Valve Closure** (sec)	LEFT **Compress**	 **Valve Closure** (sec)
Common Femoral	Yes		Yes	
Femoral Proximal Thigh	Yes		Yes	
Femoral Mid Thigh	Yes		Yes	
Femoral Distal Thigh	Yes		Yes	
Deep Femoral	Yes		Yes	
Popliteal	Yes		Yes	
Posterior Tibial	Yes		Yes	
Peroneal	Yes		Yes	
Gastrocnemius				

Superficial Veins WNL Valve Closure Time < 0.5 sec Perforators/Tributaries < 0.35 sec	RIGHT **Compress**	**Valve Closure** (sec)	**Diameter** (mm)	LEFT **Compress**	**Valve Closure** (sec)	**Diameter** (mm)
Sapheno-Femoral Junction	Yes			Yes		
Great Saphenous Proximal Thigh	Yes			Yes		
Great Saphenous Mid Thigh	Yes			Yes		
Great Saphenous Distal Thigh	Yes			Yes		
Sapheno-Popliteal Junction	Yes			Yes		
Great Saphenous Proximal Calf	Yes			Yes		
Great Saphenous Mid Calf	Yes			Yes		
Great Saphenous Distal Calf	Yes			Yes		
Small Saphenous Proximal Calf	Yes			Yes		
Small Saphenous Mid Calf	Yes			Yes		
Small Saphenous Distal Calf	Yes			Yes		
Anterior Accessory Saph Prox Thigh						
Posterior Accessory Saph Prox Thigh						
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		
	Yes			Yes		

Deep and Superficial Vein Findings	
Right	▪ Deep veins demonstrate normal flow patterns, compressibility and are without evidence of thrombus or venous insufficiency. ▪
Left	▪ Deep veins demonstrate normal flow patterns, compressibility and are without evidence of thrombus or venous insufficiency. ▪

Final Impression
▪

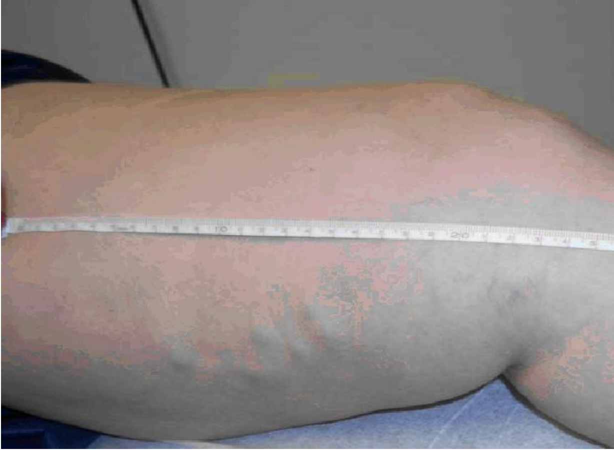
This is a preliminary report until signed by the reading Physician.
Reading Physician:

Date Read:

Reviewed By:

LOWER EXTREMITY VENOUS COLOR DUPLEX SCAN

Patient: **Patient ID #:** **Exam Date:**



LOWER EXTREMITY VENOUS COLOR DUPLEX SCAN

Patient: **Patient ID #:** **Exam Date:**

RIGHT • GSV MEDIAL • LEFT	RIGHT • SSV • LEFT	LEFT • LATERAL • RIGHT

LOWER EXTREMITY VENOUS COLOR DUPLEX SCAN

Patient: **Patient ID #:** **Exam Date:**