

Lower Extremity Venous Duplex Report

Name:		Patient ID:		
Exam Date:	Ht: in	Wt: lb	BSA:	m ²
Sonographer:	DOB:	Age:	Yrs	Gender:
Study Location:		Previous Study:		
Reading Physician:		Primary Care Physician:		
Referring Physician:		Copy To:		
Medications:				
Indications:				
Risk Factors and Assessment:				
Procedure:				

Sonographer Comments:
*These comments will remove from the final report.

Right Leg						Left Leg				
Compress	Spont	Phasic	Augment	Reflux		Compress	Spont	Phasic	Augment	Reflux
					Common Femoral					
					Super Femoral Prox					
					Super Femoral Dist					
					Prof Femoral Prox					
					Popliteal					
					Posterior Tibial					
					Anterior Tibial					
					Peroneal					
					Greater Saphenous					
					Lesser Saphenous					

Duplex Findings

Right Leg: Normal real time duplex imaging with color flow of the right lower extremity deep venous system.
Left Leg: Normal real time duplex imaging with color flow of the left lower extremity deep venous system.

Conclusions

Normal bilateral lower extremity deep venous and greater saphenous venous systems.

Electronically Signed