



SOUND DIAGNOSTICS OF NORTHWEST FLORIDA

1414 Clayton Road
Chipley, Florida 32428
850-258-1580

Venous Lower Extremity Ultrasound

Name: _____
MR Number: _____
Diagnosis: _____
PT Symptoms: _____

Date: _____
Age: _____
DOB: _____
Physician: _____

Right Leg

Common Femoral Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Greater Saphenous Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

SFV Proximal:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

SFV Mid:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

SFV Distal:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Popliteal Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Posterior Tibial Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No



Left Leg

Common Femoral Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Greater Saphenous Vein:

Color Glow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

SFV Proximal:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

SFV Mid:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

SFV Distal:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Popliteal Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Posterior Tibial Vein:

Color Flow: Yes / No
Augmentation: Yes / No
Compression: Yes / No

Impression:
