

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

LOWER EXTREMITY SUPERFICIAL VEIN MAPPING (LSVMMWH)

PATIENT NAME: _____ MR#: _____ DATE: _____

TECH INITIAL: _____ EXT: _____ FACILITY: MWH / SH

INDICATION:

☐ Pre-op mapping for vein conduit ☐ Peripheral arterial disease

COMPARISON: ☐ None ☐ Prior exams: ☐ _____

TECHNIQUE:

A lower extremity venous ultrasound exam of the **right / left / bilateral leg (s)** was performed using gray scale compression for evaluation of size and patency of the **greater / lesser** saphenous vein(s).

FINDINGS / MEASUREMENTS:

<input type="checkbox"/> <u>RIGHT GREATER SAPHENOUS:</u>		<input type="checkbox"/> <u>LEFT GREATER SAPHENOUS:</u>	
<u>Level</u>	<u>Diameter</u>	<u>Level</u>	<u>Diameter</u>
SFJ/Proximal thigh	_____mm	SFJ/Proximal thigh	_____mm
Mid thigh	_____mm	Mid thigh	_____mm
Distal thigh	_____mm	Distal thigh	_____mm
Proximal calf	_____mm	Proximal calf	_____mm
Mid calf	_____mm	Mid calf	_____mm
Ankle	_____mm	Ankle	_____mm
<input type="checkbox"/> <u>RIGHT LESSER SAPHENOUS:</u>		<input type="checkbox"/> <u>LEFT LESSER SAPHENOUS:</u>	
SPJ/Proximal calf	_____mm	SPJ/Proximal calf	_____mm
Mid calf	_____mm	Mid calf	_____mm
Ankle	_____mm	Ankle	_____mm

☐ All examined greater saphenous vein segments demonstrate normal compressibility.

☐ Thrombus / wall thickening seen in the _____

☐ OTHER: _____

☐ Suboptimal visualization of the _____ veins due to technical factors.

☐ The _____ were not visualized due to technical factors.

IMPRESSION: Preliminary findings/impression subject to radiologist review.

☐ ADD DICTATION

Additional Information: (DO NOT TRANSCRIBE):

Interpretation guidelines:

1. Vein internal diameter greater or equal to 2.5mm
2. Patent vein with no evidence of thickening or thrombus.