This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind. **LOWER EXTREMITY DEEP VEIN MAPPING** (LDVMMWH)

PATIENT NAME:		MR#:	DATE:
TECH INITIAL:		FACILITY:	MWH / SH
INDICATION:  [ ] Pre-op vein mapping for vein co	onduit [] l	Peripheral arterial disease	
COMPARISON: [] None [] P	Prior exams: []		
TECHNIQUE: A lower extremity venous ultrasour compression technique for evaluativein and popliteal vein.	on of size and patency	<b>O</b>	
FINDINGS / MEASUREMENTS:			
[] RIGHT DEEP VEINS:		[] <u>LEFT DEEP VEI</u>	NS:
Level	<u>Diameter</u>	<u>Level</u>	<u>Diameter</u>
Common femoral vein	mm	Common femoral vein	mm
Femoral vein proximal	mm	Femoral vein proximal	mm
Femoral vein mid	mm	Femoral vein mid	mm
Femoral vein distal	mm	Femoral vein distal	mm
Popliteal vein	mm	Popliteal vein	mm
[ ] All examined common femoral, [ ] Thrombus / wall thickening seen			•
[ ] Suboptimal visualization of the veins due to technical factors.			
[ ] The		were not visu	alized due to technical factors.
[] OTHER:			
IMPRESSION: Preliminary finding [ ] ADD DICTATION			