UNITED IMAGING CONSULTANTS

Lower Extremity Venous Incompetence

Exam Date		Room #	
Tech Name		Tech Phone	
Ordering MD Name		Ordering MD Phone	
Nurse Name		Nurse Phone	

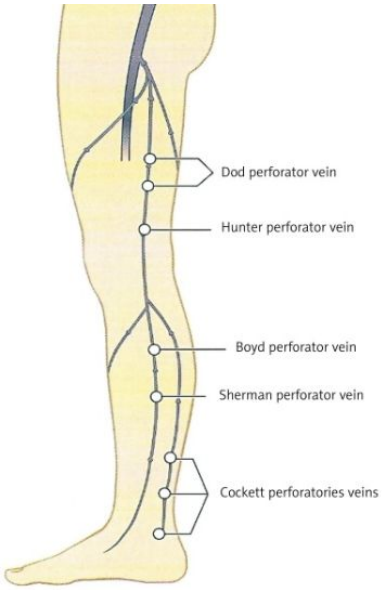
Patient Name	
DOB	
MR#	
(Sticker OR Fill-out)	

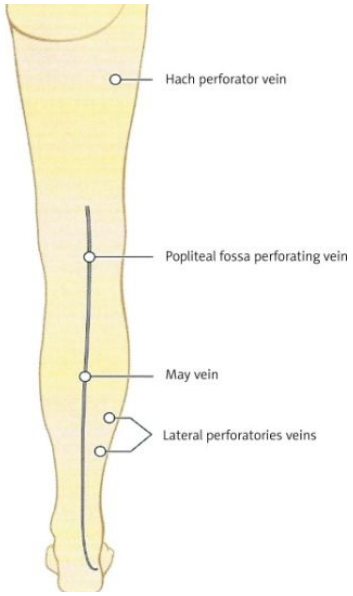
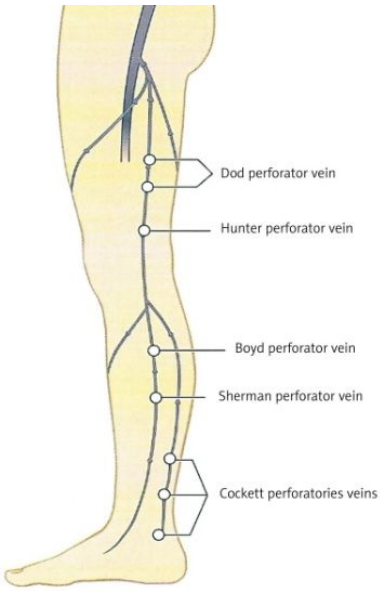
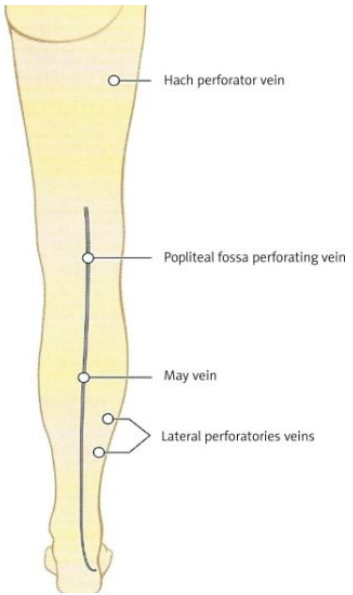
Clinical History		Symptoms		Prior Treatment	
O Varicose Veins R / L / B	O Bleeding Veins R / L / B	O Burning R / L / B	O Itching R / L / B	O Pain Medication	O Exercise
O Hx Vein Surg R / L / B	O Hx Thrombophlebitis	O Ulcer R / L / B	O Edema R / L / B	O Weight Loss	O Elevation
O Family Hx Vein Disease	O Hx of DVT R / L / B	O Skin Change R / L / B	O Pain R / L / B	O Compression Stocking	
O Functional Impairment from Vein Disease		O Other - Describe:			

Note to Tech: **Always Perform a Complete Deep Vein Ultrasound Exam and Worksheet in addition to this worksheet. Use Augmentation or Valsalva (in the upper thigh) at all levels. Record any perforators that are abnormal.**

N = Normal P = Partial Thrombus O = Occlusive Thrombus WT = Wall Thickening C = Calcifications A = Absent

RIGHT		Abnl (> 0.5s, > 3.5mm SSV/Perf, > 5mm GSV)		
Level	**Patency**	**Reflux**	**Time (ms)**	**Dia. (mm)**
CFV		+ / -		
Mid FV		+ / -		
Pop Vein		+ / -		
GSV@SFJ		+ / -		
GSV Thigh		+ / -		
GSV Calf		+ / -		
SSV@SPJ		+ / -		
SSV Calf		+ / -		
Perf #1		+ / -		
Perf #2		+ / -		
Perf #3		+ / -		

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SSV Calf		+ / -		
Perf #1		+ / -		
Perf #2		+ / -		
Perf #3		+ / -