

Leg Vein Mapping US Technologist Worksheet

St Vincents Riverside Southside Clay St Johns Imaging Center Arlington ER Westside ER

Optimal Forbes Southside Clay Mandarin Westside St Johns Town Center Orange Park

Patient Name: _____

MMI: _____

Age: _____

History/Symptoms: _____

RIGHT Great Saphenous Vein

Saphenofemoral	mm
Proximal Thigh	mm
Mid Thigh	mm
Above Knee	mm
Below Knee	mm
Mid Calf	mm
At Ankle	mm

RIGHT Leg Deep Veins

Common Femoral	No Clot	Nonocclusive	Occlusive
Proximal Femoral	No Clot	Nonocclusive	Occlusive
Mid Femoral	No Clot	Nonocclusive	Occlusive
Distal Femoral	No Clot	Nonocclusive	Occlusive
Popliteal	No Clot	Nonocclusive	Occlusive
Trifurcation	No Clot	Nonocclusive	Occlusive
Posterior Tibial	No Clot	Nonocclusive	Occlusive

LEFT Greater Saphenous Vein

Saphenofemoral	mm
Proximal Thigh	mm
Mid Thigh	mm
Above Knee	mm
Below Knee	mm
Mid Calf	mm
At Ankle	mm

LEFT Leg Deep Veins

Common Femoral	No Clot	Nonocclusive	Occlusive
Proximal Femoral	No Clot	Nonocclusive	Occlusive
Mid Femoral	No Clot	Nonocclusive	Occlusive
Distal Femoral	No Clot	Nonocclusive	Occlusive
Popliteal	No Clot	Nonocclusive	Occlusive
Trifurcation	No Clot	Nonocclusive	Occlusive
Posterior Tibial	No Clot	Nonocclusive	Occlusive

Other Findings: _____

Sonographer's Impression: _____

Sonographer's Name, Date & Time: _____

Images _____

Not Intended for Treatment Planning

MI-0635 (Revised 3/2024)

Tech Wrksht - "Leg Vein Mapping US Chrtform"