

This is **NOT** an interpretation of the examination.
See patient dictated report for radiologist findings & impression.

VENOUS LEG DOPPLER

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: _____

Tech/ext: _____

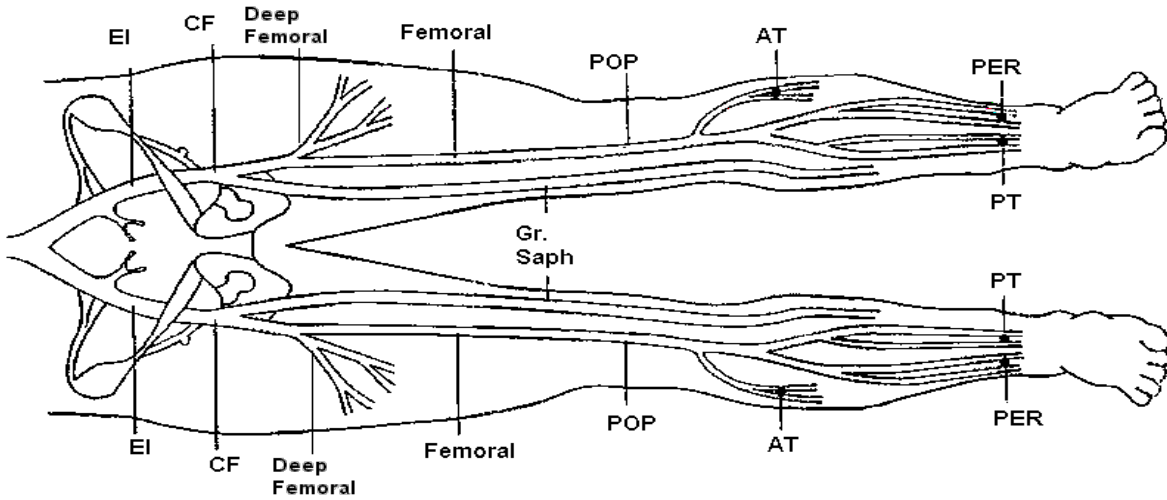
Date: _____

Y / N Previous DVT

Y / N Chest pain/shortness of breath

Y / N Surgery

Indications: _____



RT LT If checked, all venous vascular functions are Normal

Findings: _____

	Common Femoral		Greater Saph		Deep Femoral		Prox Femoral		Mid Femoral		Distal Femoral		Popliteal		Posterior Tibial	
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Spontaneous Phasic																
Augmented																
Competent																
Nonpulsatile																
Compressible																

Only abnormal findings marked off accordingly: ↓ =Reduced ∅ =Absent