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CV Worksheet for Blank, Ben

Lower Extremity Venous Exam, 9/16/2011

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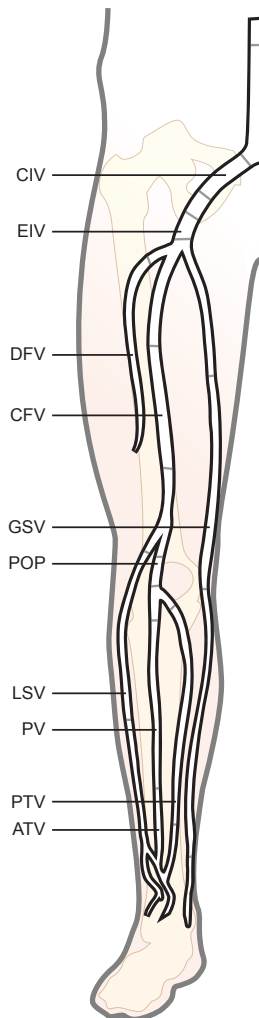
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Exam Info [Edit](#)

Name: **Blank, Ben** Exam Date: **9/16/2011**
 Patient ID: 125469787742 Procedure: Lower Extremity Venous
 DOB: Exam Site:
 Age: Accession #:
 Ref. Phys:
 History: Smokes, Diabetes-Adult.

Measurements/Anatomy Edit: [Right Drawing](#) | [Left Drawing](#) | [Measurements](#)

Right

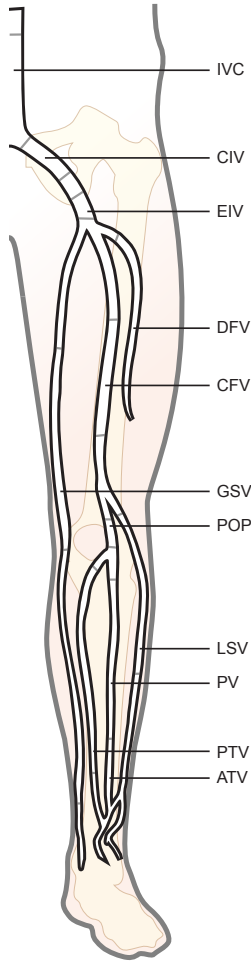


	Doppler Normal Flow			B Mode	
	Spontaneous	Phasicity	Augmentation	Compressibility	Thrombus
External Iliac	Yes	Triphasic	Yes	Yes	None
Common Femoral	Yes	Triphasic	Yes	Yes	None
Profunda	Yes	Triphasic	Yes	Yes	None
Femoral	Yes	Triphasic	Yes	Yes	None
Popliteal	Yes	Triphasic	Yes	Yes	None
Posterior Tibial	Yes	Triphasic	Yes	Yes	None
Peroneal	Yes	Triphasic	Yes	Yes	None
GSV Thigh	Yes	Triphasic	Yes	Yes	None
GSV Calf	Yes	Triphasic	Yes	Yes	None



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Left



	Doppler Normal Flow			B Mode	
	Spontaneous	Phasicity	Augmentation	Compressibility	Thrombus
External Iliac	Yes	Triphasic	Yes	Yes	None
Common Femoral	Yes	Triphasic	Yes	Yes	None
Profunda	Yes	Triphasic	Yes	Yes	None
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Peroneal	Yes	Triphasic	Yes	Yes	None
GSV Thigh	Yes	Triphasic	Yes	Yes	None
GSV Calf	Yes	Triphasic	Yes	Yes	None

Comments

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Allergies

Medications

Exam Status

Draft Started: 9/16/2011 2:14:30 PM.
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