

LOWER EXTREMITY VENOUS DOPPLER:

- Prep: None
- Basic Principles: Use appropriate linear transducer depending on patient body habitus. Evaluate venous system in gray scale, color, and pulsed wave Doppler.
- The examination should include the following:
 - Grayscale image evaluation with and without compression at each of the following levels:
 - Common femoral vein
 - Junction of common femoral vein with the greater saphenous vein
 - Proximal deep femoral vein
 - Proximal femoral vein
 - Distal femoral vein
 - Popliteal vein
 - Lesser saphenous vein
 - Sural vein
 - Posterior tibial vein
 - Peroneal vein
 - Evaluation with color Doppler at the following levels:
 - Bilateral (symptomatic and asymptomatic side per ACR) common femoral vein
 - Junctions of common femoral vein with greater saphenous vein
 - Proximal deep femoral vein
 - Proximal, mid and distal femoral vein
 - Popliteal vein
 - Lesser saphenous vein
 - Posterior tibial vein
 - Peroneal vein
 - Respiratory & augmentation maneuvers with spectral Doppler at the following levels:
 - Common femoral vein
 - Junctions of common femoral vein with greater saphenous vein
 - Proximal deep femoral vein
 - Proximal, mid, and distal femoral vein
 - Popliteal vein
 - No venous augmentation is performed distal to clot when acute or chronic thrombus is present.
 - Abnormal findings generally require additional imaging to document the complete extent of the abnormality. The extent and location of sites where the veins fail to compress completely should be clearly recorded. Long axis views without compression may be helpful to characterize the abnormal vein.

- Measure the length of a superficial venous thrombosis and the distance from the deep system. Document on the e-form and worksheet.
- Symptomatic areas need to be evaluated, such as the calf, and may require additional imaging.
- Note any fluid collections, masses or enlarged lymph nodes.