Adult Emergency Department
Emergency Ultrasound
Limited Lower Extremity Venous Compression Exam

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

Indication:

Limited compression ultrasonography of the ☐ **RIGHT** ☐ **LEFT** lower extremity was performed to evaluate for non-compressibility of the common femoral vein (CFV), superficial femoral vein (SFV), and/or popliteal vein (PV) in the patient. The ultrasound was performed with the following indications, as noted in the H&P:

- ☐ Lower extremity pain
- ☐ Lower extremity swelling
- ☐ Chest pain
- ☐ Dyspnea
- ☐ Tachypnea
- ☐ Other indications as noted in the H&P

Identified structures:

☐ **RIGHT** ☐ **LEFT** CFV, SFV, and PV were examined.

Findings: Exam of the above structures revealed the following findings:

Right CFV:	☐ good compressibility	☐ non-compressible
Right SFV:	☐ good compressibility	☐ non-compressible
Right Popliteal vein:	☐ good compressibility	☐ non-compressible
Left CFV:	☐ good compressibility	☐ non-compressible
Left SFV:	☐ good compressibility	☐ non-compressible
Left Popliteal vein:	☐ good compressibility	☐ non-compressible

Other: _____

Impression:

- ☐ Normal: ☐ **RIGHT** ☐ **LEFT** lower extremity venous compression limited US, no DVT
- ☐ DVT, site(s): _____
- ☐ Other: _____
- ☐ **Patient recommended to have repeat ultrasound in 5-7 days**

Physician signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

CPT: **93971-26**