ULTRASOUND PROTOCOLS



Reviewed: 01/29/22; 10/30/20

Venous Mapping Ultrasound

Indication	Varicose veins
Prep	Patient Supine with leg externally rotated and knee slightly bent and upright
Special	None
Instruction	
Procedure	Deep Venous Study
	Transverse grayscale images with and without transducer compressions of the affected
	lower extremity of the CFV, SFJ, mid FV, popliteal vein, GSV, and LSV. Demonstrate
	patency with color and spectral Doppler. Document the presence, location, severity, and
	age of thrombosis (acute v. chronic).
	Superficial Vein Mapping
	• Measure diameter and vessel depth of the GSV at the proximal, mid, and distal thigh,
	and 5cm distal to the knee. Measure diameter and vessel depth of the LSV at the
	proximal and mid-calf.
	 Inner-to-inner wall vessel measurements must be obtained in the transverse
	plane
	 Document the presence and location of any major tributaries, varicosities,
	tortuosity, or aneurysmal segments of the GSV and LSV
	Competency
	• Reflux is treatable if the vein refluxes for more than 3 seconds (< 0.5 seconds reflux is
	normal). Patency and competency should be demonstrated with color and spectral
	Doppler in the following veins with the patient upright and bearing weight on the
	unaffected leg (or in steep reverse Trendelenburg if the patient is unable to stand).
	Competency should be tested using the Valsalva maneuver and/or distal augmentation.
	If vein is competent proximally, then distal augmentation should be used to test for
	reflux.
	 SFJ (w/ Valsalva)
	o GSV
	 SPJ (Note: This is absent in 25% of the population)
	o LSV
	Perforating Veins
	If indicated, examine perforating veins located in the medial calf (begin by scanning
	transversely along the posterior tibial veins). If flow is observed going from deep to
	superficial, the perforator is incompetent. Document incompetent perforators and their
	diameter, depth, and distance from medial malleolus.