Suspected Lower Extremity Deep Vein Thrombosis

Lower extremity deep vein thrombosis (DVT), a blood clot in the lower leg, only happens to a small percentage of the general population. When DVT is clinically suspected, imaging is typically done to evaluate the thrombus (blood clot) in the leg because the clot can move toward the lung. This creates a life-threatening condition called pulmonary embolism. DVT typically starts in the leg close to the ankle but it can come from further up the leg, above the knee, and in the pelvis.

Locating the area of the DVT is important because there is a greater risk of a pulmonary embolism if the DVT is above the knee. Ultrasound (US) (https://www.radiologyinfo.org/en/info/venousus) duplex Doppler is used to find and diagnose suspected lower extremity DVT. Doppler imaging helps show blood flow and if the clot is totally blocking or partially blocking the blood vessel.

US is used because it is the most accurate test for diagnosing DVT close to the knee. It is not as accurate for diagnosing blood clots below the knee. In some patients, CT venography (https://www.radiologyinfo.org/en/info/venography) with contrast or MR venography with and without contrast or MR venography without contrast of the lower extremities is also appropriate to make the diagnosis of the blood clot in the leg. For more information, see the Blood Clots (https://www.radiologyinfo.org/en/info/bloodclot) and Pulmonary Embolism (https://www.radiologyinfo.org/en/info/pulmonary-embolism) pages.

— By Lauren Yates, Frank J. Rybicki, MD, PhD. This information originally appeared in the *Journal of the American College of Radiology*.

Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at **http://www.radiologyinfo.org** to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright ® 2026 Radiological Society of North America, Inc.