

**Clinical History :**

right lower limb swollen and tender, painful, particular proximal lower limb post knee raised D-dimer wells 4.

ENTERED BY: SANGHA, Dr Randeep

BLEEP: [NOT KNOWN]

**? Lower limb DVT**

RIGHT: There is no evidence of a current lower limb DVT present from groin to ankle. There is oedema present in the calf.

(If clinical suspicion remains high after a negative DVT scan please consider a re-scan or an alternative modality).

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 21-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 21-Feb-2019-1111

Send Report To : VASCULAR LAB SCANNING

Examination Date : 21-Feb-2019

Ref. Source : ALAM M, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Clinical History :**

91 yr old admitted following stroke, sudden onset of swelling of rt arm, tender ++, red hot on examination ? DVT

ENTERED BY: SAJJAD, Dr Amna

BLEEP: 3885

**? Upper limb DVT**

RIGHT: There is no evidence of a current upper limb DVT present.  
There is significant oedema in the forearm.

(If clinical suspicion remains high after a negative DVT scan please consider a re-scan or an alternative modality).

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 11-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 11-Jan-2019-1452

Send Report To : VASCULAR LAB SCANNING

Examination Date : 11-Jan-2019

Ref. Source : EKANAYAKE P, Vascular Lab, Watford General Hospital

Examinations : US Doppler

Clinical History :

60M

Presented with swelling and hardness on right forearm.

Had IV chemo 3/52 ago

D dimer 837 - ?DVT

ENTERED BY: ZAINUDDIN, Dr Abbas

BLEEP: 1489

### **? Upper limb DVT**

RIGHT: There is no evidence of a current upper limb DVT.

There is superficial thrombophlebitis present in the cephalic vein (from wrist level to mid upper arm).

(If clinical suspicion remains high after a negative DVT scan please consider a re-scan or an alternative modality).

### **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 16-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 16-Jan-2019-1105

Send Report To : VASCULAR LAB SCANNING

Examination Date : **16-Jan-2019**

Ref. Source : THAPA M, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Clinical History :**

Patient presented with painless swollen left arm. pitting oedema up to shoulder. Cause unknown but medical consultant questioning ?obstruction of subclavian vein due to pacemaker leads positioning. ?Lymphoedema.

Consultant requested to have the left arm US done in as many different range of movements as possible to see whether it causes any obstruction to the venous return of the subclavian.

Previous US arm in December excluded DVT

ENTERED BY: AL JABBOURI, Dr Abdurrahman

BLEEP: 1440

**? Upper limb DVT**

LEFT: There is no evidence of a current upper limb DVT present. No evidence of venous obstruction present in the subclavian vein upon movement of the arm (flexion, abduction, hyperextension and hyperabduction).

There is oedema present in the forearm.

(If clinical suspicion remains high after a negative DVT scan please consider an alternative modality).

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 29-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 29-Jan-2019-1240

Send Report To : VASCULAR LAB SCANNING

Examination Date : 29-Jan-2019

Ref. Source : THAPA M, Vascular Lab, Watford General Hospital

Examinations : US Doppler

**Clinical History :**

70F admitted with R leg swelling and pain. O/E swollen R calf, tender ++ to touch. Prolonged immobility due to end stage COPD ? DVT

ENTERED BY: CHIRAG, Dr Haria

BLEEP: [NOT KNOWN]

**? Lower limb DVT**

RIGHT: There is no evidence of a current lower limb DVT present from groin to ankle. CFV was not phasic with breathing, so EIV was scanned and found to be patent and phasic with breathing. There is oedema present throughout the leg.

(If clinical suspicion remains high after a negative DVT scan please consider a re-scan or an alternative modality).

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 20-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 20-Feb-2019-1145

Send Report To : AAU LEVEL 1 PURPLE SUITE

Examination Date : **20-Feb-2019**

Ref. Source : DEVENDRA D, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations: **US Doppler**

**Clinical History :**

Patient has R arm swelling, redness and tenderness, she is on treatment for R acromioclavicular joint  
kindly do USS doppler to rule out DVT

ENTERED BY: HALEPOTA, Dr Munawar

BLEEP: EXT 3695

**? Upper limb DVT**

RIGHT: There is no evidence of a current upper limb DVT present. Difficult to visualise the supraclavicular subclavian V due to neck position.

There is oedema present in the forearm.

(If clinical suspicion remains high after a negative DVT scan please consider a re-scan or an alternative modality).

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 30-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 30-Jan-2019-1053

Send Report To : VASCULAR LAB SCANNING

Examination Date : 30-Jan-2019

Ref. Source : EKANAYAKE P, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **LSV Marking**

The LSV has been marked with a solid black line.

The vein is patent throughout with no evidence of thrombophlebitis present. The diameter of the vein is >3mm throughout.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 04-Dec-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 04-Dec-2018-0953

Send Report To : VASCULAR LAB SCANNING

Examination Date : **04-Dec-2018**

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Clinical History :**

twisting injury sustained, has now been reviewed in Fracture clinic, pt has a hot swollen, tender left lower limb - ?DVT

ENTERED BY: YAZDAN-SHENAS, Dr Amir

BLEEP: 1616

**? Lower limb DVT**

LEFT: There is thrombus present occluding the medial gastrocnemius veins and one PTV. The other deep veins are patent with no evidence of a current DVT present.

**CONCLUSION**

Current left calf DVT.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 12-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 12-Feb-2019-1157

Send Report To : FRACTURE CLINIC

Examination Date : **12-Feb-2019**

Ref. Source : MAKKI Daoud Mr, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : **US Doppler**



**Clinical History :**

Referred by A/E ? DVT. Post hip surgery. Right lower knee, calf pain, history of chest tightness 2 days ago.

Please kindly scan Right lower leg 26/11/18 @ 12:10

ENTERED BY: JAGGER, HCA Welmita

BLEEP: ext 8772

**? Lower limb DVT**

RIGHT: There is thrombus present occluding one of the peroneal veins.  
The other deep veins are patent with no evidence of thrombus present.

**CONCLUSION**

Current right calf DVT present.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 26-Nov-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 26-Nov-2018-1222

Send Report To : WEAC EMERGENCY AMBULATORY CARE

Examination Date : 26-Nov-2018

Ref. Source : ARIF M, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : **US Doppler**

Clinical History :  
Referred by A/E? DVT. Right leg calf pain, swelling .wells 2.  
Please kindly scan RIGHT lower leg 30/11/18 @09:40  
ENTERED BY: JAGGER, HCA Welmita  
BLEEP: ext 8480

### ? Lower limb DVT

RIGHT: The CFV is patent with no evidence of a DVT present. There is thrombus present in the SFV, PTV and the soleal veins.

The other deep veins are patent with no evidence of current DVT present.

### CONCLUSION

There is a current femoral and calf DVT present.

### VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 30-Nov-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 30-Nov-2018-0950

Send Report To : WEAC EMERGENCY AMBULATORY CARE Examination Date : **30-Nov-2018**

Ref. Source : ARIF M, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : **US Doppler**

**Clinical History :**

Referred by A/E ? DVT on Left lower leg calf pain after accidentally hitting by a pick axe at work, wells 2. occasionally difficulty breathing.

Please kindly scan his Left lower leg 19/2/19 @ 15:30

ENTERED BY: JAGGER, HCA Welmita

BLEEP: 7491

**? Lower limb DVT**

LEFT: There is thrombus present occluding the medial gastrocnemius veins.  
The other deep veins are patent with no evidence of current thrombus present.

**CONCLUSION**

Current left calf DVT present.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 18-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 18-Feb-2019-1541

Send Report To : WEAC EMERGENCY AMBULATORY CARE Examination Date : 18-Feb-2019

Ref. Source : DEVENDRA D, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : US Doppler

## **Venous Duplex**

Right: There is SFJ reflux into the LSV (5mm max AP diameter) filling varices in the calf. LSV is competent after producing the tortuous varices in the proximal calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

## **CONCLUSION**

Right: SFJ- LSV reflux.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 23-Nov-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 23-Nov-2018-1245

Send Report To : VASCULAR LAB SCANNING

Examination Date : 23-Nov-2018

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Venous Duplex**

Right: The SFJ and LSV are patent and competent.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent.

Left: The SFJ and LSV are patent and competent.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent.

**CONCLUSION**

Right: Normal venous study

Left: Normal venous study.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 11-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 11-Jan-2019-1046

Send Report To : VASCULAR LAB SCANNING

Examination Date : 11-Jan-2019

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Venous Duplex**

Right: There is SFJ reflux into the ATV (6mm max AP diameter, <10cm of straight vessel) filling varices in the thigh and calf.

There is SPJ reflux into the SSV (6mm max AP diameter) filling varices in the posterior calf. The level of the SPJ is difficult to visualise.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Left: There is SFJ reflux into the LSV (9mm max AP diameter) filling tortuous varices in the thigh and calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

## **CONCLUSION**

Right: SFJ- ATV reflux

Left: SFJ- LSV reflux.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 01-Dec-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 01-Dec-2018-1516

Send Report To : VASCULAR LAB SCANNING

Examination Date : 01-Dec-2018

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Venous Duplex**

Right: There is SFJ reflux into the LSV (11mm max AP diameter, straight vessel) and into the ATV (6mm max AP diameter, tortuous from junction) filling varices in the thigh and calf.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent.

## **CONCLUSION**

Right: SFJ- LSV and ATV reflux.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 01-Dec-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 01-Dec-2018-1317

Send Report To : VASCULAR LAB SCANNING

Examination Date : **01-Dec-2018**

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Venous Duplex**

Right: The SFJ and LSV are patent and competent.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent with no evidence of a current or previous DVT.

Left: The SFJ and LSV are patent and competent.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent with no evidence of a current or previous DVT.

## **CONCLUSION**

Right: Normal venous study

Left: Normal venous study.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 07-Dec-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 07-Dec-2018-0947

Send Report To : VASCULAR LAB SCANNING

Examination Date : **07-Dec-2018**

Ref. Source : VASCULAR LAB SCANNING, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**



**Clinical History :**

83M, admitted with confusion and raised inflammatory markers ( WCC 22.8, CRP 139). On examination he was found to have a left lower limb ulcer, varicose veins are seen. Known to have newly diagnosed heart failure. Denies injuries in the past. Patient noticed ulcer 3 weeks ago. Impression: (?) venous ulcer.

ENTERED BY: ZORLU, Dr Narin

BLEEP: ext 3602

**Venous Duplex**

Difficult scan as patient was scanned in a bed in the reverse Trendelenburg position.

Left: No obvious SVI or DVI.

**INCIDENTAL FINDING**

No flow visualised in the CFA, ? occluded, ? significantly calcified.

The SFA, POP A and PTA are patent with monophasic waveforms.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 09-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 09-Jan-2019-1533

Send Report To: CROXLEY WARD

Examination Date: **09-Jan-2019**

Ref. Source: OLIVAN-MARTINEZ C, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations: **US Doppler**

## **Venous Duplex**

Right: There is SFJ reflux into the ATV (11mm max AP diameter, ~5cm of straight vessel), which communicates with LSV at mid thigh and fills tortuous varices in the thigh and calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

There is reflux present in one of the lateral gastrocnemius veins. The other deep veins are patent and competent.

## **CONCLUSION**

Right: SFJ-ATV. Reflux in one of the lateral gastroc V.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 15-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 15-Feb-2019-1117

Send Report To : VASCULAR LAB SCANNING

Examination Date : **15-Feb-2019**

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Venous Duplex**

Right: The SFJ and LSV are patent and competent.

The SPJ and SSV are patent and competent.

There is an incompetent perforator present in the distal thigh (2mm max AP diameter) and a further incompetent perforator present in the posterolateral calf (3mm max AP diameter).

All the deep veins are patent and competent.

Left: The SFJ has been previously ligated and the proximal LSV stripped, with no obvious recurrence present. The proximal LSV (4mm max AP diameter) is incompetent due to a communication with a small varix (1mm max AP diameter) of ? pudendal region origin.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

## **CONCLUSION**

Right: Distal thigh perforator and posterolateral calf perforator.

Left: Varix of ? pudendal region origin communicating with proximal LSV.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 08-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 08-Feb-2019-1245

Send Report To : VASCULAR LAB SCANNING

Examination Date : 08-Feb-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : US Doppler

## **Venous Duplex**

Right: There is SFJ reflux into the LSV (10mm max AP diameter, >10cm of straight vessel) filling tortuous varices in the thigh and calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Left: There is SFJ reflux into the LSV (8mm max AP diameter, >10cm of straight vessel) filling a tortuous varix in the proximal thigh which courses posteriorly and also tortuous varices in the calf.

The SPJ and SSV are patent and competent.

There is an incompetent (slow reflux) perforator present in the proximal calf (2mm max AP diameter).

All the deep veins are patent and competent.

## **CONCLUSION**

Right: SFJ-LSV reflux.

Left: SFJ- LSV reflux. Proximal calf incompetent perforator.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 07-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 07-Feb-2019-1540

Send Report To : VASCULAR LAB SCANNING

Examination Date : **07-Feb-2019**

Ref. Source : SARIN S, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Venous Duplex**

Right: The SFJ and LSV are patent and competent.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent.  
There is significant oedema present throughout the leg.

Left: The SFJ and LSV are patent and competent.  
The SPJ and SSV are patent and competent.  
No incompetent thigh or calf perforators were noted.  
All the deep veins are patent and competent.  
There is significant oedema present throughout the leg.

## **CONCLUSION**

Right: Normal venous study.

Left: Normal venous study.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 30-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 30-Jan-2019-1301

Send Report To : VASCULAR LAB SCANNING

Examination Date : 30-Jan-2019

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Venous Duplex**

Right: The SFJ and LSV are patent and competent.

A tortuous varix (3mm max AP diameter) originates from the deep system in the posterolateral thigh and communicates with varices originating from the anterior tibial veins in the proximal calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Left: There is SFJ reflux into the LSV (5mm max AP diameter) filling varices in the thigh and calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

## **CONCLUSION**

Right: Posterolateral thigh varix reflux

Left: SFJ- ISV reflux.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 25-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 25-Feb-2019-1232

## **UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 25-Feb-2019

Typed By: SVT983 25-Feb-2019-1232

Send Report To : VASCULAR LAB SCANNING

Examination Date : **25-Feb-2019**

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler,US Doppler**

**UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 19-Feb-2019

Typed By: SVT983 19-Feb-2019-1440

**Venous Duplex**

Right: There is SFJ reflux into the ATV (3mm max AP diameter, tortuous from origin) which communicates with small varices of ? inguinal region origin and fills tortuous varices in the anterolateral thigh and calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Left: The SFJ and LSV are patent and competent.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

There are small reticular veins present, no reflux noted.

**CONCLUSION**

Right: SFJ- ATV reflux.

Left: No truncal insufficiency. Reticular veins noted.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 19-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 19-Feb-2019-1440

Send Report To: VASCULAR LAB SCANNING

Examination Date : 19-Feb-2019

Ref. Source : SARIN S, Vascular Lab, Watford General Hospital

Examinations : US Doppler,US Doppler

## **Venous Duplex**

Right: There is SFJ reflux into the LSV (6mm max AP diameter, straight vessel, >10cm of good calibre vessel) filling varices in the thigh and calf. LSV becomes small and competent at knee level after producing large mid thigh varices.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Left: There is SFJ reflux into the LSV (9mm max AP diameter, tortuous in sections, >10cm of good calibre vessel) filling tortuous varices in the thigh and calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

## **CONCLUSION**

Right: SFJ- LSV reflux.

Left: SFJ- LSV reflux.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 18-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 18-Jan-2019-1221

Send Report To: VASCULAR LAB SCANNING

Examination Date : 18-Jan-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**



## **Venous Duplex**

Right: There is SFJ reflux into the ATV (5mm max AP diameter, straight vessel). After producing a varix at mid thigh level, main ATV is small and competent.

No obvious SPJ seen. The SSV is patent and competent. There is a varix present in the proximal thigh (originating from the pudendal vein?) which communicates with an incompetent Giacomini vein at proximal thigh level. The Giacomini vein is incompetent from proximal thigh level to distal thigh level.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent with no evidence of a current or previous DVT.

## **CONCLUSION**

Right: SFJ- ATV reflux. Incompetent Giacomini vein, communicating with ? pudendal vein varix

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 06-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 06-Feb-2019-1131

Send Report To : VASCULAR LAB SCANNING

Examination Date : 06-Feb-2019

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : US Doppler