

Lower limb venous

RIGHT:

CFV and SFV are competent; normal phasic flow in the CFV.

Bifid Pop V: low velocity prolonged reflux noted in one vein.

Patent SFJ. LSV is occluded in the thigh post-RF ablation (11/06/2018).

LSV branch is partially occluded post-foam treatment (09/01/2018); grossly incompetent fed by a small tributary.

LSV in the calf is grossly incompetent draining into a medial and anterior varicosities.

Calcified segment of proximal SSV, low velocity prolonged reflux detected.

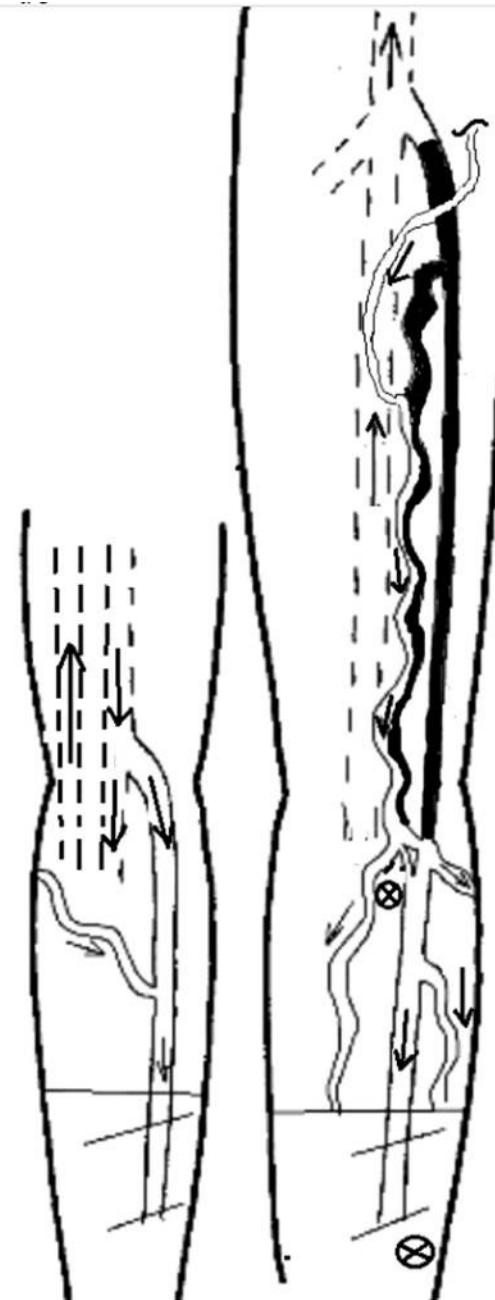
Grossly incompetent medial perforator measuring ~4.3mm in diameter noted in the proximal calf.

Grossly incompetent medial perforator measuring ~5.1mm in diameter noted at the ankle level.

Incidental finding: there is a collection of mixed echogenicity measuring ~4.5cm x 1.5cm at the medial popliteal fossa, ?Baker's cyst.

Scan observed by Matt Slater.

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RIGHT:

No evidence of DVI; normal phasic flow in the CFV.

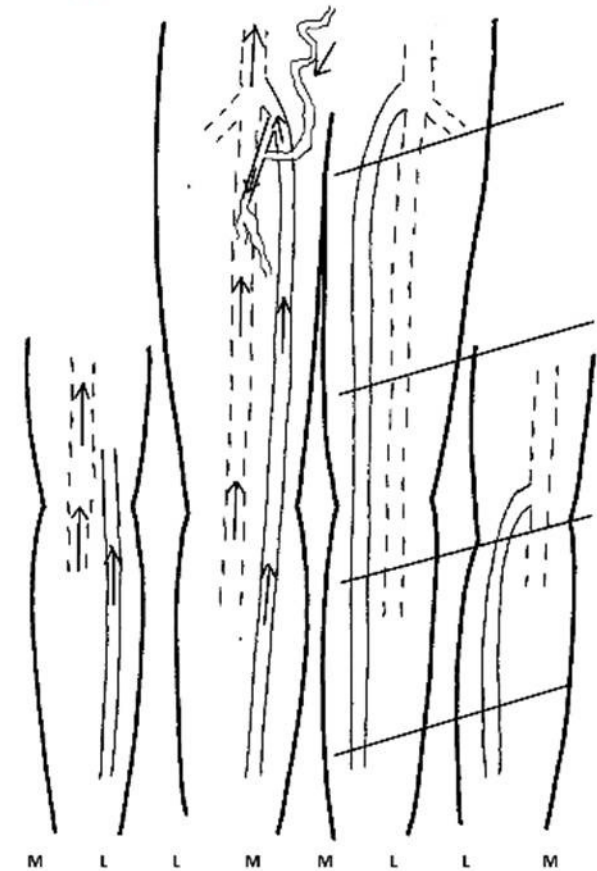
SFJ and LSV are competent.

There is an incompetent tortuous tributary from a pelvic source with low velocity continuous flow draining into the ATV. ATV is significantly incompetent feeding a medial thigh varicosity.

SPJ is absent.

SSV is competent.

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LEFT:

CFV is competent with normal phasic flow.

SFV and PopV are significantly incompetent, no evidence of DVT.

Patent SFJ.

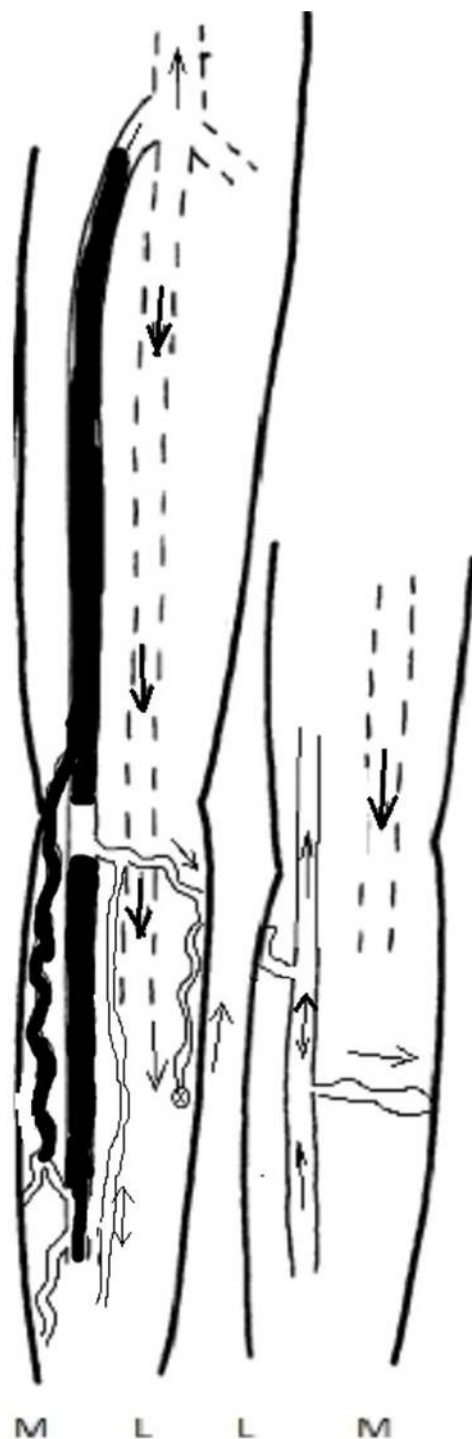
LSV in the thigh remains occluded.

LSV in the calf and medial varicosity are occluded post-treatment.

Moderately incompetent anterior varicosity noted.

Segmental SSV reflux when fed by an incompetent lateral perforator. Competent distally.

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King's Lynn referral

RIGHT:

CFA is competent with normal phasic flow.

There is chronic non-occlusive thrombus in the SFV in the mid and distal thigh and PopV, significant reflux detected.

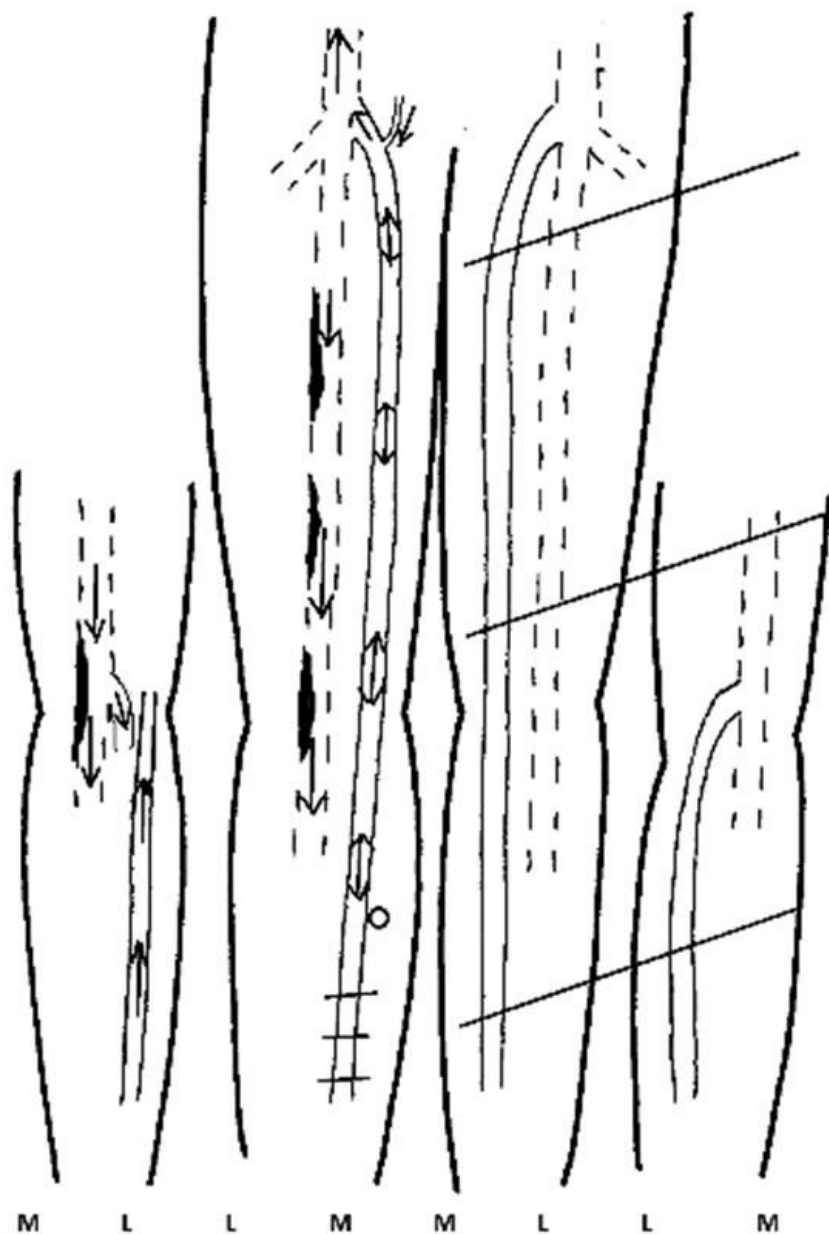
SFV is competent.

LSV is moderately incompetent. Incomplete views in the distal calf due to ulcer.

SPJ is absent.

SSV is competent.

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RIGHT:

No evidence of DVI or DVT; normal phasic flow in the CFV.

SFJ is competent.

LSV in the thigh is significantly incompetent; relatively straight, within the fascia and typically measures ~5mm in diameter.

Non-occlusive thrombus noted in the LSV in the distal thigh.

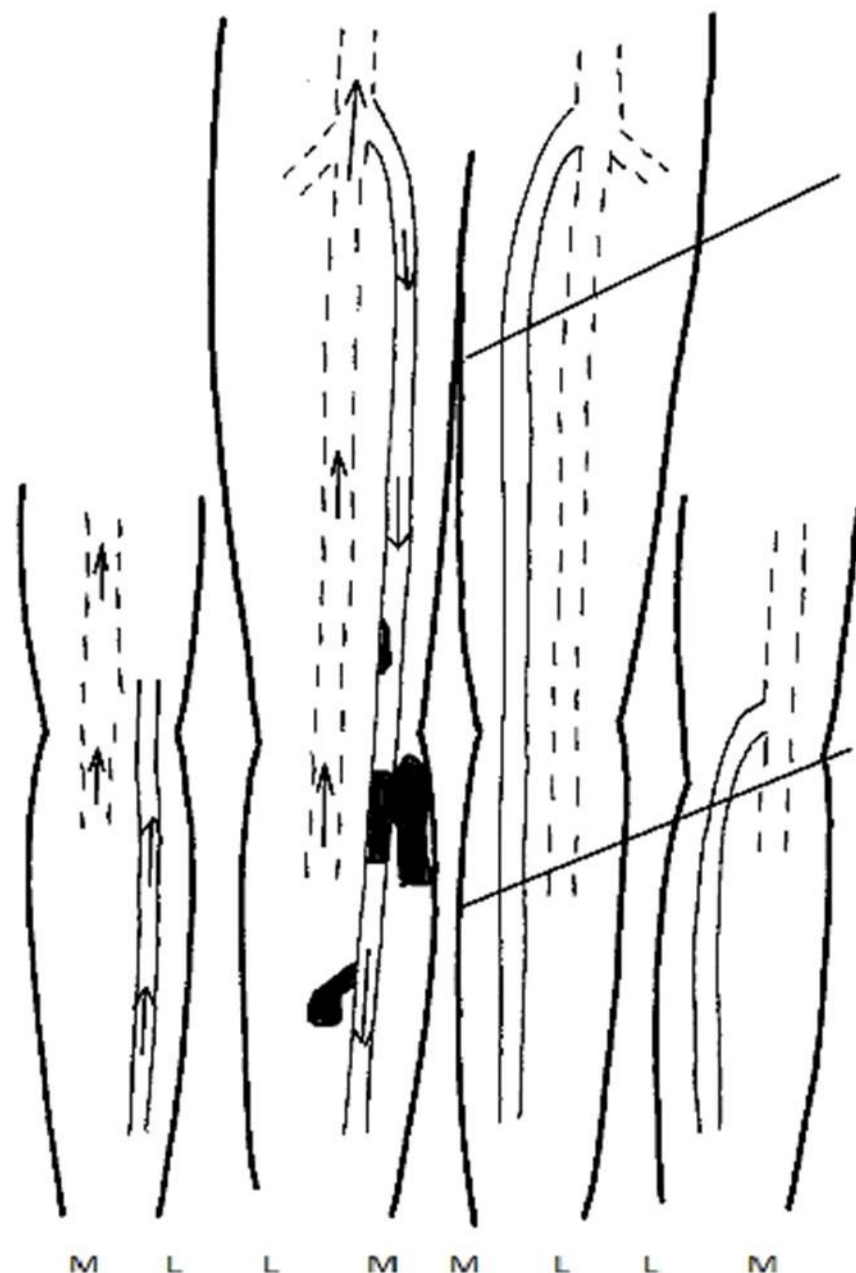
Occlusive thrombus noted in the LSV in the proximal calf and large medial varicosities.

LSV in the mid calf is grossly incompetent.

SPJ is absent.

SSV is competent.

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LEFT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

LSV is mostly absent (patient reports previous stripping).

Competent common SSV-gastrocnemius-PopV junction.
SSV is competent.

There is a grossly incompetent lateral mid thigh perforator draining into a relatively large calibre lateral thigh and calf varicosity.

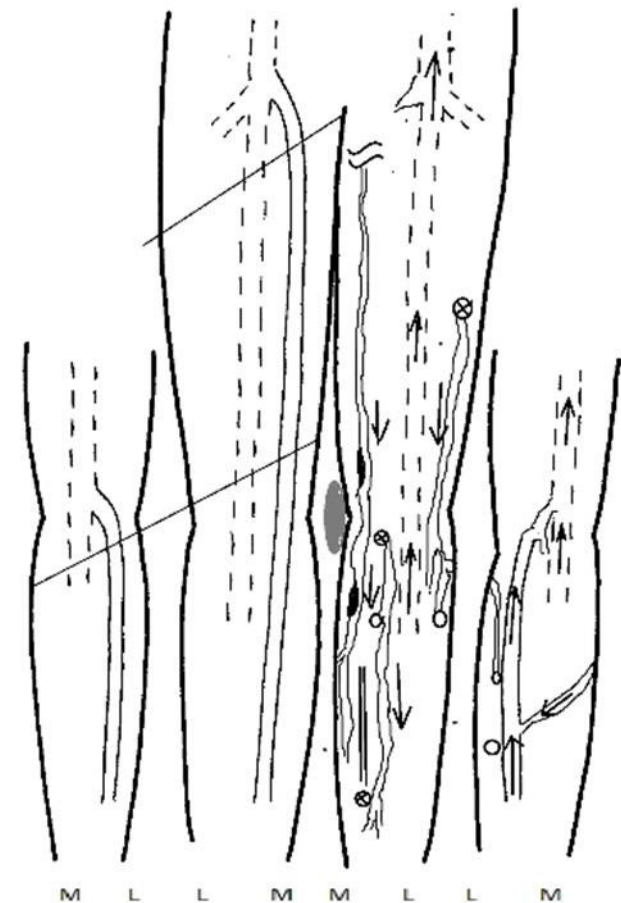
There is a significantly incompetent medial thigh tributary, however unable to identify source due to small calibre; chronic non-occlusive thrombus noted at the distal thigh.

There are two grossly incompetent medial calf perforators draining into medial varicosities and the foot. Chronic non-occlusive thrombus noted in a medial calf varicosity.

No evidence of acute thrombus.

Incidental finding: there is a collection of mixed echogenicity measuring ~4.5 cm x 1.5 cm at the medial popliteal fossa, ?Baker's Cyst.

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RIGHT:

No evidence of DVI or DVT. Pulsatile phasic flow noted in the CFV, no evidence of AVF.

SFJ has been ligated.

Significant LSV reflux feeding varicosities.

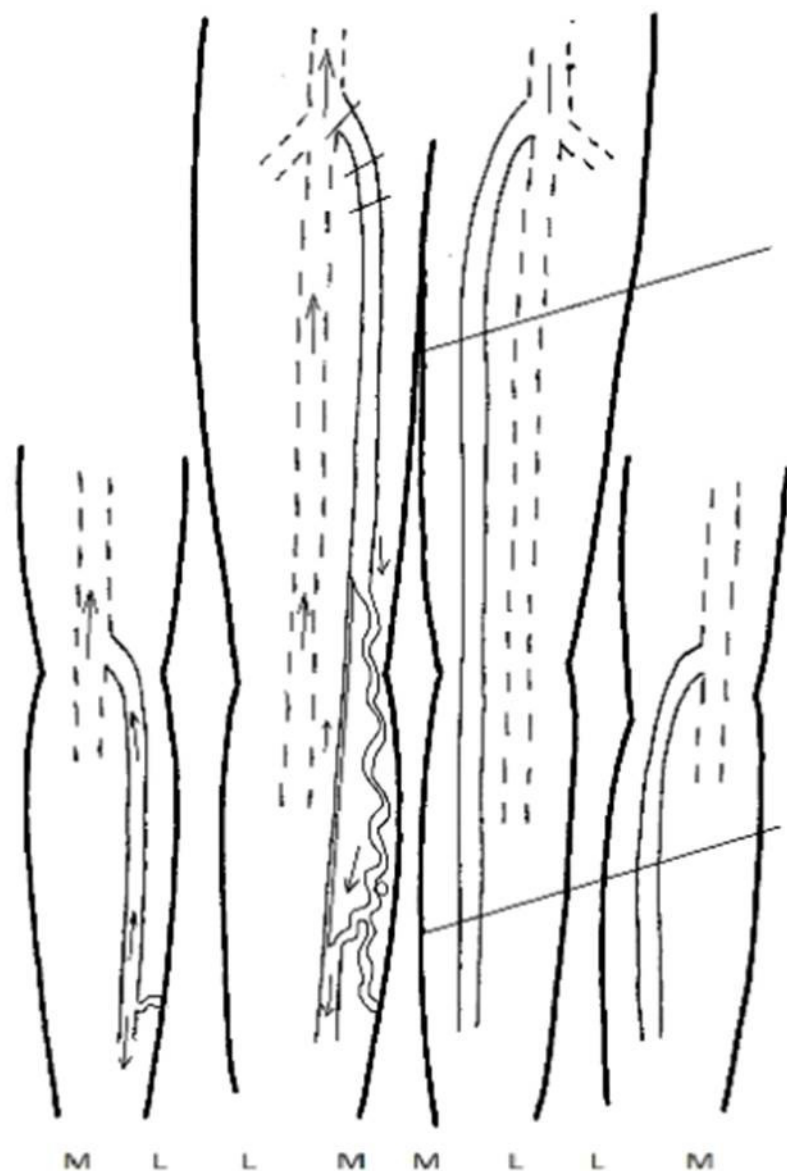
The LSV is good calibre (typically ~6mm diameter), relatively straight and within the fascia in the thigh and feeds medial varicosities.

LSV is ~3cm deep in the thigh.

Competent SPJ and proximal calf SSV.

SSV becomes incompetent when fed by varicosities.

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Scan performed with the patient seated in their wheelchair.

RIGHT:

No evidence to suggest deep or superficial venous incompetence, however unable to fully exclude due to patient positioning.

No incompetent perforators seen in the area surrounding the ulcer.

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RIGHT:

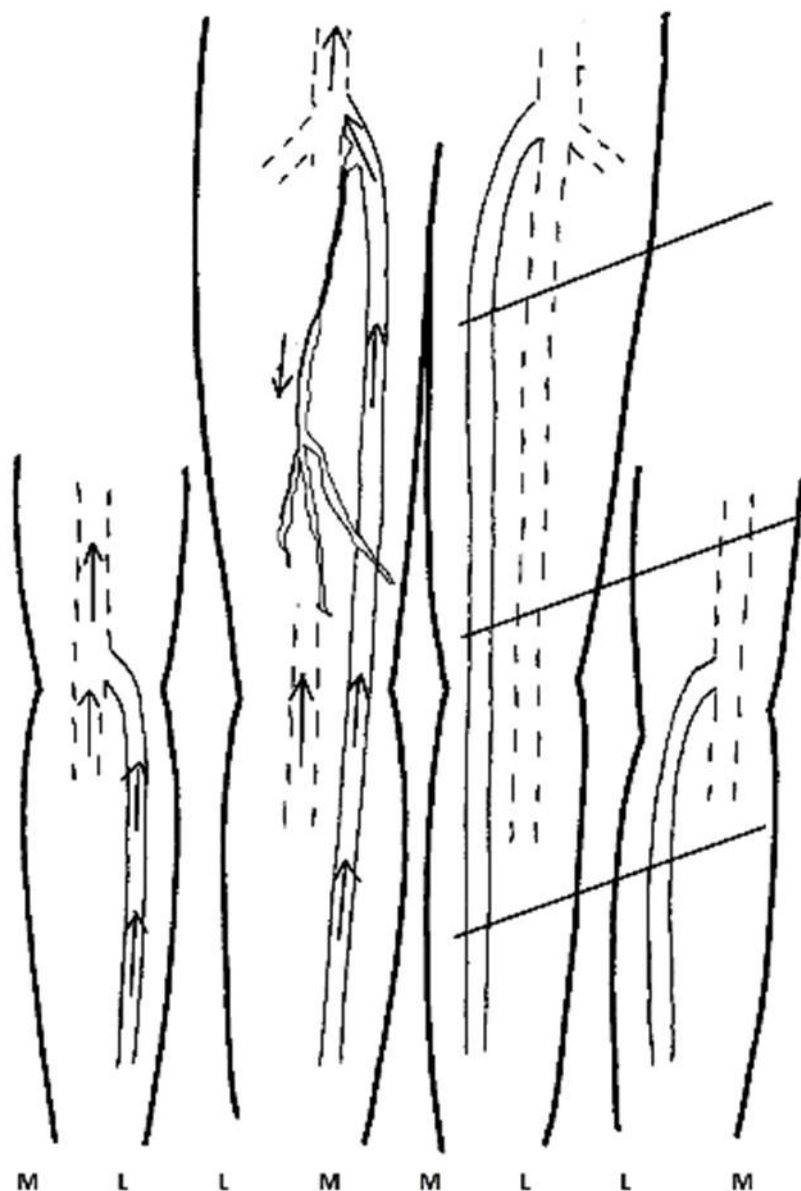
No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV are competent.

ATV is occluded for ~10cm in the proximal thigh.
There are significantly incompetent ATV tributaries in the mid thigh.

SPJ and SSV are competent.

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RIGHT:

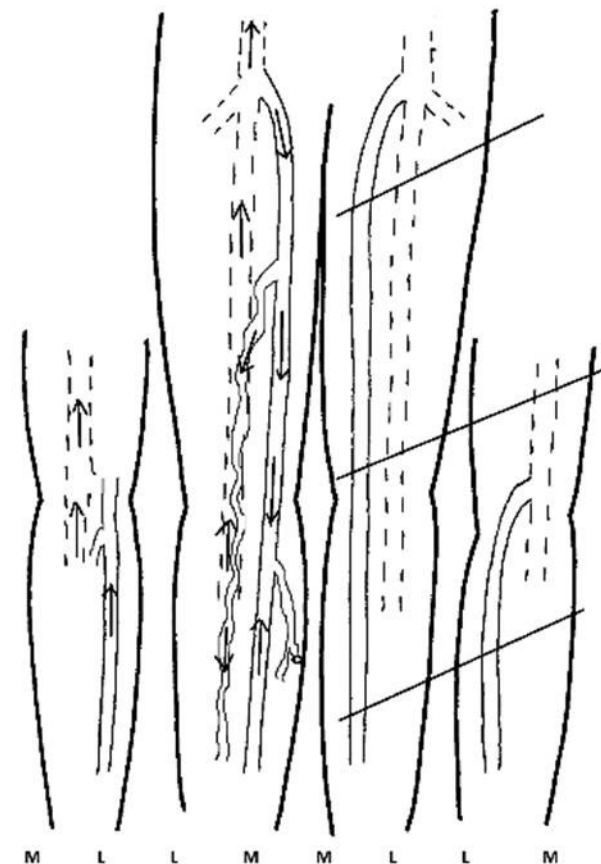
No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV are grossly incompetent feeding anterior and medial thigh and calf varicosities.
LSV is relatively straight, good calibre (measuring ~4.5cm - 6.0cm in diameter) and within the fascia in the thigh.

SPJ is absent.

SSV is competent.

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LEFT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

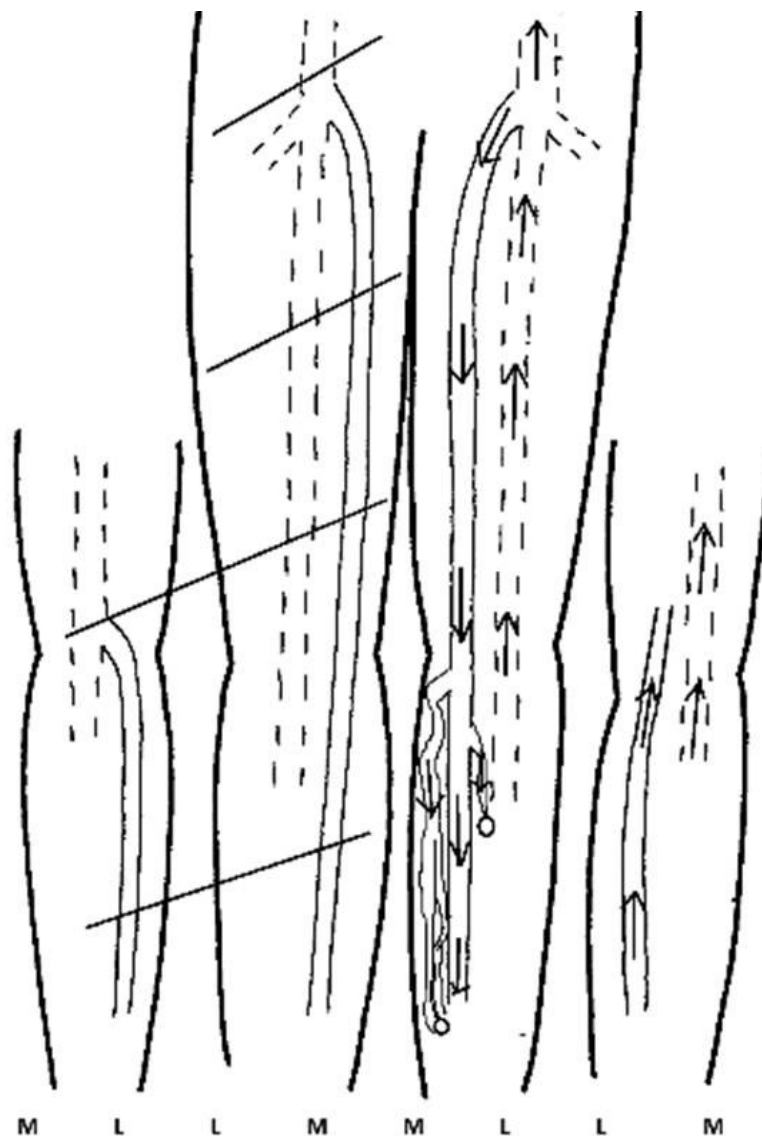
SFJ and LSV are grossly incompetent draining into medial calf varicosities.

LSV is relatively straight, within the fascia and large calibre (approx. 6.5mm - 11.5mm in the thigh and 3.0 mm - 4.5mm in the calf).

SPJ is absent.

SSV is competent.

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RIGHT:

CFV and PFV are competent; CFV is patent with normal phasic flow.

There is non-occlusive/occlusive chronic thrombus in the SFV and PopV.

Scarring noted in a posterior soleal vein.

No evidence of thrombus in the Gastrocnemius veins and ATV.

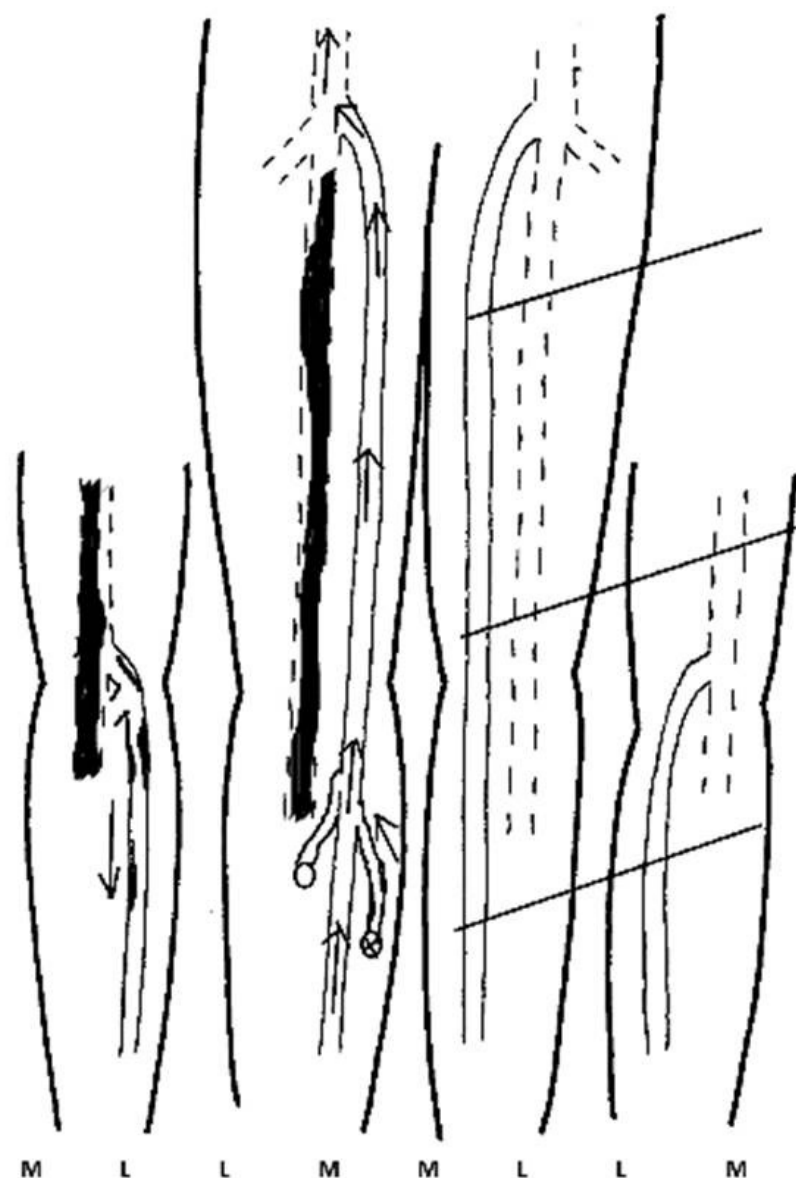
Incomplete views of the PeroV and PTV due to oedema; no thrombus/scarring where seen.

SFJ is competent.

LSV is competent with spontaneous flow up the leg.
Scarring noted in medial varicosities and mid-calf perforator.

SSV-Gastrocnemius-PopV junction and SSV are grossly incompetent.
Scarring noted in the SSV in the proximal and mid calf.

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BILATERALLY:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

No evidence of superficial venous incompetence.

Arterial spotcheck:

CFA, PopA, distal ATA and PTA are patent with triphasic pulsatile flow.

Incidental finding: there is a collection of mixed echogenicity measuring approximately 4.0 cm x 1.3 cm at the left medial popliteal fossa, ?Baker's cyst.

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LEFT:

No evidence of reflux in the CFV and SFV; normal phasic flow in the CFV.

PopV is moderately incompetent.

SFJ and LSV are grossly incompetent feeding large calibre medial thigh and calf varicosities and anterolateral varicosities.

LSV is relatively straight, within the fascia and large calibre (typically ~7mm) in the thigh.

SPJ is absent.

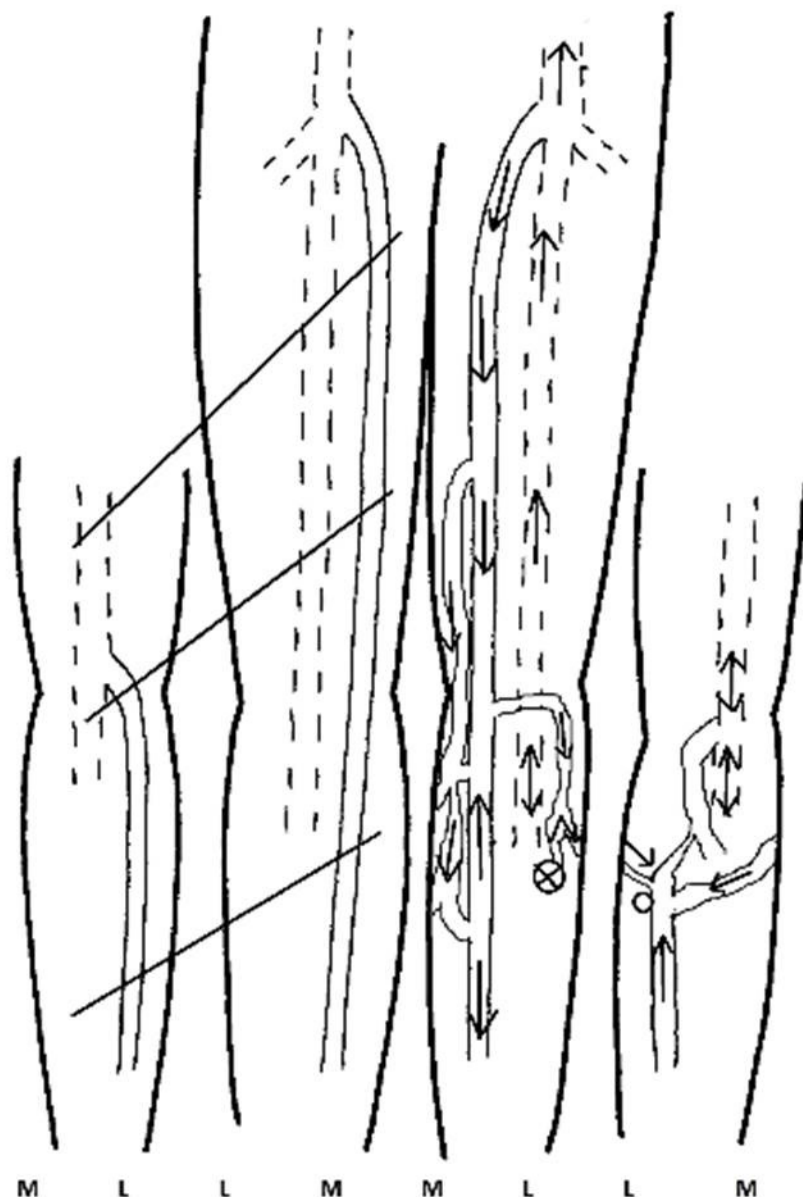
SSV is competent.

There is an incompetent lateral perforator draining into the SSV.

Incidental finding: there is a collection of mixed echogenicity at the medial popliteal fossa measuring ~5.5cm x 2.2cm, ?Baker's cyst.

Scan observed by Matt Slater

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RIGHT:

No evidence of deep or superficial venous incompetence; normal phasic flow in the CFV.

LEFT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV are grossly incompetent feeding medial thigh and calf varicosities.

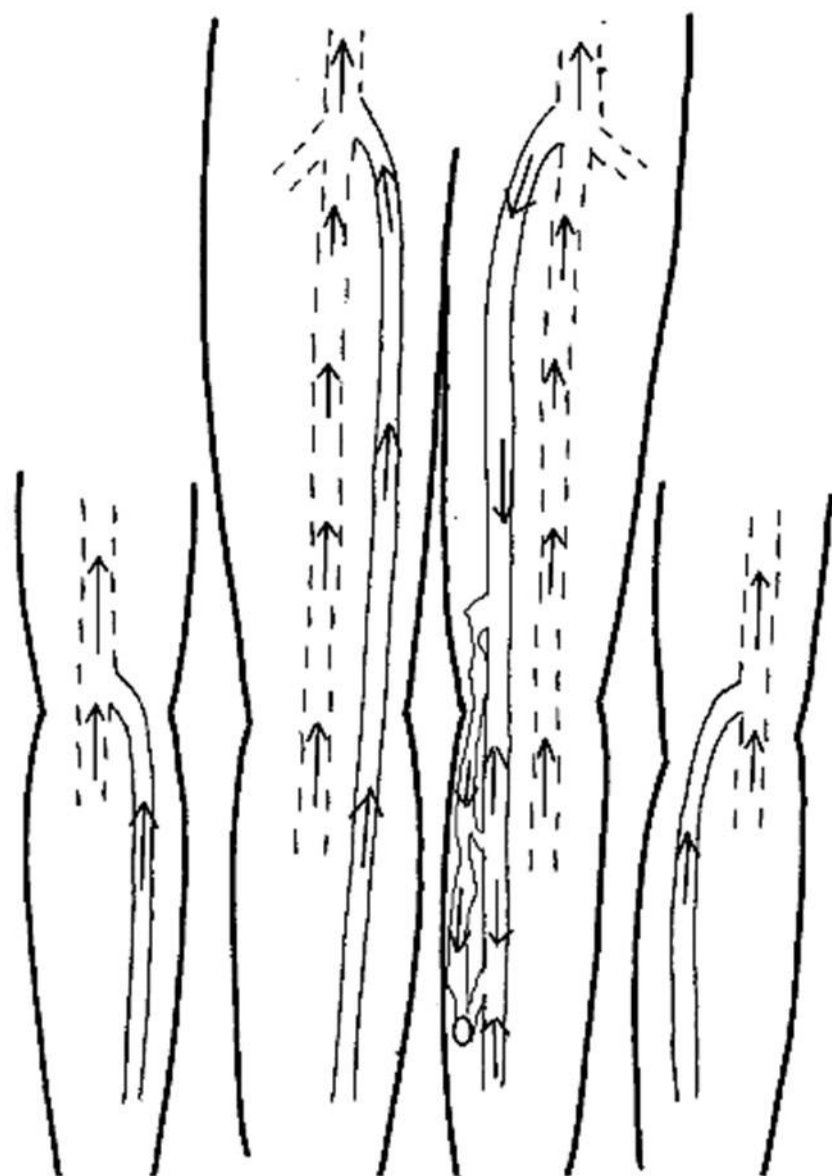
LSV is relatively straight, within the fascia and good calibre in the thigh and proximal calf (typically measuring 4.2mm - 7.1mm in the thigh

2.5mm - 5.2mm in the proximal/mid calf).

Segmental reflux noted in the calf LSV.

SPJ and SSV are competent.

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RIGHT:

No evidence of DVI; normal phasic flow in the CFV.

SFJ and LSV are competent in the thigh.

LSV is absent in the calf (patient reports previous foam treatment).

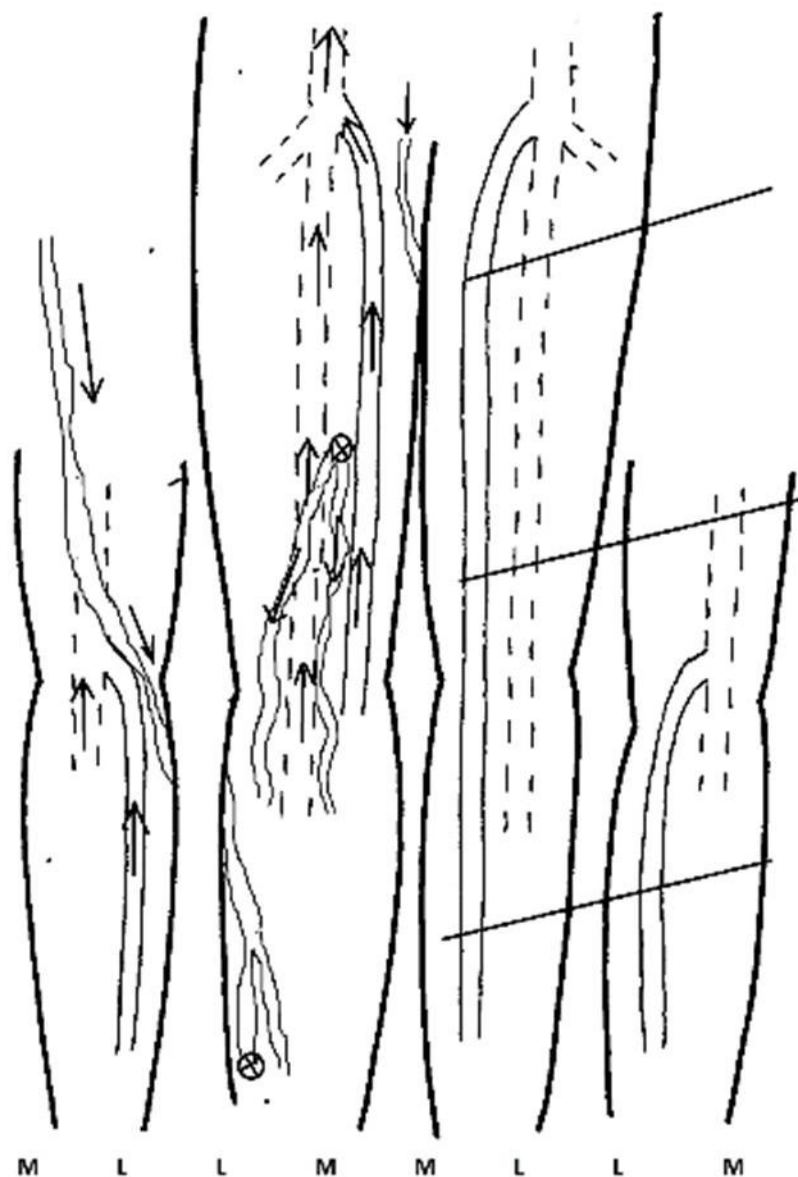
SSV is competent.

An incompetent medial thigh perforator is draining into medial and anterior thigh/calf varicosities.

There is a grossly incompetent varicosity with pelvic source tracking over the posterior thigh and lateral calf.

There is an incompetent lateral perforator just above ankle level.

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RIGHT:

No evidence of DVI; normal phasic flow in the CFV.

SFJ and LSV are grossly incompetent draining into medial thigh and calf varicosities.

LSV is relatively straight, within the fascia and good calibre (typically 8-9mm diameter in the thigh and ~4mm in the calf). Mild scarring noted in the LSV in the proximal thigh and a medial/posterior calf varicosity.

ATV is grossly incompetent draining into anterior varicosities. ATV is relatively straight, good calibre (~6mm diameter) and within the fascia for ~12cm below the groin crease. Scarring noted in the ATV in the proximal thigh and associated varicosities.

Competent common PopV/Gastrocnemius/SSV junction and SSV in the proximal calf. SSV in the distal calf is grossly incompetent.

LEFT:

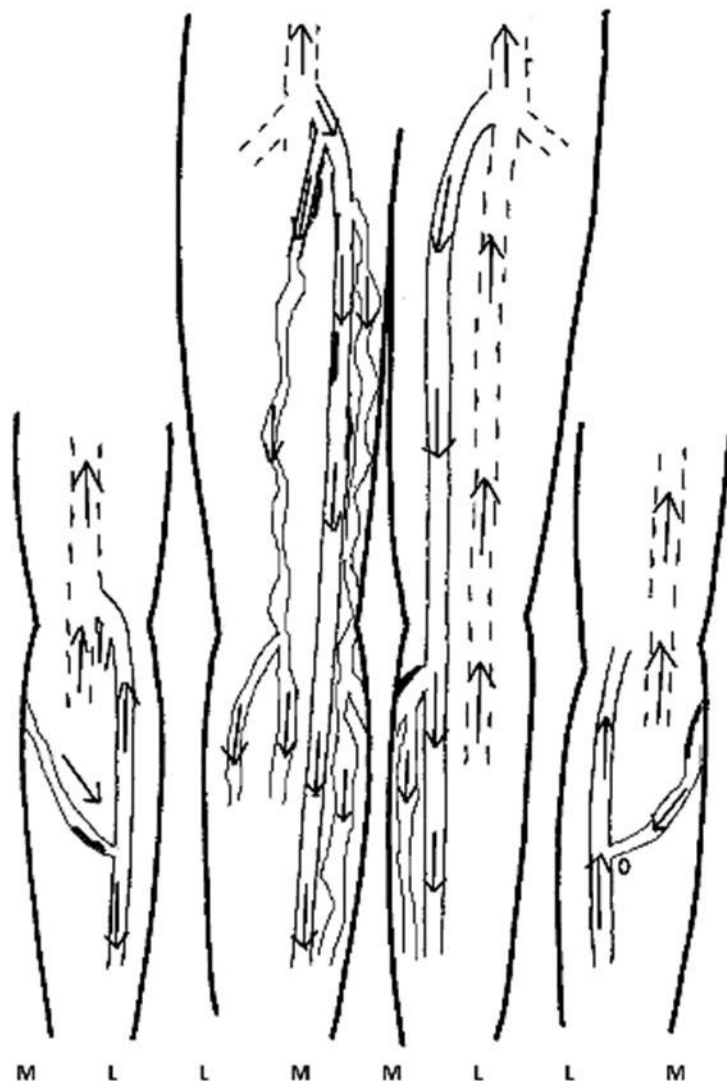
No evidence of DVI; normal phasic flow in the CFV.

SFJ and LSV are grossly incompetent draining into medial calf varicosities.

LSV is relatively straight, within the fascia and good calibre (typically ~8mm diameter in the thigh and ~3mm in the calf). Mild scarring noted in medial calf varicosities.

SPJ is absent.

SSV is competent.



LEFT:

No evidence of DVI; normal phasic flow in the CFV.

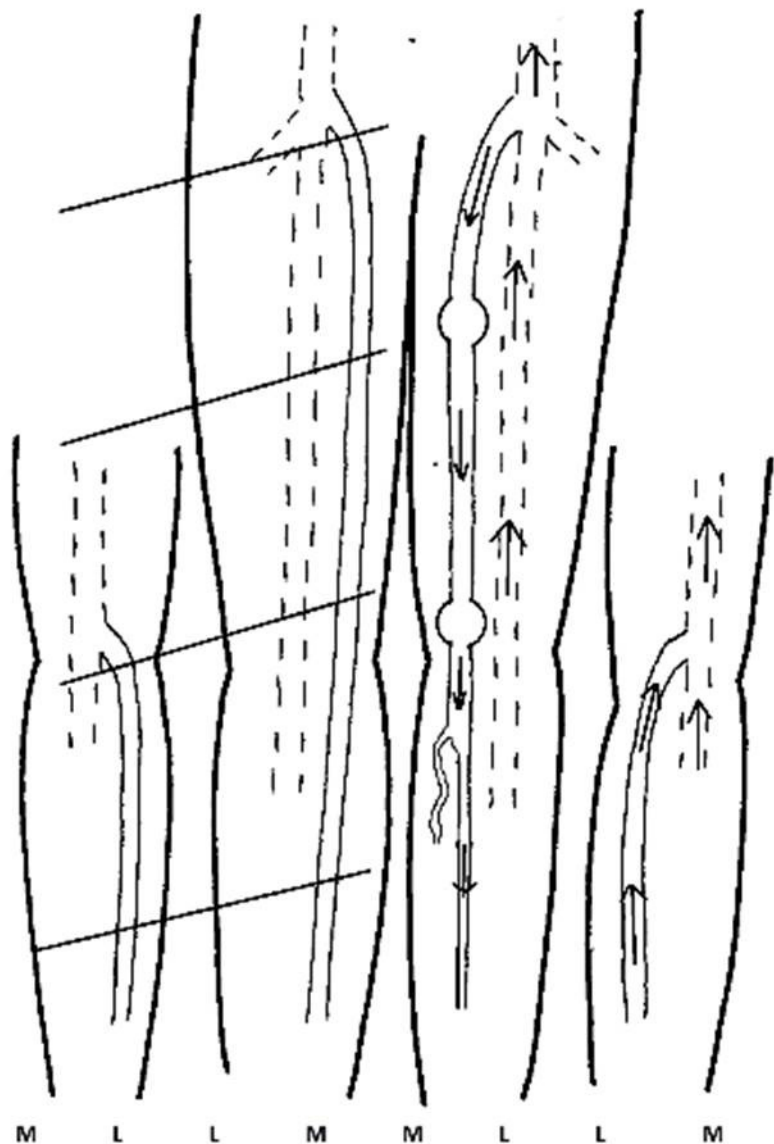
SFJ and LSV are grossly incompetent feeding small calibre medial calf varicosities.

LSV is relatively straight, within the fascia and good calibre (typically ~5-6mm diameter) in the thigh (crossed the fascia just below knee level).

Two LSV dilations noted in the thigh measuring ~13mm diameter.

SPJ and SSV are competent.

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RIGHT:

CFV and SFV are competent; normal phasic flow in the CFV.

Moderate reflux noted in one of the bifid PopV.

SFJ and LSV in the thigh are grossly incompetent, draining into medial calf varicosities.

LSV is relatively straight, within the fascia and good calibre (typically 5.4mm - 6.5mm, dilation measuring 14.0mm noted at the mid thigh).

Calf LVS is competent.

SPJ is absent.

SSV in the proximal and mid calf is competent.

SSV in the distal calf is significantly incompetent.

LEFT:

No evidence of DVI; normal phasic flow in the CFV.

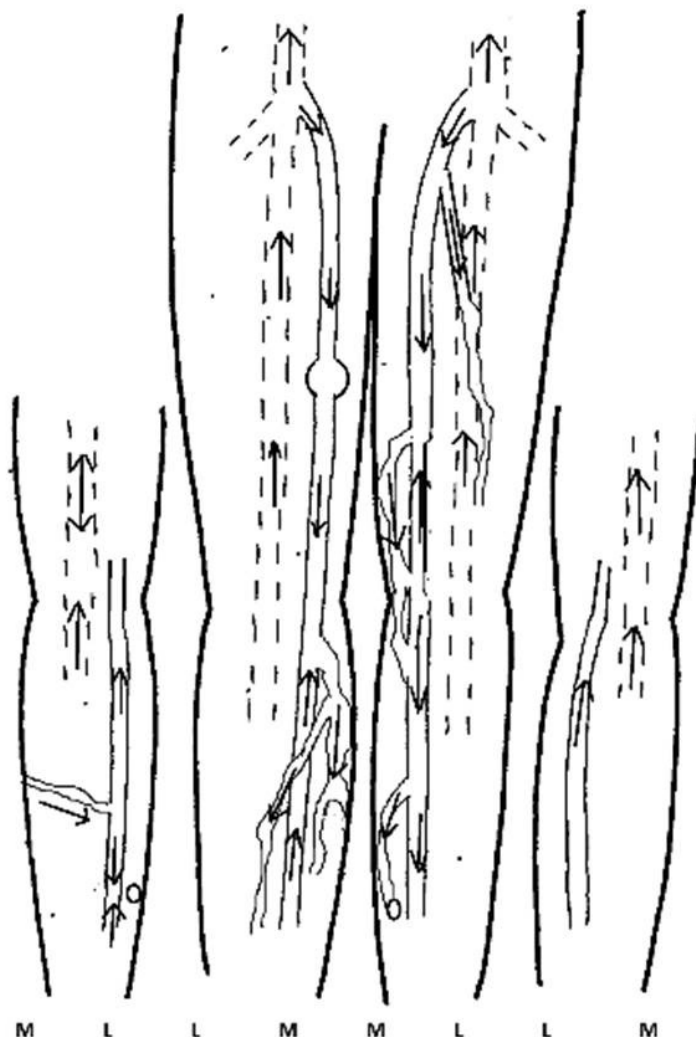
SFJ and LSV are grossly incompetent, draining into medial thigh and calf varicosities.

LSV is relatively straight, within the fascia and generally good calibre (typically measuring 3.9 mm - 5.1 mm in the thigh, distal thigh segment 2.8mm diameter noted).

ATV is grossly incompetent draining into anterior thigh varicosities. ATV typically measures ~3mm in diameter, is relatively and within the fascia for ~10cm below the groin crease.

SPJ is absent.

SSV is competent.



RIGHT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV in the thigh are competent.

A small calibre incompetent medial tributary drains into the proximal calf LSV resulting in low velocity prolonged reflux.

No obvious incompetent perforator.

Common SSV/Gastrocnemius/PopV junction and SSV in the proximal calf are competent.

Low velocity prolonged reflux detected in the mid and distal calf SSV.

SSV is relatively straight, within the fascia and good calibre (typically ~3.0cm) in the proximal/mid calf, branched distally.

LEFT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV in the thigh are competent.

A small calibre incompetent medial tributary drains into the proximal calf LSV resulting in gross reflux.

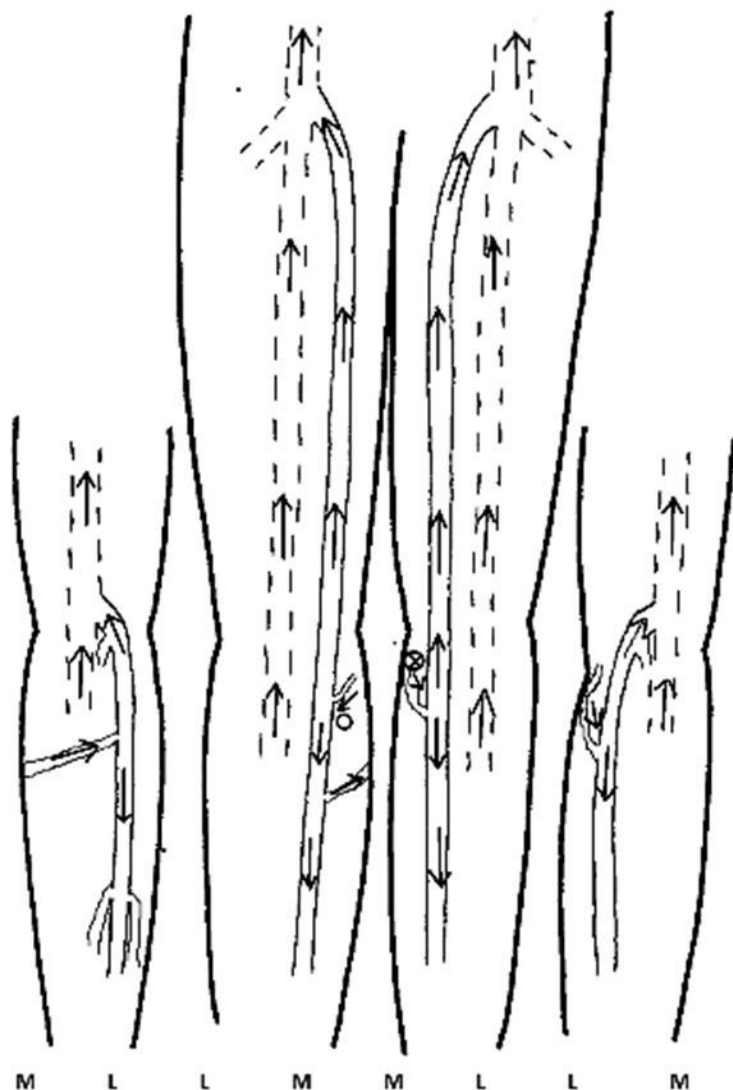
No obvious incompetent perforator.

Common SSV/Gastrocnemius/PopV junction and SSV in the proximal calf are competent.

A small calibre incompetent lateral tributary drains into the proximal calf LSV resulting in gross reflux.

No obvious incompetent perforator.

SSV is relatively straight, within the fascia and good calibre (typically ~3.0cm) in the proximal/mid calf, small calibre distally.



Scan performed with Matt Slater

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LEFT:

No evidence of deep venous incompetence or DVT; normal phasic flow in the CFV.

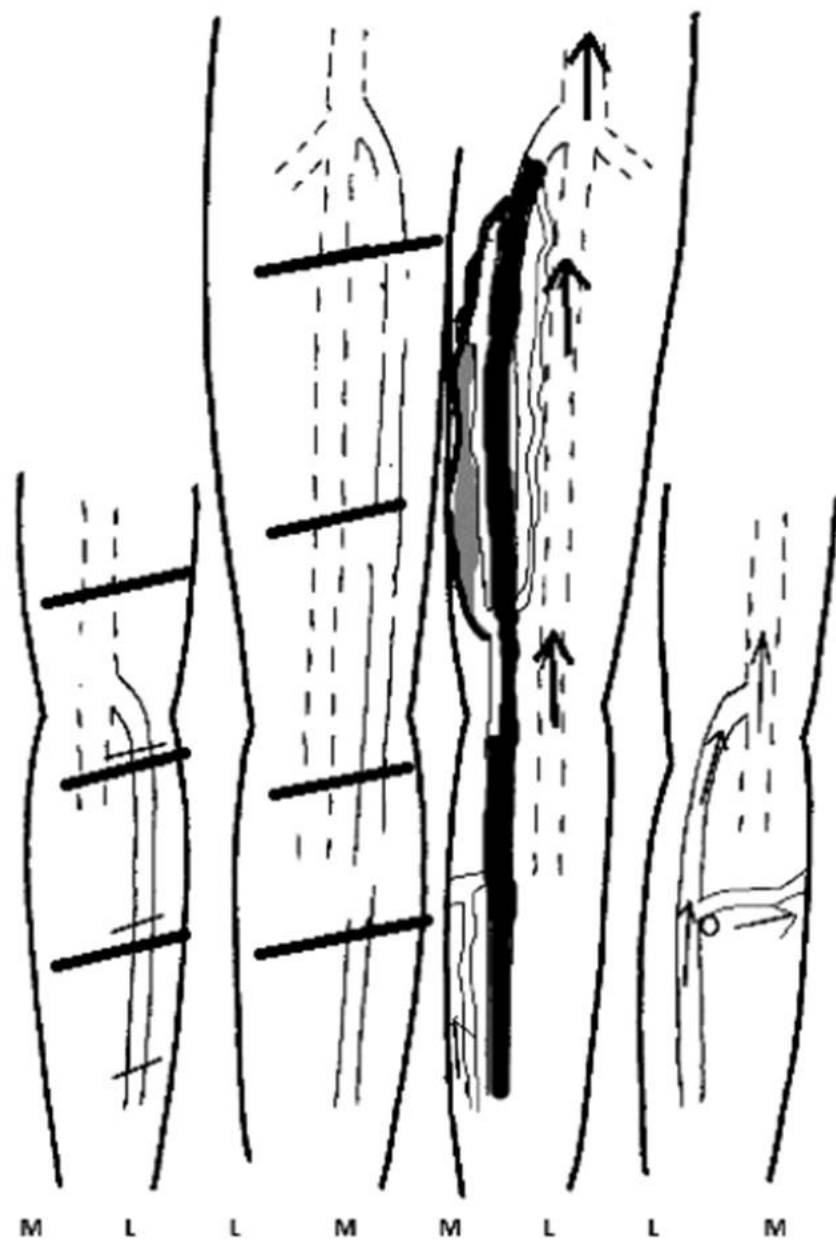
LSV is mostly occluded post-RF ablation (04/01/2019).

There is a small patent segment at the knee level.

A medial thigh tributary has chronic occlusive thrombus in the proximal thigh and acute occlusive/non-occlusive thrombus in the mid/distal thigh.

SPJ and SSV are competent.

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RIGHT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV in the proximal thigh are grossly incompetent feeding small calibre medial thigh and calf tributaries.

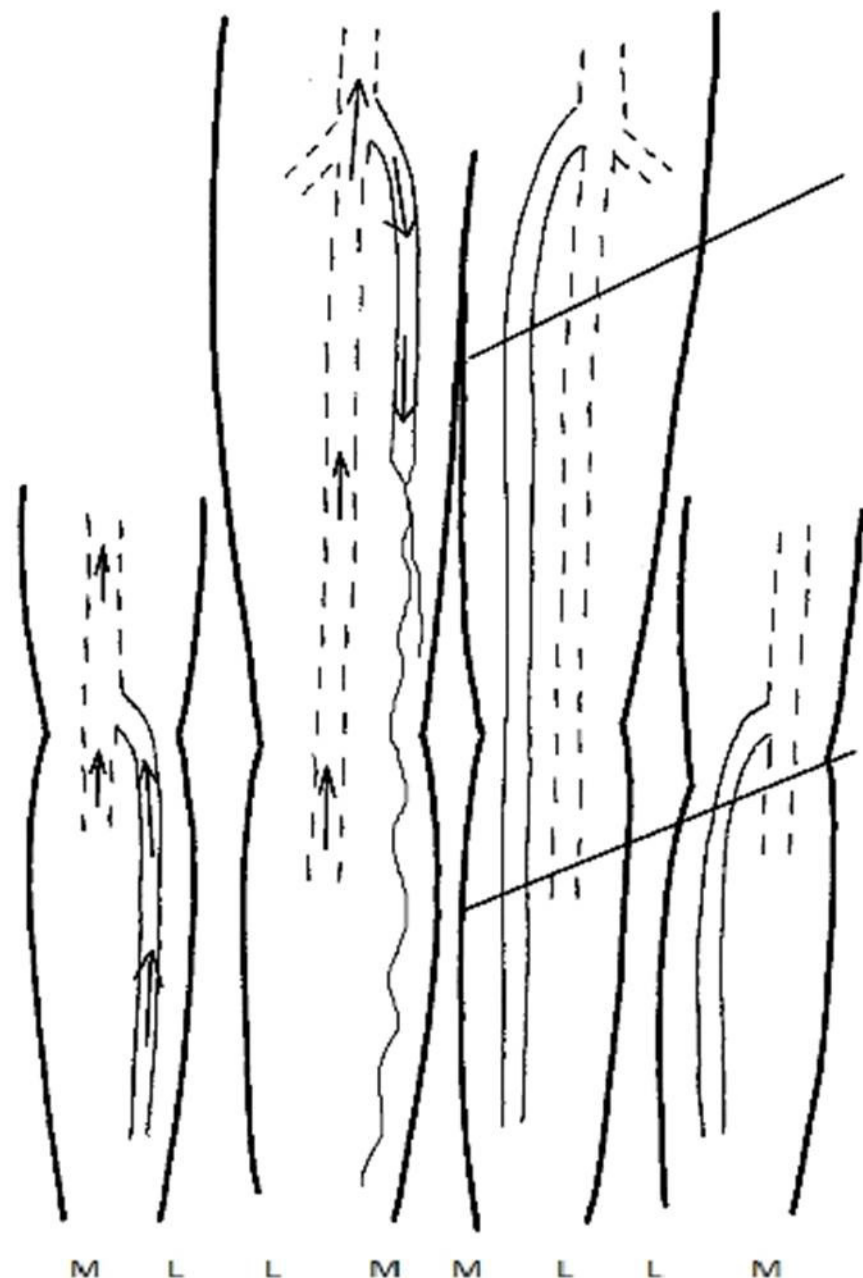
LSV is relatively straight, good calibre (typically ~3.2mm diameter) and within the fascia for 15-20cm below the groin crease.

LSV is absent in the distal thigh and calf (previous treatment noted).

SPJ and SSV are competent.

Please also see right lower limb arterial report (12/02/2019).

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RIGHT:

CFV is moderately incompetent; normal phasic flow.
No evidence of incompetence in the bifid SFV and bifid PopV.

SFJ and LSV are grossly incompetent feeding large calibre medial varicosities.

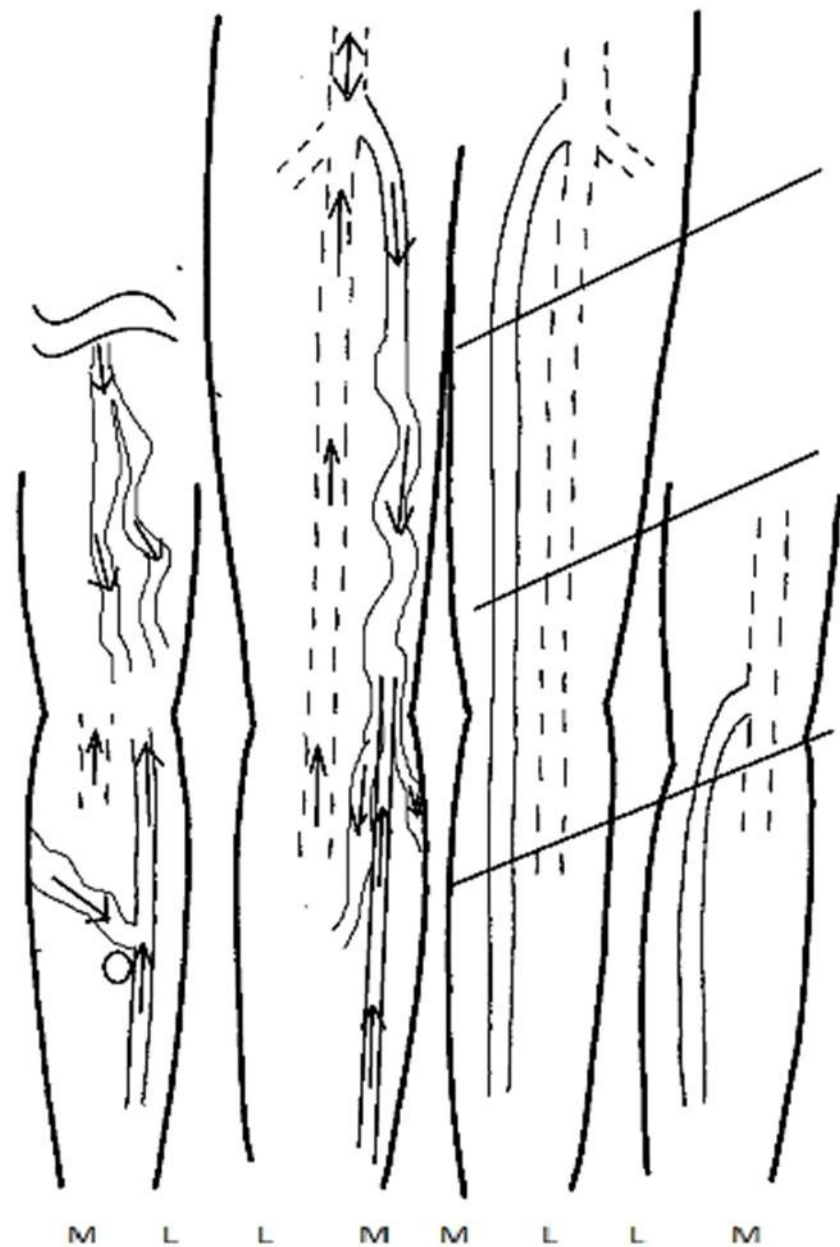
LSV is relatively straight, large calibre (typically ~9mm diameter) and within the fascial for ~10cm below the groin crease.

SPJ is absent.

SSV is competent.

Significantly incompetent posterior thigh varicosities noted, unable to identify the source due to poor patient stability/mobility.

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IVC is patent.

RIGHT:

Chronic non-occlusive thrombus in the CIV.

There is extensive chronic thrombus in the EIV, small patent channel noted.

CFV is patent with non-phasic flow (responsive to the Valsalva manoeuvre); lateral collateral vein noted with chronic non-occlusive thrombus/scarring.

PFV is patent, scarring noted.

Non-occlusive/occlusive thrombus throughout the small calibre SFV. Small calibre collateral veins noted in the proximal thigh.

Non-occlusive thrombus/scarring noted in the PopV.

Calf deep veins not scanned.

Non-occlusive thrombus throughout the LSV in the thigh.

SSV is significantly incompetent; no evidence of thrombus/scarring.

LEFT:

Iliac veins not scanned.

CFV is patent with normal phasic flow.

PFV is patent.

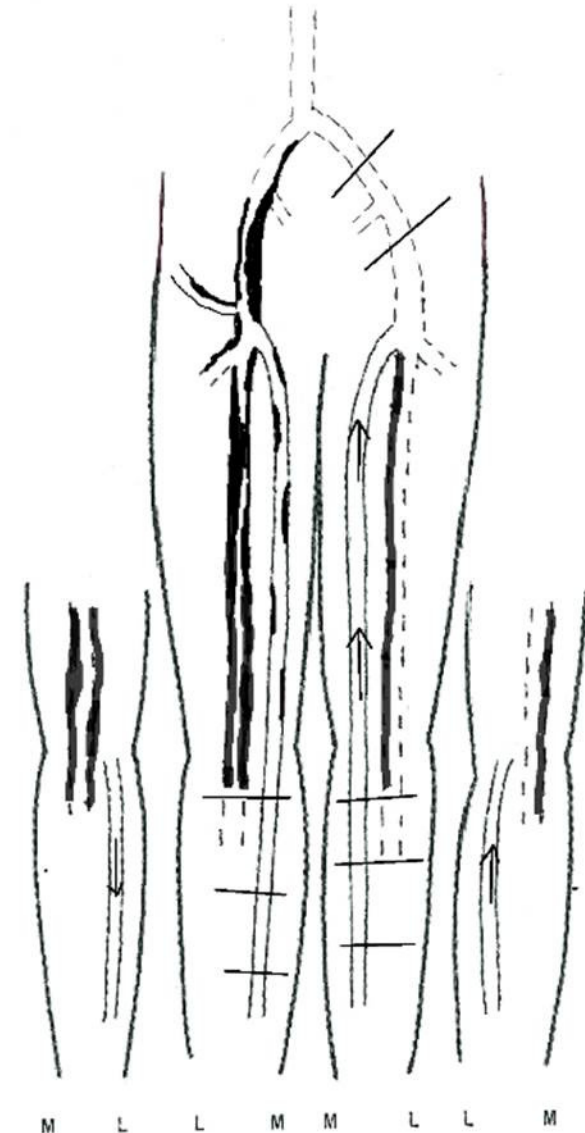
There is chronic non-occlusive thrombus/scarring in the SFV and PopV, small calibre SFV noted.

Calf deep veins not scanned.

LSV and SSV are competent, no evidence of thrombus/scarring.

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Scan performed with Matt Slater



RIGHT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV are competent.

SPJ and SSV are competent.

There is an incompetent lateral mid thigh perforator draining into small calibre, grossly incompetent lateral tributaries. Chronic non-occlusive thrombus measuring 1-2cm in length noted in a posterolateral varicosity at the level of the knee crease.

There is an incompetent anterior proximal calf perforator draining into small calibre, grossly incompetent anterior tributaries.

LEFT:

No evidence of deep venous incompetence; normal phasic flow in the CFV.

SFJ and LSV are competent.

SPJ and SSV are competent.

Grossly incompetent small calibre tributaries with pelvic source are draining into small calibre grossly incompetent medial thigh and medial/anterior calf tributaries.

There is an incompetent lateral thigh tributary, however unable to determine the source due to very small calibre. Chronic non-occlusive thrombus measuring 1-2cm in length noted in a posterolateral varicosity at the level of the knee crease.

