

Vascular lab report

Assessed by: Emily Blake (CVS)

Name: [REDACTED] Hospital No: [REDACTED] Date of Exams: 05/04/2019

DOB: [REDACTED] NHS No: [REDACTED] Ip/Op: OP

Referrer: [REDACTED] Hospital Site: UHL

Clinical Indications: varicose veins. right leg worse, calf vein incompetence.

Lower Limb – Venous Insufficiency scan [Both] –

Anterior view

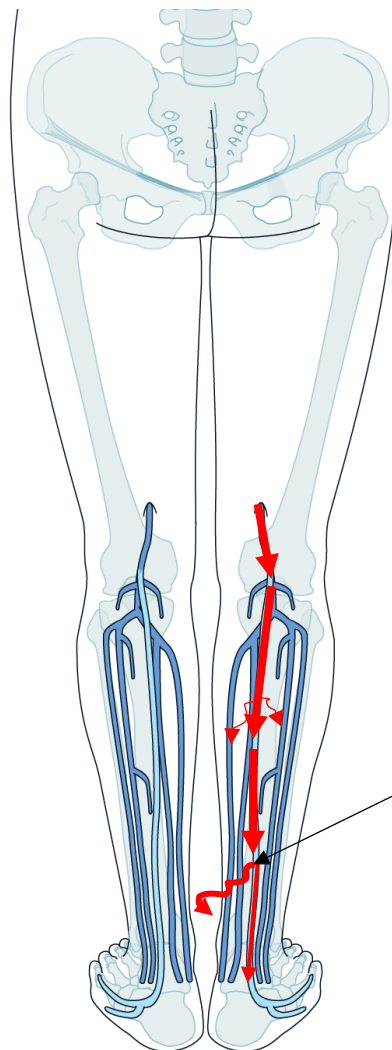
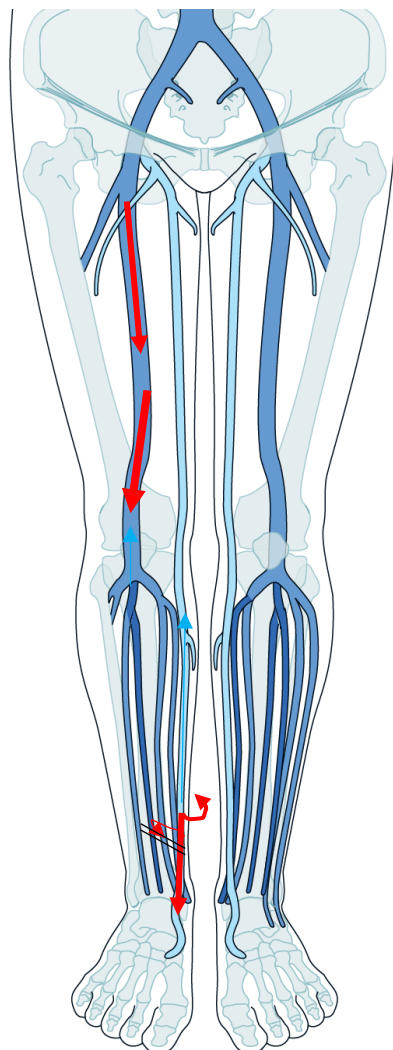
Posterior view

**SPJ / SSV incompetent
(contributing to distal Calf
GSV incompetence).**

Calf GSV diameter:
GSV dist. = 6.2mm

SSV diameter:
SSV prox. = 7.6mm
SSV mid = 6.6mm
SSV dist. = 4.2mm

Significant FV / POPV reflux
(>2cm/sec)



Arrow down and red
colour denotes reflux



Competent
superficial vein



Competent
deep vein



Deep vein
scarring

Report:**Right Leg:**

SFJ, thigh and proximal to mid-calf GSV are patent and competent.

SPJ and SSV are patent but incompetent; reflux is draining into the associated VVs. The largest VV exiting distally is coursing onto the medial calf refluxing into the distal calf GSV and associated competent PTV perforator.

FV and proximal POPV are patent but incompetent (2cm/sec); reflux is draining out through the SPJ. Distal POPV and calf veins are patent and competent. No obvious deep vein scarring to note.

One of the soleal veins in the proximal calf contains a 3-4cm length of chronic partially occlusive DVT / scarring. This vein joins the confluence with one of the peroneal veins.

No incompetent perforators.

Left leg:

Patent and competent SFJ, GSV SGJ and SSV.

All deep veins are patent and competent.

No incompetent perforators.

Conclusion:

Right leg:

Incompetent FV and Proximal POPV (no obvious scarring to note).

SPJ, SSV and associated SSV VVs are contributing to distal calf GSV incompetence.

Chronic residual DVT/scarring within 1 x soleal vein.

Left leg: No superficial or deep vein incompetence.
