NHS Number: 4\*\*\*\*\*\*\*\*7  
Referring Doctor: DEAN GODFREY ADG  
Report Author: Janine Fletcher   
  
**19B\*\*\*\*\*\*6 12/03/2019 US Doppler lower limb veins Both**   
  
Clinical History: Bilateral venous insufficiency with skin changes. Previous stripping.  
  
**SUMMARY: BILATERAL REVASCULARISATION AT GROIN WITH MEDIAL SUPERFICIAL VEIN REFLUX, GENERALLY TORTUOUS VEINS THOUGH STRAIGHT GSV IN LEFT CALF  
  
\*\*also see diagrams\*\***  
  
RIGHT LEG: The deep veins were patent with no significant reflux.  
  
Revascularisation was observed at groin with significant reflux demonstrated across the SFJ into numerous small veins below groin. These led into a large incompetent medial vein that was tortuous through the thigh. This vein travelled across the anterior lower thigh above knee to feed into lateral calf varicose veins. It also gave off some branches medially that led into a prominent, tortuous vein through the calf that still showed significant reflux.  
  
An incompetent perforator was noted approximately 15cm below the medial femoral condyle joining into medial veins.  
  
The SSV was mainly competent though showed moderate reflux for a short section distally following a medial connection.  
  
Significant oedema was observed throughout the calf.   
  
LEFT LEG: The deep veins were patent. Low-volume reflux was observed in the popliteal vein above knee otherwise the deep veins were competent.  
  
Revascularisation was observed at groin with long trickle reflux demonstrated across the SFJ into some veins below groin. There were also some medial groin veins separate from the SFJ but the source was unclear. A few of the veins from the SFJ travelled down the medial thigh then at mid thigh a large incompetent perforator was seen to feed into these veins (approx. 15cm above the medial femoral condyle). At upper calf these veins joined into a reformed 'GSV' which showed significant reflux was generally a straight vessel.  
  
An incompetent perforator connected into the GSV approximately 14cm below the medial femoral condyle.   
  
The SSV showed moderate reflux proximally with minor reflux across the SPJ. At mid calf the SSV was bifid; both veins were incompetent showing severe reflux then dividing into posterior varicose veins leaving the distal part of the SSV competent.  
  
Significant oedema was observed throughout the calf.   
  
Janine Fletcher - Vascular scientist



