NHS Number: 6\*\*\*\*\*\*\*\*4  
Referring Doctor: DEAN GODFREY ADG  
Report Author: Janine Fletcher   
  
**19B\*\*\*\*\*\*4 10/04/2019 US Doppler lower limb veins Both**  
  
Clinical History: Right lower leg ulceration, bilateral skin changes.  
  
**SUMMARY: BILATERAL SUPERIFCIAL VEIN REFLUX INVOLVING THE GSVs, CALF PERFORATORS AND DISTAL SSVs  
  
\*\*also see diagrams\*\***  
  
RIGHT LEG: The deep veins were patent with no significant reflux.  
  
Minor reflux was shown across the SFJ and into the proximal GSV then following a division around mid thigh there was severe reflux in the GSV. It was a straight vessel throughout (and fairly deep, 26mm) and gave off both medial and anterolateral varicose veins in the calf. An incompetent perforator was identified connecting into the GSV approximately 15cm below the medial femoral condyle. There were also some very isolated segments of old phlebitis in the GSV; at lower thigh, knee level and upper calf.   
  
The SSV was competent proximally then a connection with a medial vein caused moderate reflux through the remainder. It was a straight vessel.  
  
LEFT LEG: The deep veins were patent with no significant reflux.  
  
No significant reflux was demonstrated in the GSV proximally however severe reflux was shown in the GSV following the division of a branch at mid thigh. The GSV was a straight vessel and there were just a few varicose veins from the GSV in the medial calf. Long trickle reflux was demonstrated in the distal GSV. An incompetent perforator was identified joining into GSV approximately 12cm below the medial femoral condyle.   
  
The SSV was competent proximally then a connection with a medial vein caused significant reflux through the remainder. It was a straight vessel.  
  
Janine Fletcher - Vascular scientist



