



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Incompetence

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Incompetent	Widely Patent	Slight Incompetence
Popliteal Vein	Widely Patent	Incompetent	Widely Patent	Incompetent
Posterior Tibial Vein	Widely Patent	Isolated Incompetence	Widely Patent	Isolated Incompetence
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Isolated Incompetence	Widely Patent	Isolated Incompetence
Soleal Vein				
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Not Identified	?surgery	Widely Patent	Incompetent
L Saphenous Vein Above	Not Identified	?surgery	Widely Patent	Competent
L Saphenous Vein Below	Not Identified	?surgery	Widely Patent	Isolated Incompetence
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopiteal Junction	Widely Patent	Incompetent	Widely Patent	Incompetent
S Saphenous Vein	Widely Patent	Incompetent	Widely Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

Iliac veins not viewed, bilaterally. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent with no evidence of previous DVT. Some of the deep veins appear to be incompetent (refer the above table).

All measurements are proximal to the medial malleolus unless otherwise stated.
Diagrams not included due to complexity of the veins.

RIGHT

Sapheno-femoral junction (SFJ) and long saphenous vein (LSV) were not identified ?previous surgery.

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 1:12 pm

Checked by



Patient

NHS No

D.O.B.

Patient Ref

Neo-vascularisation was noted at the groin, with an incompetent anterior thigh vein (ATV) tracking inferiorly from the groin. ATV appears to be linear for its initial ~14cm (AP calibre 0.4cm), becoming superficial and tortuous in the proximal thigh at ~69cm. An incompetent branch of the ATV appears to be tracking inferiorly, to confluence the visible varicosities of the calf, that originate from the SSV.

Sapheno-popliteal junction (SPJ) appears to be incompetent. Short saphenous vein (SSV) is incompetent and tortuous, with numerous incompetent branches leaving the vessel in the proximal-mid calf, forming the visible varicosities of the postero-medial calf. One prominent branch tracks anteriorly, being visible on the prox-mid shin.

LEFT

SFJ appears to be incompetent. LSV appears to be mostly competent, except for a short section at mid calf, where two incompetent perforators were noted at ~33cm and ~22cm. A small vein (AP calibre 0.3cm) on the anterior aspect of the thigh ?ATV is tortuous and appears to be feeding a network of superficial, incompetent veins of the anterior mid thigh.

SPJ is tortuous and appears to be incompetent. SSV is incompetent and is also tortuous, with numerous incompetent branches leaving the vessel in the proximal-mid calf, forming the visible varicosities of the postero-medial calf. SSV becomes very difficult to track in the mid-distal calf.