



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	Slight Incompetence
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein				
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Widely Patent	Incompetent	Widely Patent	Incompetent
L Saphenous Vein Above	re-form	Competent	Widely Patent	Competent
L Saphenous Vein Below	Widely Patent	Competent	Widely Patent	Competent
Vein of Giacomini	Widely Patent	Competent	Widely Patent	Competent
Saphenopopiteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Widely Patent	Competent	Widely Patent	Competent
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 right and left common femoral veins is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency, bilaterally. All visualised deep veins appear widely patent and competent with no evidence of previous DVT, except for the left CFV, which appears to be slightly incompetent.

All measurements are proximal to the medial malleolus unless otherwise stated.

RIGHT

Sapheno-femoral junction (SFJ) is incompetent. Long saphenous vein (LSV) was not identified in the proximal and mid thigh ?surgery. LSV re-forms in the distal thigh (~37cm) and is competent, remaining

Assessed by

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Checked by

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competent thereafter, distally.

An incompetent anterior thigh vein (ATV) is linear and intra-fascial for its initial ~11cm (AP calibre 0.8cm). ATV becomes superficial and tortuous in the proximal thigh (~61cm), forming the visible varicosities of anterior thigh and postero-medial calf.

The medial calf varicosities are also supplied by an incompetent medial mid calf perforator at ~15cm.

Sapheno-popliteal junction (SPJ) was not identified. Short saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

LEFT

Sapheno-femoral junction (SFJ) is incompetent. Long saphenous vein (LSV) appears to be competent throughout its length, being very difficult to track at the knee level ?very small calibre and superficial.

At the groin, a very large, palpable varix (AP 2.5cm x ML 2.5cm) appears to connect the incompetent SFJ with an incompetent ATV. ATV is linear and intra-fascial for its initial ~8cm (AP calibre 0.8cm). At ~58cm, ATV becomes superficial, but remains relatively linear to ~51cm (~20cm linear in total). ATV is tortuous in the mid thigh, distal to ~51cm, forming the visible varicosities of anterior thigh and postero-medial calf.

SPJ was not identified, with the competent SSV draining into the medial gastrocnemius veins, as well as, the competent vein of Giacomini.

