



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
Profunda Vein			Widely Patent	
Superficial Femoral Vein			Widely Patent	
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	
Anterior Tibial Vein			Widely Patent	
Peroneal Vein			Widely Patent	
Soleal Vein				
Gastrocnemius			Widely Patent	
Superficial Veins				
Saphenofemoral Junction			Patent	Competent
L Saphenous Vein Above			see notes	
L Saphenous Vein Below			see notes	
Vein of Giacomini			Widely Patent	Competent
Saphenopopiteal Junction			Not Identified	
S Saphenous Vein			Widely Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

## Notes

### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All deep veins appear widely patent and with no evidence of DVT at this time.

Sapheno-femoral junction (SFJ) appears patent and competent. Long saphenous vein (LSV) was not identified, with neo-vascularisation noted at the groin ?surgery. Incompetent branches track inferiorly off the neo-vascularisation to form the visible varicosities on the medial and posterior aspect of the limb. Two incompetent perforators were noted in the mid thigh and distal calf, both appearing to supply the visible varicosities.

Diagram omitted due to complexity of the veins.

Sapheno-popliteal junction (SPJ) was not identified. Short saphenous vein (SSV) is competent and is

Assessed by Lukasz Koprowski

Printed on 08/06/2019 at 1:21 pm

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continuous with a competent vein of Giacomini.