



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

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				
Superficial Femoral Vein				
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein				
Anterior Tibial Vein				
Peroneal Vein				
Soleal Vein				
Gastrocnemius				
Superficial Veins				
Saphenofemoral Junction	Widely Patent	Competent		
L Saphenous Vein Above	Widely Patent	Isolated Incompetence		
L Saphenous Vein Below	Widely Patent	Competent		
Vein of Giacomini	Not Identified			
Saphenopopiteal Junction	Widely Patent	Competent		
S Saphenous Vein	Widely Patent	Competent		

Evidence of D.V.T.

Above the knee

No

Popliteal

No

Below the knee

Notes**RIGHT 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. Common femoral and popliteal veins are widely patent and competent with no evidence of DVT.

Sapheno-femoral junction (SFJ), proximal long saphenous vein (LSV) and proximal anterior thigh vein (ATV) all appear to be competent. ATV branches in the proximal thigh, which become incompetent just distal to their origin ?incompetent valve site. One of the incompetent branches tracks medially to confluence the LSV at mid thigh, rendering the linear LSV incompetent within the mid and distal thigh. Two incompetent branches leave the LSV in the proximal calf to form the varicosities of the medial, anterior and lateral calf. LSV becomes competent distal to those branches.

An incompetent mid, medial calf perforator also appears to be supplying the medial calf varicosities.

Assessed by

Lukasz Koprowski

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Checked by



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Transverse (AP) dimensions of LSV: mid-distal thigh 0.5cm.

Sapheno-popliteal junction (SPJ) and short saphenous vein (SSV) appear to be competent.

