



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

Incompetence

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
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	Widely Patent	Competent		
Saphenopopliteal Junction	Not Identified			
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) is incompetent. Long saphenous vein (LSV) is incompetent and linear down to mid thigh. Incompetent branch leaves the LSV in the mid thigh and forms the visible varicosities of the medial, anterior and lateral calf. Distal to this branch the LSV is competent.

Transverse (AP) dimensions of LSV: prox-mid thigh 0.9cm.

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

Assessed by

Lukasz Koprowski

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Checked by



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