



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	Incompetent
L Saphenous Vein Above			Widely Patent	Isolated Incompetence
L Saphenous Vein Below			Widely Patent	Isolated Incompetence
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**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. 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 branches leave the LSV in the mid thigh and forms the visible varicosities of the medial and posterior thigh. The LSV is competent distal to the afore mentioned branches, with the exception of the short section at the knee level (see diagram).

An incompetent perforator was noted in the mid-lateral thigh, forming the visible varicosities of the lateral thigh. The tributaries run inferiorly and confluence the visible varicosities originating from the LSV in the

Assessed by Lukasz Koprowski

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Checked by



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posterior, proximal calf.

Transverse (AP) dimensions of LSV: proximal thigh 0.67cm, mid thigh 0.62cm, knee level 0.37cm.

Sapheno-popliteal junction (SPJ) and short saphenous vein (SSV) are competent.

