



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Superficial thrombophlebitis, Poor images, patient habitus, Incompetence, Oedema

	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	Competent
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	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein				
Gastrocnemius	Widely Patent	Competent	Widely Patent	Incompetent (lateral)
Superficial Veins				
Saphenofemoral Junction	see notes		Widely Patent	Competent
L Saphenous Vein Above	Areas of Thrombus	Mixed Thrombus (incomp)	Widely Patent	Competent
L Saphenous Vein Below	Areas of Thrombus	Mixed Thromb (iso incomp)	Widely Patent	Competent
Vein of Giacomini	Not Identified		Widely Patent	Competent
Saphenopopiteal Junction	Widely Patent	Incompetent	Not Identified	
S Saphenous Vein	Widely Patent	Isolated Incompetence	Widely Patent	Isolated Incompetence
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**

Difficult assessment due to patient's limited mobility / inability to remain standing for the duration of the examination.

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 visualised deep veins appear widely patent and competent with no evidence of previous DVT, except for the left lateral set of gastrocnemius veins, which appear to be incompetent.

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

RIGHT

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 12:55 pm

Checked by



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H/O varicose vein surgery. Difficult to identify sapheno-femoral junction (SFJ), however, an incompetent tortuous branch of neo-vascularisation ?SFJ, leaves the common femoral vein in the groin, supplies the neo-vascularisation. The neo-vascularisation supplies an incompetent anterior thigh vein (ATV) which is linear for its initial ~17cm. The incompetent tributaries of the ATV track infero-laterally and supply the visible varicosities of the antero-lateral thigh / lateral calf.

The neo-vascularisation also supplies an incompetent long saphenous vein (LSV), which is linear for ~11cm in the prox-mid thigh. Areas of non-occlusive, superficial thrombophlebitis noted in the LSV within the thigh. Two prominent, incompetent branches leave LSV in the proximal calf (~31cm) to form the postero-medial varicosities of the calf. An incompetent perforator was noted in the prox-mid calf (~26cm), distal to which, the LSV appears to be competent, although it does contain areas of minimal, non-occlusive, superficial thrombophlebitis.

Sapheno-popliteal junction (SPJ) appears to be incompetent, with the short saphenous vein (SSV) also being incompetent and relatively linear down to mid calf. Two prominent, incompetent branches leave SSV in the proximal (~33cm) and mid calf (~20cm) to confluence the postero-medial varicosities of the calf. Distal to the branch at ~20cm, the SSV appears to be competent.

Transverse (AP) dimensions of LSV: Proximal / mid thigh 0.8cm, distal thigh / proximal calf 0.6cm.

Transverse (AP) dimensions of ATV: Proximal / mid thigh 0.7cm.

Transverse (AP) dimensions of SSV: Proximal / mid calf 1.1cm, mid / distal calf 0.6cm.

LEFT

SFJ and LSV appear to be competent throughout, however the LSV is of a relatively large calibre ?findings due to patient's positioning. LSV appears to be relatively linear within the thigh.

Neo-vascularisation noted at the groin ?previous surgery. An incompetent perforator connects the neo-vascularisation with a cluster of varicose veins on the anterior aspect of the proximal thigh, via a short, incompetent ATV. A large, incompetent branch conflues the LSV with the varicose vein cluster in the prox-mid thigh (~58cm).

Two prominent, incompetent branches leave LSV in the proximal calf (~30cm) and mid calf (~14cm) to form the postero-medial and minimal anterior varicosities of the calf.

Distal to the branch at ~14cm, the LSV appears to be competent.

SPJ was not identified. An incompetent set of lateral gastrocnemius veins appears to be supplying the incompetent, relatively linear SSV. Numerous incompetent branches leave the SSV to confluence the visible varicosities of the postero-medial calf. SSV becomes competent distal to the most inferior branch at ~18cm (mid calf).

Transverse (AP) dimensions of LSV: Proximal / mid thigh 0.6cm, distal thigh / proximal calf 0.6cm.

Transverse (AP) dimensions of ATV: Proximal thigh 0.7cm.

Transverse (AP) dimensions of SSV: Proximal / mid calf 0.8cm.



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