

**Reason** Varicose vein  
**Outcome** DVT positive

<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Competency</b>
Common Iliac Vein			
External Iliac Vein			
Internal Iliac Vein			
Common Femoral Vein		Widely Patent	Slight Incompetence
Profunda Vein		Widely Patent	Slight Incompetence
Superficial Femoral Vein		Widely Patent	Slight Incompetence
Popliteal Vein		Areas of Thrombus	Mixed Thrombus
Posterior Tibial Vein		Patent	Competent
Anterior Tibial Vein		Patent	Competent
Peroneal Vein		Patent	Competent
Soleal Vein		Not Identified	
Gastrocnemius		Areas of Thrombus	Mixed Thrombus
<b>Superficial Veins</b>			
Saphenofemoral Junction		Patent	Competent
L Saphenous Vein Above		Not Identified	
L Saphenous Vein Below		Patent	Competent
Vein of Giacomini		Not Identified	
Saphenopopiteal Junction		Not Identified	
S Saphenous Vein		Patent	Competent
<b>Evidence of D.V.T.</b>			
Above the knee		No	
Popliteal		Yes	Mixed
Below the knee		Yes	Mixed

## Notes

### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. The common femoral, profunda and superficial femoral veins appear widely patent and slightly incompetent. Mixed, non-occlusive thrombus identified in the popliteal and Gastrocnemius veins. All visualised deep. Calf veins appear patent and competent with no evidence of previous DVT.

SFJ is competent.

LSV not identified in the thigh (previous RFA).

LSV reforms in the proximal calf and is occluded until the mid calf - LSV is competent in the mid-distal calf.

Assessed by Rachel Johnson

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Checked by

SPJ was not identified (previous RFA).  
Competent SSV reforms in the mid calf.