

Reason Varicose vein
Outcome Incompetence

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

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. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

SFJ is incompetent.

LSV is incompetent in the proximal thigh until ~68cm MM, where a large, incompetent branch was identified forming visible anterior thigh, knee and calf varicosities distally.

LSV is competent distal to this branch.

Transverse (AP) dimensions of LSV: Proximal thigh - 0.54cm, Mid thigh - 0.37cm, Distal thigh - 0.37cm,

Assessed by Rachel Johnson

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Checked by

Proximal calf - 0.3cm, Mid calf - 0.31cm, Distal calf - 0.33cm

SPJ was not identified.

SSV is competent and is continuous with a competent vein of Giacomini.

