

Reason Varicose vein
Outcome Incompetence, Superficial thrombophlebitis

	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	Incompetent	Patent	Isolated Incompetence
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent		Patent	
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Incompetent
L Saphenous Vein Above	Patent	Incompetent	Patent	Incompetent
L Saphenous Vein Below	Patent	Incompetent	Patent	Incompetent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopliteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	Areas of Thrombus	Old Thrombus
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

RIGHT

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, proximal to and including the popliteal vein appear widely patent and competent with no evidence of previous DVT. Calf veins were difficult to visualise due to depth and oedema. 1x posterior tibial vein appears patent and incompetent.

SFJ is competent.

LSV is competent in the proximal thigh until ~61cm MM, where an incompetent perforator was identified. LSV is then incompetent until the mid calf, with incompetent branches noted at ~39cm and 30cm MM,

Assessed by Rachel Johnson

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Checked by

forming medial and anterior calf varicosities.
Incompetent perforator noted at ~30cm MM.
LSV is then competent distally.

Transverse (AP) dimensions of LSV: Proximal thigh - 0.3cm, Mid thigh - 0.39cm, Distal thigh - 0.5cm, Proximal calf - 0.46cm, Mid calf - 0.36cm, Distal calf - 0.28cm.

SPJ is patent and competent.
SSV is competent (measuring ~0.34cm AP).

LEFT

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, proximal to and including the popliteal vein appear widely patent and competent with no evidence of previous DVT. Calf veins were difficult to visualise due to depth and oedema. Isolated incompetence noted in 1x posterior tibial vein.

SFJ is incompetent.
LSV is incompetent throughout and is superficial and tortuous in the proximal thigh until the mid calf. Incompetent branches noted at ~62cm, 40cm and 29cm MM, forming medial calf varicosities. Incompetent perforator noted at ~24cm MM. Distal LSV not identified in the distal calf due to dressing.

Transverse (AP) dimensions of LSV: Proximal thigh - 0.71cm, Mid thigh - 0.63cm, Distal thigh - 0.66cm, Proximal calf - 0.60cm, Mid calf - 0.46cm.

SPJ is patent and competent.
Small areas of old superficial thrombophlebitis identified in the mid SSV (measuring ~0.3cm AP).



