

Reason Varicose vein
Outcome Superficial thrombophlebitis, Incompetence

	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	Not Identified		Not Identified	
Gastrocnemius	Patent		Patent	
Superficial Veins				
Saphenofemoral Junction	Not Identified			
L Saphenous Vein Above	Not Identified		Not Identified	
L Saphenous Vein Below	Not Identified		Patent	Isolated Incompetence
Vein of Giacomini	Patent	Competent	Not Identified	
Saphenopopiteal Junction	Patent	Incompetent	Areas of Thrombus	Old Thrombus
S Saphenous Vein	Areas of Thrombus	Fresh Thrombus	Not Assessed	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

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 swelling and depth, but appears patent with reasonable colour filling.

SFJ and LSV not identified ?due to previous surgery.

Small, incompetent branch identified in the proximal thigh (~76cm MM) ?source, goes on to form superficial medial thigh and calf varicosities distally.

Assessed by Rachel Johnson

Printed on 18/06/2019 at 11:17 am

Checked by _____

Incompetent perforator noted in the calf at ~16cm MM.

Vein of Giacomini is patent and competent. SPJ is patent and incompetent. Non-occlusive, fresh thrombus identified along the length of the SSV.

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 swelling and depth, but appears patent with reasonable colour filling.

SFJ and LSV in the thigh not identified ?due to previous surgery.

Small, incompetent branch can be tracked proximally ?source.

Small, incompetent branch identified in the proximal thigh (~79cm MM) ?source, goes on to form visible medial thigh and calf varicosities distally.

An incompetent LSV reforms via an incompetent branch in the proximal calf at ~44cm MM. Incompetent branch noted at ~37cm MM, the LSV is then competent distally.

Transverse (AP) dimensions of LSV: Proximal calf - 0.2cm, Mid calf - 0.35cm, Distal calf - 0.43cm

SPJ is tortuous and incompetent with areas of old thrombus identified. The proximal SSV is incompetent until ~32cm MM, where an incompetent branch was identified, forming medial calf varicosities. The SSV is then competent distally.

Transverse (AP) dimensions of SSV: Proximal calf - 0.7cm, Mid calf - 0.46cm, Distal calf - 0.35cm



