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| Vascular lab report | Assessed by: Daniel Sims CVS | |
| Name: MATHIYALAKAN, SIVASUBRAMANIYAM | Hospital No: 401306039 | Date of Exams: 25/06/2019 |
| DOB: 07/06/1971 | NHS No: 6363317851 | Ip/Op: IP |
| Referrer: Mr. Saha, Prakesh | Hospital Site: QEH | |
| Clinical Indications: Haemosiderri depositis noed. ? venous aetiology Patient reviewed by vascular consultant Mr Saha who has asked for venous duplex if the right lower leg. | | |
| Right Lower Limb Venous Insufficiency scan | | |
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| Report:  Patient stated he couldn’t stand for exam; therefore study was performed in a seated position on the bed with leg draped over side.  **Right Lower extremity**  No deep venous incompetence is noted, however the deep thigh veins were not properly assessed due to patient seated position.  There is a varicose vein observed arising from the GSV approximately 9cm below the groin crease. The GSV becomes very small in diameter to the proximal calf. The Varicose vein tracks medially re-joining the GSV in the proximal calf, branching and continuing to the ankle.  An incompetent perforator is noted approximately 7cm above the medial malleolus.  The GSV measures 6mm in the proximal thigh, post varices becomes small in diameter <2m, to the proximal calf.  The GSV measures 2.1mm at the proximal calf, 1.1mm at the mid-calf and 3mm at the distal calf, incompetence is noted to the ankle where the varicose veins communicate with the GSV.  Triphasic waveforms are noted in the right lower extremity at the distal tibial arteries.  Hypereamic triphasic waveforms are noted in the left lower extremity at the distal tibial arteries. | | |
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