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| Vascular lab report | Assessed by: Apurba Dahal (Trainee CVS); Supervised by: Daniel Sims (CVS) | |
| Name: Powling, Robert | Hospital No: K009466 | Date of Exams: 05/06/2019 |
| DOB: 05/06/1970 | NHS No: | Ip/Op: Outpatient |
| Referrer: Mr Patel | Hospital Site: UHL | |
| Clinical Indications: Re-scan to check no vein incompetence or DVT | | |
| Left Lower Limb Venous Insufficiency scan | | |
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| Report:  The Common Femoral Vein is patent and compressible with repirophasic flow detected indicating no proximal venous obstruction is present.  The Femoral, Popliteal, Gastrocnemius, Posterior Tibial and Peroneal veins are patent and compressible with no evidence of acute DVT.  **The Popliteal vein is noted to be incompetent.**  **There is an incompetent perforator imaged in the mid-calf associated with one of the posterior tibial veins. The associated posterior tibial vein is also noted to be incompetent in the mid-distal calf.**  Superficial Veins  **Sub-acute to chronic looking thrombus is noted in the Great Sahenous vein throughout its course**. The thrombus appears more sub-acute in proximal thigh although the vein is not acutely dilated. The proximal extent of the thrombus is <3cm from Common femoral vein junction.  The Short Saphenous vein is patent, compressible and competent. | | |
| Conclusion:  Gross reflux noted in Popliteal, and one of the Posterior tibial veins  Incompetent perforator associated with PTV mid-calf  Negative for Deep vein thrombosis  **Positive for superficial thrombophlebitis <3cm from Deep vein junction**  **Results escalated to ambulatory care and was advised to send the patient to UCC as the Ambulatory Care Services were closing down for the day. Patient has been clearly advised to book into UCC/A&E for further management.** | | |