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| Vascular lab report | Assessed by: Daniel Sims | |
| Name: WILKES, NICOLA | Hospital No: LG10111803 | Date of Exams: 29/07/2019 |
| DOB: 31/07/1970 | NHS No: 456 433 4891 | Ip/Op: Outpatient |
| Referrer: Elgaddal | Hospital Site: QEH | |
| Clinical Indications: previous trauma to left shin, redness and possible lipodermatosclerosis on the left leg, ? venous insuffic. | | |
| Left Lower Limb – Venous Insufficiency scan – Diseased  **LEFT LEG:**  GSV/ATV/SSV Incompetent  **GSV diameter:**  Proximal thigh = 4.6mm  Mid thigh = 4.4mm  Distal thigh =4.4mm  **GSV diameter:**  Proximal Calf = 5.9mm  Mid Calf = 3.5mm  Distal Calf = 5.8mm  **SSV diameter:**  Proximal thigh = 0.0mm  Mid thigh = 0.0mm  Distal thigh = 0.0mm | | |
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| Report:  **US Doppler lower limb Veins Lt:**  **Deep Veins:**  The CFV, SFV, Popliteal, PTV and Peroneal veins are all patent and competent.  No incompetent perforators seen.  **Superficial Veins:**    The SFJ and GSV were patent and competent to the proximal calf. Approximately 4-5cm below the knee crease the GSV becomes incompetent. A varicose vein is observed supplying the GSV tracking to the distal calf. Approximately 2-3cm above the medial malleolus the varix is observed draining into a competent perforator. GSV also communicates with the perforator and becomes competent to the ankle.  The GSV is greater than 2mm throughout.  The SPJ and SSV were patent and competent. | | |
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