



**Reason** Varicose vein  
**Outcome** Incompetence

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
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	Incompetent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Incompetent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Patent	Competent	Patent	Competent
Gastrocnemius	Patent	Competent	Patent	Competent
<b>Superficial Veins</b>				
Saphenofemoral Junction	Not Identified		Not Identified	
L Saphenous Vein Above	see notes		see notes	
L Saphenous Vein Below	Patent		Patent	
Vein of Giacomini	Patent		Patent	Competent
Saphenopopiteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

## Notes

### BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Difficult assessment\*

All measurements are proximal to the medial malleolus unless otherwise stated.

#### RIGHT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and responds normally to a Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely/patent and competent with no evidence of previous DVT

Sapheno-femoral junction (SFJ) was not identified. Long Saphenous vein (LSV) was not identified in the

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proximal to mid thigh but reforms in the distal thigh. Isolated incompetence noted in the LSV around knee level but no significant varicosities noted from the LSV. The remaining LSV is competent.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

A large calibre perforator is noted which appears to arise from the distal popliteal vein/TPT and courses anteriorly to form the visible varicosities on the shin and lateral aspect of the knee. Posterior calf perforators noted at 23 and 18cm which appear to contribute to the calf varicosities.

#### LEFT:

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and responds normally to a Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely/patent with no evidence of previous DVT. The SFV and the popliteal vein are incompetent. Other deep veins appear competent.

Sapheno-femoral junction (SFJ) was not identified. Long Saphenous vein (LSV) was not identified in the proximal to mid thigh. The LSV reforms in the distal thigh and is competent to the ankle.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

A large calibre perforator is noted which appears to arise from the distal popliteal vein/TPT and courses anteriorly to form the visible varicosities on the shin and lateral aspect of the knee. There is a further incompetent perforator at 26cm which forms some of the calf varicosities.

