



Reason Varicose vein
Outcome 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	Slight Incompetence	Widely Patent	Slight Incompetence
Posterior Tibial Vein	Widely Patent	Incompetent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Patent	Competent	Patent	Incompetent
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Widely Patent	Incompetent	Widely Patent	Incompetent
L Saphenous Vein Above	Widely Patent	Incompetent	Widely Patent	Incompetent
L Saphenous Vein Below	Widely Patent	Incompetent	Widely Patent	Incompetent
Vein of Giacomini	Not Identified		Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
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 responds normally to a Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent with no evidence of previous DVT. Slight incompetence noted in the popliteal vein. 1 X posterior tibial vein is incompetent. All other deep veins appear competent.

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

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent from its origin to the ankle. An incompetent branch of the LSV noted at the ankle, which forms visible varicose veins. Dista

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to this the LSV is competent.
LSV is mildly tortuous in the mid thigh.

An incompetent perforator off the medial calf varicosities identified in the mid calf at 16cm.

Transverse (AP) dimensions of LSV: Proximal thigh - 1.24cm, Mid- thigh - 0.95 - 1.65cm, Distal thigh - 0.84cm, Proximal calf - 0.93cm, Mid - calf - 0.93cm, Distal calf - 0.82cm.

Sapheno-popliteal junction (SPJ) is patent and competent. Short saphenous vein (SSV) is competent along its length.

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. Slight incompetence noted in the popliteal vein. 1 X soleal vein is incompetent. All other deep veins appear competent.

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

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent from its origin to the ankle. Incompetent branches off the LSV noted at the ankle, which form visible varicose veins. LSV is mildly tortuous in the mid thigh.

An incompetent perforator off the medial calf varicosities identified in the mid calf at 15cm.

Transverse (AP) dimensions of LSV: Proximal thigh - 1.26cm, Mid- thigh - 0.98cm, Distal thigh - 0.85cm, Proximal calf - 0.82cm, Mid - calf - 0.77cm.

Sapheno-popliteal junction (SPJ) was not identified.

Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. Venous scarring noted in the SSV.



