



Reason Varicose vein
Outcome Poor images

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Recanalised	Old Thrombus	Patent	Competent
Soleal Vein	Patent	Competent	Patent	Competent
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Not Identified		Not Identified	
L Saphenous Vein Above	Patent	Competent	Patent	
L Saphenous Vein Below	Patent	Competent	Patent	
Vein of Giacomini	Patent	Competent	Patent	
Saphenopopiteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Patent	Competent	Patent	
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Yes	Old	No	

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT:

*Limited and challenging scan due to patient body habitus and patient discomfort.

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. 1 x peroneal vein appears recanalised with old thrombus, however appears competent. All other visualised deep veins appear patent and competent with no evidence of previous DVT.

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

Assessed by Sharifa Kiyegga

Printed on 12/12/2019 at 9:20 am

Checked by



Sapheno-femoral junction (SFJ) was not identified. A competent Long Saphenous vein (LSV) appears to reform in the very proximal thigh and leaves the fascia in mid thigh and appears to rejoin the fascia in the distal calf.

A small branch, which appears to track to the groin - however unable to track its origin, identified and appears to form thigh varicosities.

Sapheno-popliteal junction (SPJ) in competent.

Short Saphenous vein (SSV) is competent and is also continuous with a competent vein of Giacomini.

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 patent and competent with no evidence of previous DVT.

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

Sapheno-femoral junction (SFJ) was not identified. A competent Long Saphenous vein (LSV) appears to reform in the very proximal thigh and leaves the fascia in mid thigh and appears to rejoin the fascia in the mid calf.

A small branch, which appears to track to the groin - however unable to track its origin, identified and appears to form thigh varicosities.

Sapheno-popliteal junction (SPJ) was not identified.

Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.