



Reason Varicose vein
Outcome DVT positive - chronic

	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	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Recanalised	Old Thrombus
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Widely Patent	Competent	Widely Patent	Competent
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Not Identified		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		Yes	Old

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/ patent and competent with no evidence of previous DVT.

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

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along its length.

Sapheno-popliteal junction (SPJ) was not identified.

Assessed by Sharifa Kiyegga

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Checked by



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

A competent perforator to the anterior tibial vein noted in the proximal shin, which appears to give rise to the visible shin veins.

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. Isolated recanalised old identified in 1 x posterior tibial vein, with isolated incompetence. All other visualised deep veins appear widely patent/ patent and competent with no evidence of previous DVT.

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

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along its length.

Sapheno-popliteal junction (SPJ) was not identified.

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