



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	Patent	Competent	Widely Patent	Competent
Profunda Vein	Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Patent	Competent	Widely Patent	Competent
Popliteal Vein	Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	see notes	Competent	Patent	Incompetent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	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	Not Identified		see notes	
L Saphenous Vein Below	Patent	see notes	Patent	Isolated Incompetence
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Competent
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

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. Isolated area of irregular flow noted in the 1 x posterior vein - suggestive of old DVT, however vessel appears competent. 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) was not identified. Long Saphenous vein (LSV) was not identified in the thigh. A competent LSV reforms at knee level at 40cm and remains competent to the mid calf. An

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incompetent branch communicates with the LSV in the mid calf at 21cm. Distal to this the LSV is incompetent to the ankle (AP diameter 0.38-32cm).

A competent perforator to the SFV noted in the proximal/mid thigh at 58.5cm, which gives rise to the visible thigh and calf varicosities.

An incompetent perforator off the LSV noted in the mid/distal calf at 15cm.

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

Sapheno-popliteal junction (SPJ) is patent and competent.

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/patent with no evidence of previous DVT. 1 x posterior tibial vein is incompetent. All other visualised deep veins appear competent.

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

Sapheno-femoral junction (SFJ) was not identified. Small tortuous and incompetent veins noted in the groin ?neovascularisation, which appear to reform an incompetent LSV in the very proximal thigh. LSV remains incompetent and linear to the proximal/mid thigh (linear length is 9cm, diameter: 0.32cm). LSV leaves the fascia in the proximal/mid thigh at 60cm, forming thigh varicosities. A competent LSV appears to then reform in the very distal thigh at 45cm and remains competent to the mid calf. Incompetent branch also noted at this level. An incompetent branch communicates with the LSV in the mid calf. Distal to this the LSV is incompetent for a short segment (Diameter: 0.36cm). An incompetent branch off the LSV noted in the mid calf at 14cm. An incompetent perforator off the LSV also noted at 13cm. Distal to this the LSV is competent to the ankle.

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

The SSV has a common junction with a gastrocnemius vein, which is competent.

