



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
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Patent	Competent
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein			Patent	Competent
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Slight Incompetence
L Saphenous Vein Above			Patent	Incompetent
L Saphenous Vein Below			Patent	Incompetent
Vein of Giacomini			Patent	Competent
Saphenopopiteal Junction			Not Identified	
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes

LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT:

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.

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

SFJ is slightly incompetent. LSV is incompetent and fairly linear to just below the knee. An incompetent branched noted in the very proximal calf (below the knee) at 30cm, which forms visible knee varicosities. Distal to this the LSV is competent to ankle.

Assessed by Sharifa Kiyegga

Printed on 12/12/2019 at 9:31 am

Checked by



LSV AP diameters: Proximal thigh - 1.2cm, Mid thigh - 0.67cm, Knee level 0.68cm.

SPJ not identified. SSV is competent and continuous with a competent vein of Giacomini.

