



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	Incompetent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Isolated Incompetence	Widely Patent	Isolated Incompetence
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Isolated Incompetence	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Widely Patent	Competent	Patent	Competent
Gastrocnemius	Widely Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Not Identified		see notes	
L Saphenous Vein Above	Patent	Incompetent	Not Identified	
L Saphenous Vein Below	Patent	Isolated Incompetence	Not Identified	
Vein of Giacomini	Patent		Patent	Competent
Saphenopopiteal 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		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. Isolated incompetence noted in the SFV and 1 x posterior tibial vein. All other visualised deep veins appear competent.

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

Sapheno-femoral junction (SFJ) not identified. Small tortuous veins noted in the groin ?neovascularisation, reforming an incompetent Long Saphenous vein (LSV), 4cm distal to the groin. LSV remains incompetent to

Assessed by Sharifa Kiyegga

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the distal thigh. An incompetent branch off the LSV noted in the distal thigh at 54cm, forming thigh varicosities. Distal to this LSV is competent to just below the knee. An incompetent branch off the LSV noted just below the knee at 38cm. Distal to this the LSV is incompetent. Another incompetent branch off the LSV noted in the proximal calf at 32cm, forming calf varicosities. An incompetent perforator off the LSV noted in the proximal calf at 30cm. Distal to this the LSV is competent to the ankle.

An incompetent perforator to the SFV noted in the mid thigh at 62.5cm, forming thigh varicosities.

Transverse (AP) dimensions of LSV: Proximal thigh - 0.43cm, Mid- thigh - 0.43cm.

Sapheno-popliteal junction (SPJ) was not identified.

Short Saphenous vein (SSV) is competent and is 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 widely patent with no evidence of previous DVT. The CFV is incompetent. Isolated incompetence noted in the SFV. All other visualised deep veins appear competent.

A large ?SFJ remnant, measures 1.3cm in diameter, identified in the groin and give rise to very proximal thigh varicosities.

SFJ was not identified. LSV was not identified along length.

An incompetent perforator to the SFV noted in the proximal/ mid thigh at 67cm, which gives rise to the thigh and calf varicosities.

A competent perforator noted in the proximal medial calf at 30cm, which give rise to medial calf varicosities. Another competent perforator to the posterior tibial vein noted in the mid/ distal medial calf at 13cm, giving rise to calf varicosities.

Sapheno-popliteal junction (SPJ) was not identified.

Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. An incompetent branch off the vein of giacomini noted in the distal thigh, 6.5cm proximal to the knee crease, forming thigh and calf varicosities.



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