

Reason	Ulceration
Outcome	DVT negative, Incompetence

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Incompetent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Incompetent		
Popliteal Vein	Widely Patent	Incompetent		
Posterior Tibial Vein	Widely Patent	Isolated Incompetence		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Incompetent		
Soleal Vein	Patent			
Gastrocnemius	Widely Patent	Competent		

Superficial Veins

Saphenofemoral Junction	Widely Patent	Incompetent
L Saphenous Vein Above	Widely Patent	Incompetent
L Saphenous Vein Below	Widely Patent	Incompetent
Vein of Giacomini	Patent	Competent
Saphenopopiteal Junction	Not Identified	
S Saphenous Vein	Widely Patent	Competent

Evidence of D.V.T.

Above the knee	No
Popliteal	No
Below the knee	No

Notes

RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent. Incompetent flow noted in the common femoral, superficial femoral and popliteal veins. No evidence of previous DVT.

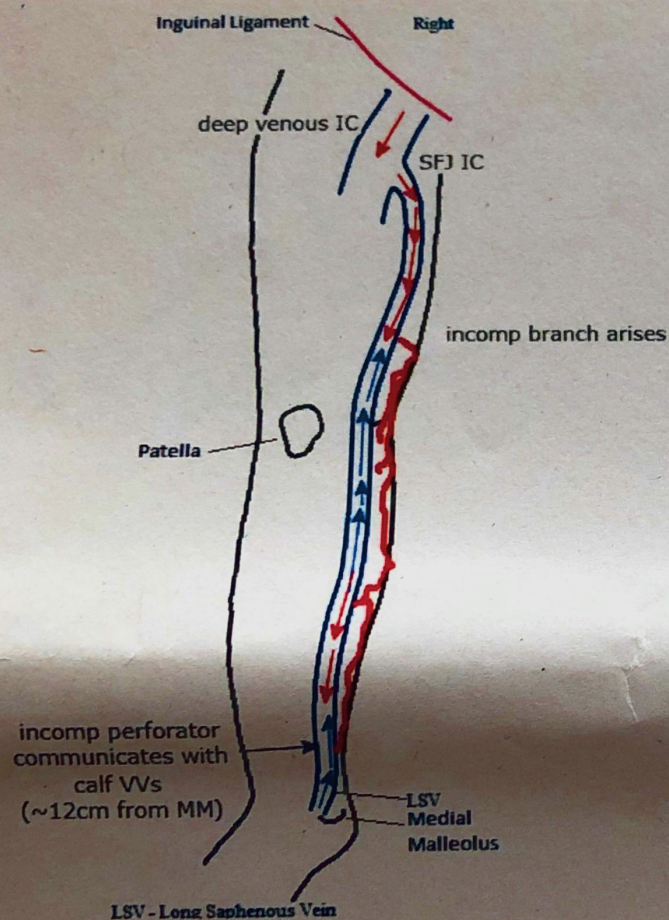
(All measurements are proximal to the medial malleolus (MM) unless otherwise stated)

SFJ appears incompetent. LSV appears incompetent in the proximal to mid thigh. Incompetent branch arises from the LSV in the mid-distal thigh (~51cm from MM) forming varicosities in the mid-distal medial thigh and proximal-mid medial calf. LSV appears competent in the distal thigh and proximal calf. Isolated

incompetent flow in the mid calf LSV following communication with mid calf varicosities. LSV appears competent at the ankle. Incompetent perforator communicates with varicosities in distal calf (~12cm from MM). Transverse (AP) dimensions of LSV: Proximal thigh- 0.56cm, Mid thigh - 0.59cm, Distal thigh - 0.55cm.

SPJ was not identified. SSV appears small calibre, competent and is continuous with a competent vein of Giacomini.

Conclusion: Evidence of deep and superficial venous insufficiency identified from this scan .



Clinical History :

Recurrent VVs esp Lft calf Recent Rt v duplex! No Hx DVT no tissue loss Symptomatic

US Doppler lower limb veins Lt:

All visualised deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent throughout.

GPJ appears incompetent. SSV appears incompetent. Incompetent branch arises from the SSV in the mid calf and forms incompetent varicosities to the posterior and medial calf. Incompetent Gastrocnemius vein perforator, communicates with mid calf varicosities. Transverse dimensions of SSV: Proximal calf - 0.4cm, Mid calf - 0.34cm, Distal calf - 0.35cm

Clinical History :

Bilateral long standing varicose veins.

No history of DVT

presented with bleeding from varices requiring prolonged compression for haemostasis

Awaiting review back in clinic as outpatient for decision making regarding treatment options.

Could you evaluate her superficial and deep venous systems and comment on possibility of suitability for EVLA please.

Thanks in advance

US Doppler lower limb veins Rt:

Common femoral, superficial femoral and popliteal veins are patent, incompetent and compressible. SFJ not identified. LSV not identified in the thigh. Incompetent medial calf varicosities communicate with a tortuous /reformed LSV in the calf. Incompetent perforator communicates with varicosities in the distal calf.

SPJ is patent and incompetent. Incompetent calf posterior varicosities communicate with an

incompetent SSV. Isolated areas of non-occlusive chronic superficial thrombophlebitis noted throughout the SSV.

Transverse dimensions of SSV - Proximal calf - 0.57cm. Mid calf - 0.54cm. Distal calf - 0.51cm

US Doppler lower limb veins Lt:

Common femoral, superficial femoral veins are patent, incompetent and compressible. Popliteal vein is patent, incompetent (above the knee) and compressible.

SFJ not identified. LSV not identified in the thigh.

SPJ is patent and incompetent. Incompetent medial and posterior calf varicosities communicate with an incompetent SSV in the proximal calf. Isolated areas of non-occlusive chronic superficial thrombophlebitis noted throughout the SSV.

Transverse dimensions of SSV - Proximal calf - 0.44cm. Mid calf - 0.35cm. Distal calf - 0.33cm.

Clinical History :

Severe thrombophlebitis right leg resolved now. Bilateral VVs. HHD examination not helpful

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent.

SPJ appears incompetent. SSV appears incompetent in the proximal calf. Remnant superficial thrombophlebitis noted in the proximal calf. SSV remains occluded with superficial thrombophlebitis in the mid and distal calf. Patent and incompetent SSV-associated calf varicosities noted.

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent (apart from slight, isolated incompetent flow in the common femoral vein and incompetent flow in the popliteal vein) and compressible.

SFJ was not identified. LSV was not identified. Slightly incompetent and tortuous LSV appears to reform in the proximal - mid calf. Posterior-medial calf varicosities communicate with the LSV.

GPJ appears incompetent. SSV appears tortuous and incompetent along its length and communicates with multiple varicosities throughout the posterior calf.

Clinical History :

Symptomatic VVs both legs Please assess

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent (apart from slight, isolated incompetent flow in the mid superficial femoral vein) and compressible.

SFJ appears competent. LSV appears competent in the thigh and calf.

SPJ appears tortuous and incompetent. SSV appears incompetent in the proximal to mid calf. Incompetent branches arise from the SSV in the proximal calf one branch tracks to the lateral calf, forming varicosities to the anterior-lateral calf; another branch tracks to the medial calf, forming multiple varicosities. SSV appears competent in the mid and distal calf. SSV is large calibre in the proximal calf and small calibre in the mid and distal calf. Transverse dimensions of SSV: Proximal calf - 1.3cm. Mid calf - 0.2cm. Distal calf - 0.16cm

Reference :

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent in the proximal to mid thigh. LSV becomes incompetent in the distal thigh. Incompetent branches arise from the LSV in the distal thigh, one branch tracks to the anterior knee forming varicosities to the knee and proximal anterior calf; another branch tracks to the mid medial calf where it forms varicosities. Remainder of LSV appears competent in the calf.

SPJ appears competent. SSV appears competent.

Clinical History :

Right leg symptomatic VVs Away for 1/52 from 27 th October

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent and compressible. SFJ appears slightly incompetent. LSV appears incompetent in the thigh. An incompetent branch arises from the LSV in the distal thigh and tracks to the posterior calf where it forms incompetent varicosities. LSV appears small calibre and competent in the calf. Transverse dimensions of quite linear LSV: Proximal thigh - 0.64cm, Mid thigh - 0.49cm, Distal thigh - 0.45cm

SPJ appears competent. SSV appears competent. Non-occlusive chronic superficial thrombophlebitis noted in the SSV proximal calf.

Clinical History :

Symptomatic VVs Rt leg Please assess

US Doppler lower limb veins Rt:

Common femoral, superficial femoral and popliteal veins appear patent and compressible. Slightly incompetent flow noted in the common femoral and throughout the superficial femoral vein. Popliteal vein appears incompetent above knee, competent below knee.

SFJ was not identified. LSV was not identified in the thigh. LSV was not assessed in the calf as the patient was unable to tolerate calf augmentation towards the end of the scan.

SPJ not identified. SSV not identified in the calf. A tortuous and incompetent superficial vein arises from the popliteal vein ?reformed SSV. Tortuous and incompetent ?reformed SSV communicates with multiple tortuous and incompetent varicosities throughout the posterior calf.

Clinical History :

chronic lower leg swelling VVs in calves esp Lft No Hx DVT or cellulitis Raised BMI

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent (apart from isolated incompetent flow at the ankle).

SPJ appears competent. SSV appears competent.

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent in the thigh. LSV becomes incompetent in the proximal calf following communication with SSV-associated varicosities. LSV is slightly incompetent in the mid calf and competent in the distal calf.

SPJ appears slightly incompetent. SSV appears incompetent in the proximal calf. Incompetent branch

arises from the SSV in the proximal calf forming incompetent varicosities to the proximal posterior calf. SSV appears competent in the mid and distal calf.

Clinical History :

52 year old, F, presenting with left lower limb varicose veins in GSV and SSV associated with pain in calf and knee. US of left lower limb to assess lumen diameter and tortuosity for pre op planning (endovascular / open). Could this patient be imaged on OP basis? Thank you

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ is competent. LSV is incompetent in the thigh. Incompetent branch arises from the LSV in the distal thigh and tracks to the posterior thigh where it forms varicosities to the distal posterior thigh and lateral knee. Remainder of LSV is competent. Transverse dimensions: Proximal thigh - 0.61cm. Mid thigh - 0.28cm. Distal thigh - 0.32cm

SPJ not identified. SSV appears competent (apart from isolated incompetent flow in the distal calf).

Clinical History :

B/L modest VVs in legs Haemosiderin deposition No ulcers Swelling ankles esp Rt , No Hx DVT
good pulses signif raised BMI Type 2 DM please assess

US Doppler lower limb veins Rt:

Challenging and limited assessment due to patient body habitus and depth of vessels. Sub-optimal images throughout.

All visualised lower limb deep veins appear patent, competent and compressible (apart from the superficial femoral vein in the mid and distal thigh which was difficult to compress due to depth).

SFJ appears competent. LSV appears competent in the proximal to mid thigh. LSV becomes superficial and slightly incompetent in the distal thigh and proximal calf. Remainder of LSV appears competent. Perforator noted in the mid calf (?incompetent) - but this was challenging to assess due to depth and difficulty augmenting the calf.

SPJ not identified. Isolated incompetent flow in the proximal and distal calf SSV.

Remnant chronic superficial thrombophlebitis noted along the walls of the SSV in the proximal and distal calf.

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent and compressible (apart from the superficial femoral vein in the mid and distal thigh which was difficult to compress due to depth).

SFJ appears competent. LSV appears competent in the thigh. LSV forms multiple competent branches in the mid thigh. Isolated slight incompetent flow in the LSV in the mid and distal calf.

SPJ not identified. SSV is competent (apart from isolated slight incompetent flow in the proximal calf).

Clinical History :

Left medial posterior thigh varicose veins, aching and swelling. Palpable LSV but no LSV varicosities.
? LSV/SFJ incompetence and if So, ? Suitable for EVLT (diameter and course), thanks

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent (apart from isolated, slight incompetent flow in the popliteal vein) and compressible.

An incompetent anterior thigh accessory vein arises from the common femoral vein and tracks to the proximal-mid medial thigh. An incompetent branch arises from the ATAV in the proximal-mid thigh and forms incompetent varicosities to the medial and posterior thigh. ATAV is quite linear for ~9cm from the junction; Transverse dimensions: Proximal thigh - 0.55cm to 0.34cm.

SFJ is incompetent. LSV is small calibre and competent throughout.

SPJ not identified. SSV becomes incompetent following communication with posterior thigh varicosities.

Clinical History :

Symptomatic VVs Rt calf and thigh along GSV No ulcers all pulses some haemosiderin no lipodermatosclerosis No Hx DVT Af CKD

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ is incompetent. LSV is incompetent throughout the thigh and proximal to mid calf. Incompetent branches arise from the LSV in the mid and distal thigh forming multiple varicosities along the medial thigh and calf. Further incompetent varicosities communicate with the LSV throughout the calf.

Transverse diameter of LSV: Proximal thigh - 0.62cm. Mid thigh - 0.52cm. Distal thigh - 0.39cm

SPJ is competent. SSV is competent.

Clinical History :

Raised BMI aching VVs both medial calves Esp Lft No phlebitis or tissue loss No Hx DVT Please assess

US Doppler lower limb veins Rt:

All visualised lower limb deep veins were challenging to visualise due to depth and large body habitus but appear patent, competent and compressible.

SFJ appears incompetent. LSV appears incompetent in the proximal to mid thigh. Large incompetent branch arises from the LSV in the mid thigh and tracks into the calf where it forms incompetent varicosities. Remainder of LSV is competent in the thigh. LSV becomes incompetent in the proximal to mid calf following communication with incompetent calf varicosities and remains incompetent to the ankle. Incompetent perforator identified in the proximal calf. Transverse dimensions of quite linear LSV: Proximal thigh - 0.99cm. Mid thigh - 0.85cm. Distal thigh - 0.44cm

SPJ not identified. SSV appears competent.

US Doppler lower limb veins Lt:

All visualised lower limb deep veins were challenging to visualise due to depth and large body habitus but appear patent, competent (apart from isolated incompetent flow in the common femoral vein) and compressible.

SFJ appears incompetent. LSV appears incompetent in the thigh and proximal calf. Large incompetent branch arises from the LSV in the mid calf forming incompetent calf varicosities. LSV becomes competent for a short section in the mid calf but becomes incompetent in the distal calf following communication with incompetent calf varicosities. Perforator identified in the mid thigh but this was challenging to assess due to depth ?slightly incompetent. Slightly incompetent perforator identified in the mid calf. Transverse dimensions of quite linear LSV: Proximal thigh - 1.23cm. Mid thigh - 0.87cm. Distal thigh - 0.85cm

GPJ appears competent. SSV appears competent.

Clinical History :

Cramps/ heaviness in Left calf

palpable pedal pulses

Previous venous surgery in the left limb -

? recurrent symptomatic venous reflux ? sig deep /sup reflux

US Doppler lower limb veins Lt:

Common femoral and superficial femoral veins appear patent, competent and compressible. Non-occlusive echogenic material and irregular incompetent flow identified in the popliteal vein, images are highly suggestive of chronic DVT.

SFJ not identified. LSV not identified in the thigh. LSV is competent in the calf. Incompetent perforator communicates with incompetent medial calf varicosities.

SPJ not identified. SSV appears competent.

Clinical History :

Rt leg VVs much improved with compression

Now troublesome VVs Lft leg esp calf Prominent and tender Please assess

US Doppler lower limb veins Lt:

All visualised deep veins appear patent, competent and compressible.

SFJ appears incompetent. LSV is incompetent throughout. Incompetent branch arises from the LSV in the proximal calf and forms incompetent calf varicosities.

SPJ not identified. SSV appears competent.

Additional comments: Non-occlusive superficial thrombophlebitis noted in the LSV mid and distal thigh and in some medial calf varicosities.

Clinical History :

Symptomatic b/l leg VVs thigh and calf ? B/L DVT 1976 Heavy haemosiderin deposition Atrophie blanch both medial ankles Lft Med Malleolar ulcer healed Please assess

US Doppler lower limb veins Rt:

Common femoral vein is patent with isolated incompetent flow and is compressible. Profunda femoral (proximal thigh) is patent, competent and compressible. Superficial femoral vein is patent with isolated incompetent flow and is compressible. Popliteal vein is patent with incompetent flow and is compressible.

SFJ is patent and incompetent. LSV is patent and incompetent throughout. Incompetent calf varicosities communicate with the LSV throughout the calf. In the distal calf an incompetent perforator communicates with calf varicosities. Transverse dimensions of LSV: Proximal thigh - 0.86cm. Mid thigh - 0.74cm. Distal thigh - 0.6cm

SPJ was not identified. SSV is tortuous but competent in the calf.

US Doppler lower limb veins Lt:

Common femoral, superficial femoral and popliteal veins are patent with incompetent flow and are compressible. Profunda femoral (proximal thigh) is patent, competent and compressible.

SFJ is patent and incompetent. LSV is patent and incompetent throughout. Incompetent calf varicosities communicate with the LSV throughout the calf. In the mid posterior calf an incompetent perforator communicates with calf varicosities. In the distal calf an incompetent perforator communicates with medial calf varicosities. Transverse dimensions of LSV: Proximal thigh - 0.84cm. Mid thigh - 0.64cm. Distal thigh - 0.6cm

SPJ was not identified. Incompetent posterior calf varicosities communicate with a tortuous and incompetent SSV in the calf.

Clinical History :

bilateral recurrent VV

x 2 Previous SFJ ligation and stripping

bilateral recurrent VV

x 2 Previous SFJ ligation and stripping

US Doppler lower limb veins Rt:

All visualised deep veins are patent and compressible. Incompetent flow in the common femoral, superficial femoral and above knee popliteal vein.

SFJ not identified. A cluster of incompetent superficial veins noted in the groin. One of these small superficial veins can be tracked to the mid thigh where it communicates with a ?reformed LSV. Mid and distal calf varicosities communicate with the ?reformed incompetent LSV. Medial calf varicosities communicate with an incompetent LSV. Posterior calf varicosities communicate with an incompetent

perforator.

SPJ not identified. Isolated area of non-occlusive chronic superficial thrombophlebitis noted in the SSV in the proximal calf, remainder of SSV is patent and competent.

US Doppler lower limb veins Lt:

All visualised deep veins appear patent, competent (apart from isolated incompetent flow in the above knee popliteal vein) and compressible.

SFJ not identified. A cluster of incompetent superficial veins noted in the groin, some of these veins can be tracked to the anterior thigh where they communicate with varicosities. An incompetent vein from the groin communicates with a ?reformed incompetent LSV in the proximal thigh. The reformed LSV can be tracked in the thigh where it communicates with varicosities in the mid-distal thigh. Reformed LSV communicates with a perforator in the mid-distal thigh. Incompetent calf varicosities communicate with the LSV in the proximal calf. LSV is competent in the mid and distal calf.

Transverse dimensions of reformed LSV: Proximal thigh - 0.66cm. Mid thigh - 0.76cm

Clinical History :
bilateral recurrent VV
x 2 Previous SFJ ligation and stripping

bilateral recurrent VV
x 2 Previous SFJ ligation and stripping

US Doppler lower limb veins Rt:

All visualised deep veins are patent and compressible. Incompetent flow in the common femoral, superficial femoral and above knee popliteal vein.

SFJ not identified. A cluster of incompetent superficial veins noted in the groin. One of these small superficial veins can be tracked to the mid thigh where it communicates with a ?reformed LSV. Mid and distal calf varicosities communicate with the ?reformed incompetent LSV. Medial calf varicosities communicate with an incompetent LSV. Posterior calf varicosities communicate with an incompetent

perforator.

SPJ not identified. Isolated area of non-occlusive chronic superficial thrombophlebitis noted in the SSV in the proximal calf, remainder of SSV is patent and competent.

US Doppler lower limb veins Lt:

All visualised deep veins appear patent, competent (apart from isolated incompetent flow in the above knee popliteal vein) and compressible.

SFJ not identified. A cluster of incompetent superficial veins noted in the groin, some of these veins can be tracked to the anterior thigh where they communicate with varicosities. An incompetent vein from the groin communicates with a ?reformed incompetent LSV in the proximal thigh. The reformed LSV can be tracked in the thigh where it communicates with varicosities in the mid-distal thigh. Reformed LSV communicates with a perforator in the mid-distal thigh. Incompetent calf varicosities communicate with the LSV in the proximal calf. LSV is competent in the mid and distal calf.

Transverse dimensions of reformed LSV: Proximal thigh - 0.66cm. Mid thigh - 0.76cm

SPJ not identified. SSV is patent and competent.

Clinical History :

symptomatic right varicose veins for intervention. Please comment on suitability for EVLT (tortuosity, diameter).

US Doppler lower limb veins Rt:

All visualised lower limb deep veins are patent, competent and compressible. No evidence of previous DVT.

SFJ is incompetent. LSV is incompetent in the proximal to mid-distal thigh. Incompetent medial distal thigh varicosities communicate with the LSV in the distal thigh, distal to this point the LSV is competent to the ankle. Transverse dimensions of quite linear LSV: Proximal thigh - 0.50cm, Mid thigh - 0.45cm, Distal thigh - 0.36cm. SPJ not identified. SSV is competent.

LSV should be suitable for EVLT.

Clinical History :

VVs right leg. SFJl with LSV reflux on HHD

US Doppler lower limb veins Rt:

All visualised deep veins are patent, competent (apart from isolated incompetent flow in the mid common femoral vein) and compressible.

SFJ is incompetent. LSV is incompetent in the thigh and proximal to mid calf. Slightly incompetent calf superficial veins communicate with the calf LSV. Large perforator noted in the proximal and mid calf, but these appear competent. Transverse dimensions of LSV: Proximal thigh - 0.67cm, Mid thigh - 0.60cm, Distal thigh - 0.56cm

SPJ not identified. GPJ is competent. SSV is competent.

Clinical History :

progressive lower limb swelling- bilateral

? significant venous refluz

Superficial veins/ telangectaisa +

US Doppler lower limb veins Rt:

All visualised deep veins appear patent, competent and compressible.

SFJ is competent. LSV is competent.

SPJ not identified. SSV is competent.

US Doppler lower limb veins Lt:

All visualised deep veins appear patent, competent and compressible.

SFJ is competent. LSV is competent.

GPJ is competent. SSV is competent.

Clinical History :

Right large Varicose vein CEAP 4. ? Suitability for endovenouse

US Doppler lower limb veins Rt:

All visualised deep veins appear patent, competent and compressible.

SFJ is incompetent. LSV is incompetent in the thigh. Large incompetent branches arise from the LSV in the proximal calf and form varicosities to the posterior and medial calf. Transverse dimension of

LSV: Proximal thigh - 0.87cm, Mid thigh - 0.51cm, Distal thigh - 0.39cm. LSV should be suitable for

EVL.

SPj not identified. SSV is competent.

Clinical History :

31 year old, M, presenting with varicosities in left calf in distribution of GSV of 5 year duration.

Currently symptoms are that of itching and calf pain. US of left lower limbs to assess lumen diameter and tortuosity please. Could this patient pls have the US as OP please?

US Doppler lower limb veins Lt:

All visualised deep veins appear patent, competent and compressible.

SFJ appears incompetent. LSV appears incompetent in the thigh. Incompetent branches arise in the proximal to mid calf forming multiple incompetent varicosities to the medial calf. LSV is incompetent in the mid calf and competent at the ankle. Transverse diameter of quite linear LSV: Proximal thigh - 0.83 cm, Mid thigh - 0.65cm, Distal thigh - 0.64cm

SPJ appears competent. SSV appears competent.

Clinical History :

B/L symptomatic lower leg VVs esp lateral Rt calf and medial Rt calf. Prev B/L high ties and stripping both GSV No Hx DVT All pulses skin healthy

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent throughout.

SPJ (?reformed) appears tortuous and incompetent. SSV (?reformed) is tortuous and incompetent throughout. SSV communicates with multiple varicosities throughout the calf.

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent (apart from isolated, slight incompetent

flow in the SFV proximal thigh) and compressible.

Evidence of neo-vascularisation in the groin. SFJ not identified. Small tortuous and incompetent superficial vein arises from the CFV and tracks to the medial mid thigh (?reformed LSV) where it becomes difficult to track. Incompetent perforator communicates with a cluster of incompetent superficial veins (which are deep within the distal thigh). Reformed LSV appears incompetent in the distal thigh. LSV remains tortuous and incompetent in the proximal to mid calf. LSV appears competent at the ankle.

SPJ was not identified. SSV is small calibre and competent.

Clinical History

Bilateral lower limb varicose veins in SSV distribution, tortuous with thin overlying skin. Significant bleeding from right side 6/12 ago.

SSV and junctional incompetence? Diameter? competence of the deep system?

US Doppler lower limb veins Rt:

All visualised lower limb deep veins appear patent, competent and compressible.

SFJ appears competent. LSV appears competent.

SFJ appears incompetent. SSV appears incompetent in the proximal and distal calf. Incompetent branch arises from the SSV in the proximal calf forming multiple incompetent and tortuous varicosities to the posterior-medial calf. SSV is quite linear in the proximal calf but becomes smaller calibre in the mid-distal calf. Transverse dimensions of SSV: Proximal calf - 0.50cm. Mid calf - 0.29cm. Distal calf - 0.26cm.

INTERVIEW

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent (apart from isolated, slight incompetent flow in the SFV distal thigh) and compressible.

SFJ appears competent. LSV appears small calibre and competent.

SFJ is incompetent. SSV is incompetent in the proximal and distal calf. Incompetent branch arises from the SSV in the proximal calf forming multiple incompetent and tortuous varicosities to the posterior-medial calf. SSV is quite linear in the proximal calf but forms multiple branches in the mid-distal calf. Transverse dimensions of SSV: Proximal calf - 0.63cm. Mid calf - 0.28cm. Distal calf - 0.19cm.

Clinical History :

left lower limb venous ulcer healing. Previous DVTs. Is there a superficial venous component which could be treated with EVLT? does she have deep venous disease?

US Doppler lower limb veins Lt:

All visualised lower limb deep veins appear patent, competent (apart from isolated slight incompetent flow in the common femoral vein and superficial femoral vein distal thigh) and compressible. No evidence of previous DVT.

Incompetent anterior thigh accessory vein (ATAV) arises from the common femoral vein and tracks to the proximal anterior thigh where it becomes tortuous. Incompetent branches arise from the tortuous ATAV forming varicosities to the anterior-lateral thigh and proximal anterior calf. ATAV is quite linear for a short section from the junction - transverse diameter: 0.54-0.74cm. Non-occlusive superficial thrombophlebitis noted in some of the anterior calf varicosities.
SFJ appears incompetent. LSV appears competent in the thigh.

SPJ was not identified. SSV was not assessed due to heavy compression dressings covering the calf.