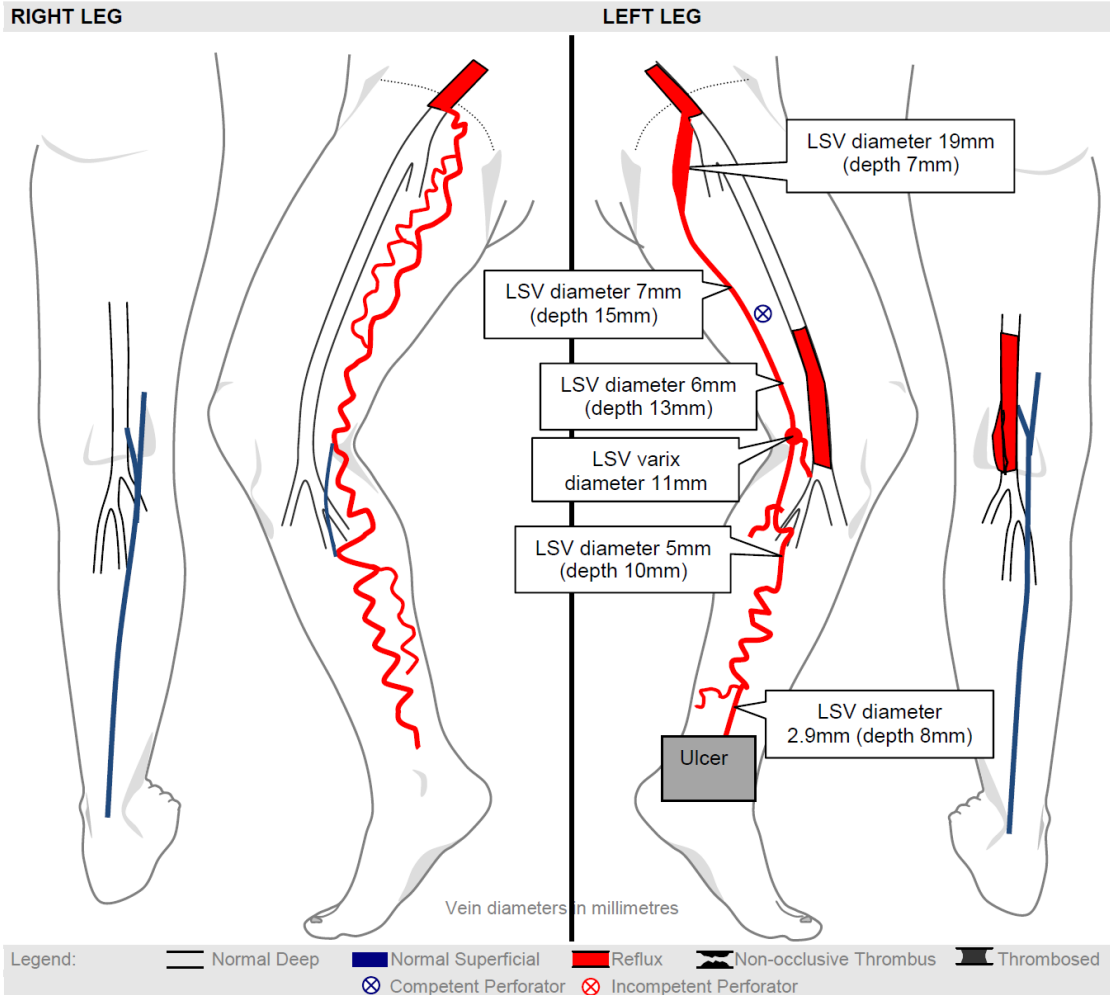


Patient:   
 CHI:   
 Date of Scan: 07.11.2019  
 Referring Consultant: Mr R Jamieson  
 Left ankle ulcer with LSV VVs. Right recurrent VVs (stripped 40 years ago) - looks like anterior thigh feeding lsv below knee with a prominent popliteal fossa vein



**RIGHT LEG** - RFA protocol not followed, detailed assessment performed.

**Deep veins:**

- CFV patent and mildly incompetent.
- SFV and popliteal vein patent and competent.

**Superficial veins:**

- Incompetent SFJ refluxes into a VV.
- Section of patent and competent LSV noted at knee/just below knee, remaining LSV below the SFJ not visualised (previously treated).
- SPJ and SSV patent and competent.

**LEFT LEG** - RFA protocol followed, only one perforator vein assessed and limited assessment of VVs.

**Deep veins:**

- CFV and popliteal vein patent and incompetent.
- SFV at knee and second popliteal vein below knee patent and mildly incompetent. Minor wall irregularity noted in the second popliteal vein below knee.
- SFV above knee patent and competent.

**Superficial veins:**

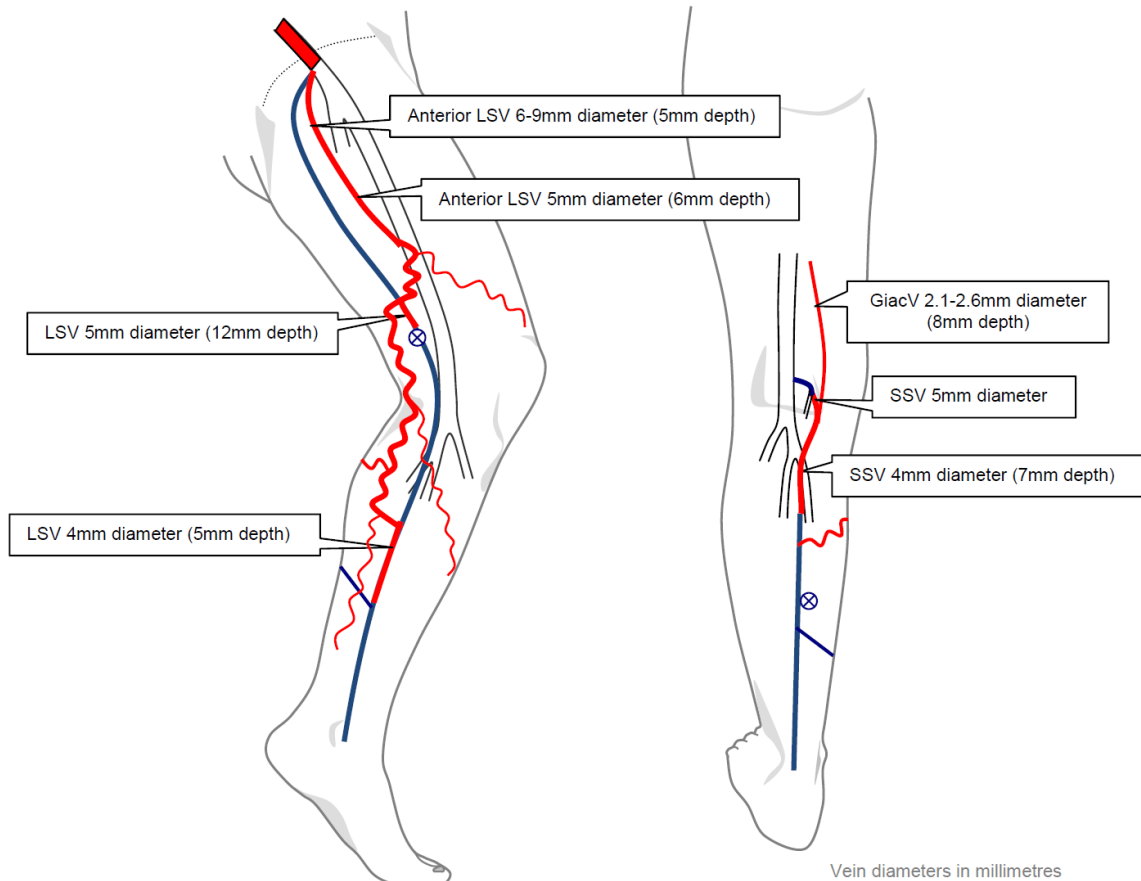
- SFJ and LSV incompetent (LSV at ankle not scanned due to ulcer).
- VVs arise off the LSV at knee, just below knee, 5cm below knee and 10cm above ankle.
- LSV is tortuous 5cm below knee, and becomes varicose at mid calf.
- LSV varix at knee.
- SPJ and SSV patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:  
Date of Scan: 15.11.2019

Referring Consultant: Mr A Tambyraja  
left lower limb bleeding from varicosity ++; bilateral vv's - scan superficial and deep with a view to treat

**Left Lower Extremity Venous Duplex**



Legend: — Normal Deep — Normal Superficial — Reflux — Non-occlusive Thrombus — Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

**DEEP VEINS:**

- CFV patent and mildly incompetent.
- SFV and paired popliteal vein patent and competent.

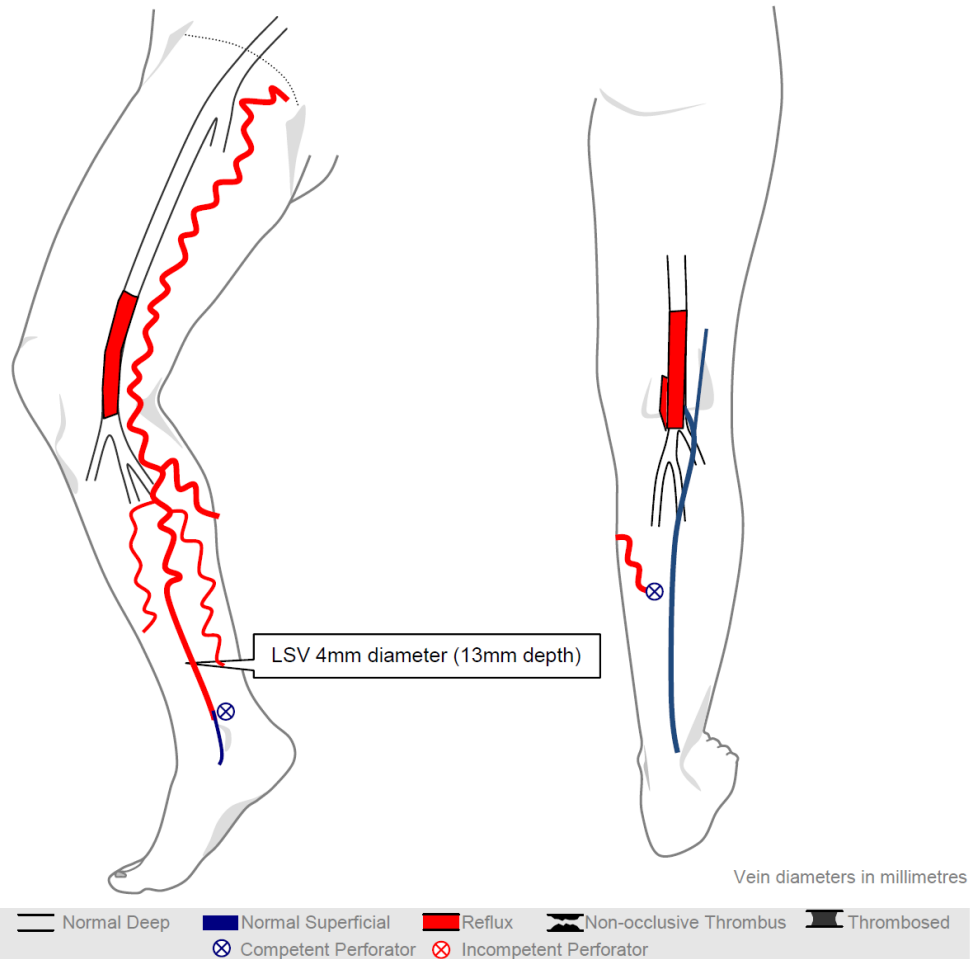
**SUPERFICIAL VEINS:**

- Incompetent SFJ refluxes into the incompetent anterior LSV which becomes VVs at mid thigh.
- Sections of LSV incompetent 12cm above knee (length 2cm), and from 10cm below knee to approx 10cm above ankle via VV communication.  
Branch vein arises off the LSV approx 10cm above ankle.
- SSV becomes mildly incompetent 1.5cm below the SPJ (intramuscular vein communication at this level).  
SSV mildly incompetent at knee below Giacomini vein communication.  
SPJ (at knee) and SSV from calf to ankle patent and competent.
- Giacomini vein incompetent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 08.11.2019  
 Consultant: Mr A Tambyraja  
 Clinical Indication: Right lower limb recurrent vv's – complains re: swelling and pain in veins

**Right Lower Extremity Venous Duplex**



**DEEP VEINS:**

- Popliteal vein patent and incompetent.
- SFV at knee and popliteal vein below knee patent and mildly incompetent.
- CFV and remaining SFV patent and competent.

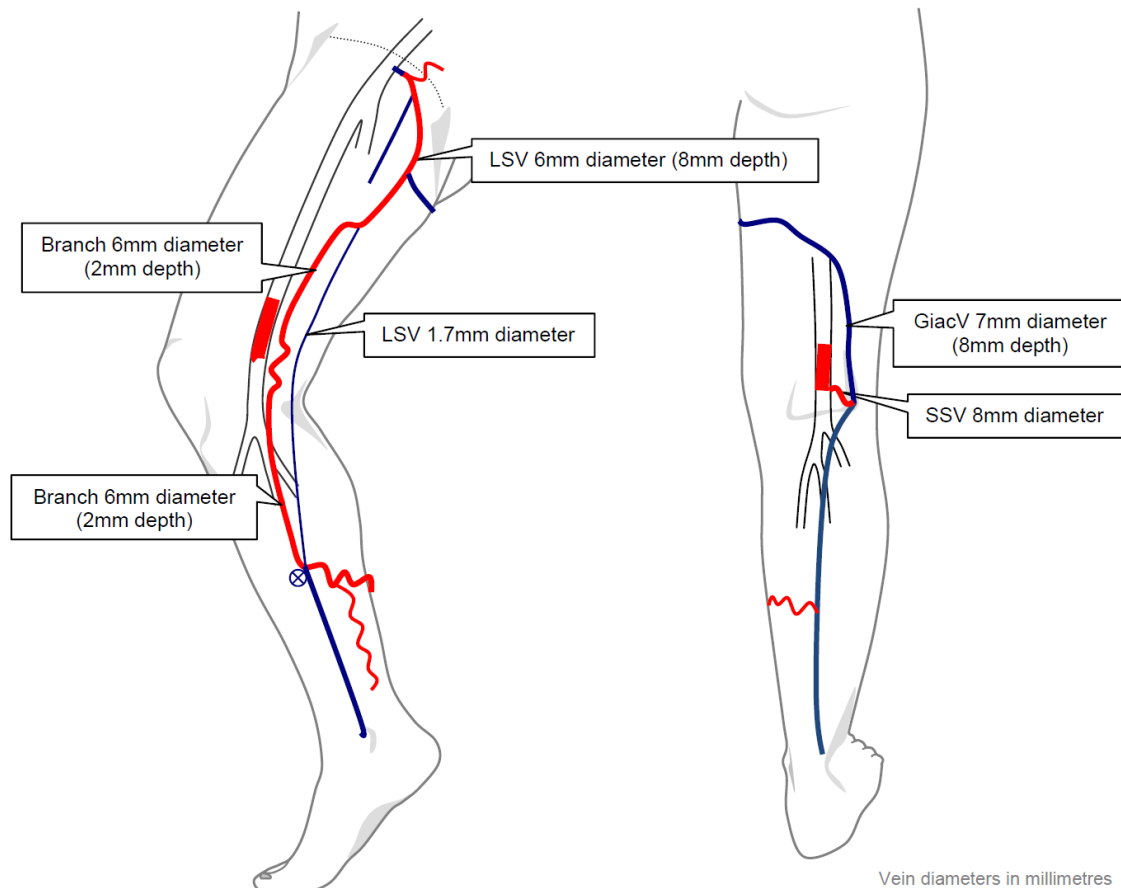
**SUPERFICIAL VEINS:**

- SFJ and LSV not visualised above mid calf, previously treated. Incompetent LSV reforms at mid calf.
- Medial groin VV travels down the medial leg, appearing to travel through a lymph node 3cm below groin crease, and travelling within the fascia at the knee. No clear CFV-VV communication demonstrated. VV communicates with a prominent (? competent) perforator vein on posterior mid calf.
- Giacomini vein, SPJ (poor views of SPJ) and SSV patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 15.11.2019  
 Consultant: Mr A Tambyraja  
 Clinical Indication: left lower limb bleeding from varicosity ++; bilateral vv's - scan superficial and deep with a view to treat

**Right Lower Extremity Venous Duplex**



Legend: — Normal Deep — Normal Superficial — Reflux — Non-occlusive Thrombus — Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

**DEEP VEINS:**

- Popliteal vein above knee patent and incompetent.
- CFV, paired SFV and remaining popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

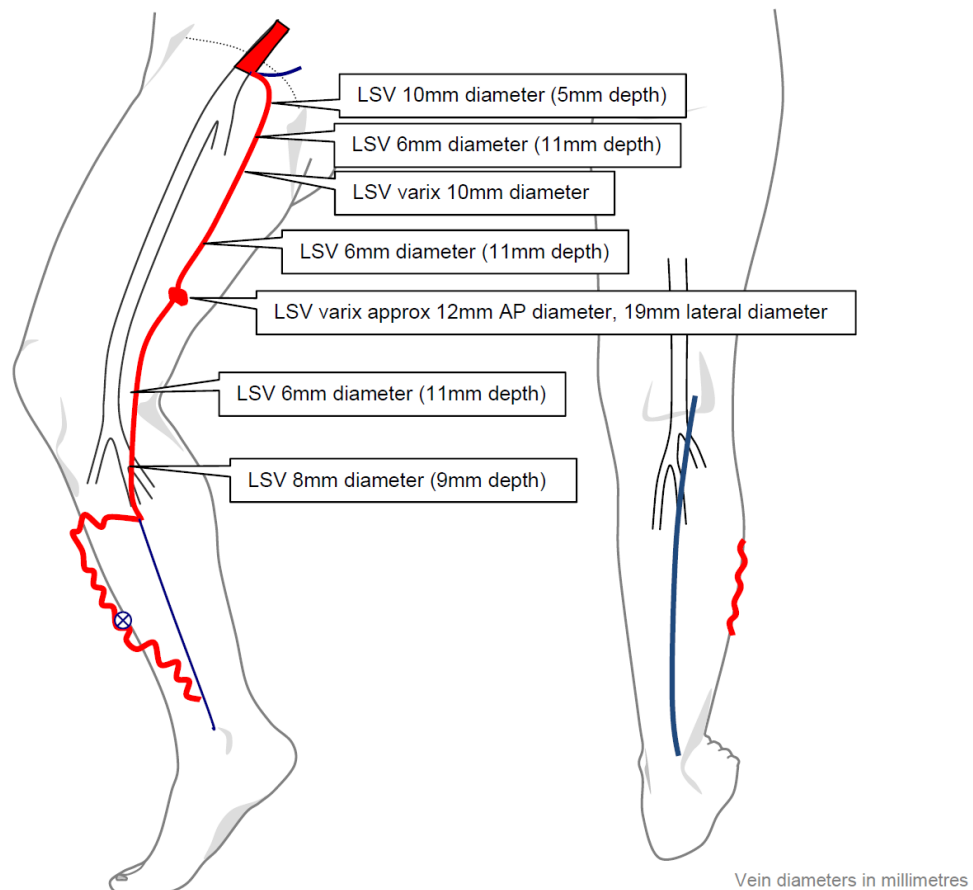
- SFJ patent and competent.  
 LSV becomes incompetent 0.5cm below the SFJ via a medial groin vein.  
 Incompetent superficial branch vein arises off the LSV 17cm below groin crease and is tortuous at knee.  
 Superficial branch communicates with the LSV at mid calf, VV arises at this level.
- Incompetent mildly tortuous SPJ (3cm above knee) refluxes into the competent very mildly tortuous Giacomini vein which communicates with the LSV 10cm below groin crease.  
 SSV below knee patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:  
Date of Scan: 18.11.2019

Consultant: Mr RTA Chalmers  
Clinical Indication: Venous eczema lsv vvs clinically.

**Right Lower Extremity Venous Duplex**



**DEEP VEINS:**

- CFV patent and mildly incompetent.
- Paired SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

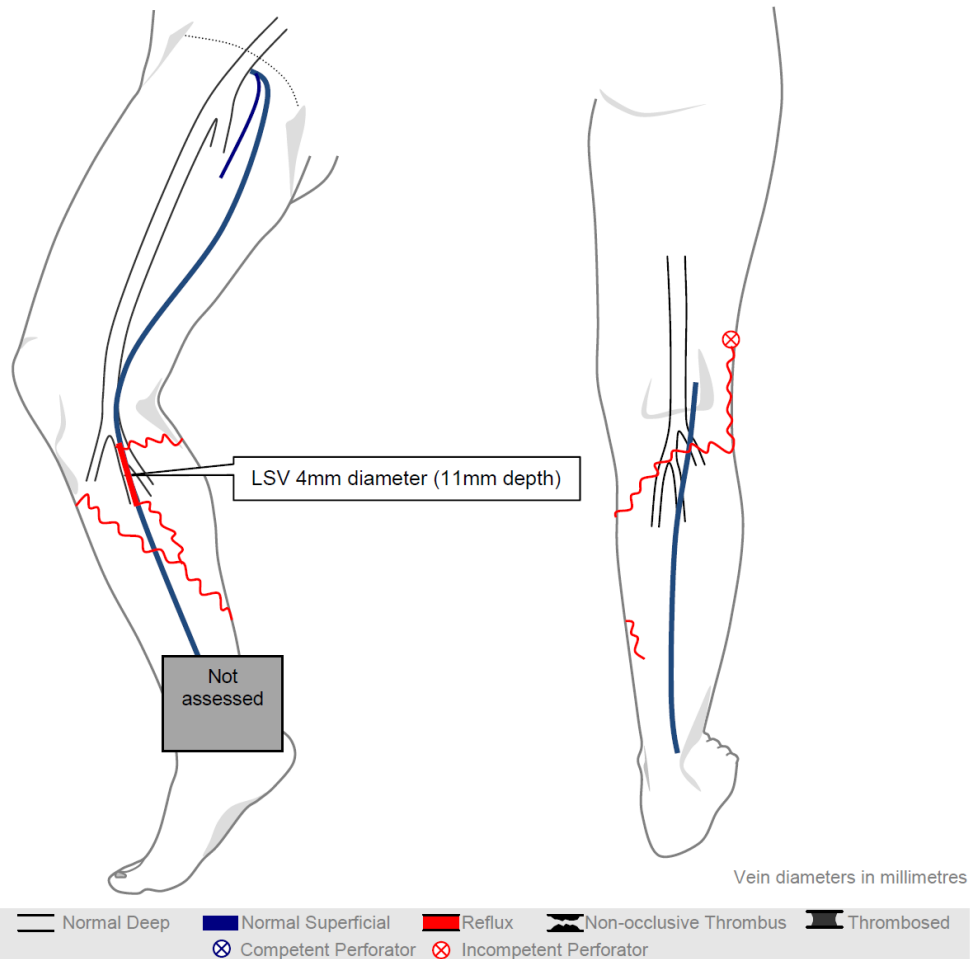
- SFJ incompetent. Groin vein drains in at the SFJ.
- VV arises off the LSV 8cm below knee, LSV incompetent above this level.
- LSV varix 10cm below groin crease and 12cm above knee.
- LSV very mildly tortuous 12cm above knee.
- SSV patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:  
Date of Scan: 20.11.2019

Consultant: Mr A Tambyraja  
Clinical Indication: Right ulceration ? intervenable venous disease.

**Right Lower Extremity Venous Duplex**



**NOTE:**

- Medial ankle not scanned due to dressing.
- Oedema noted on the posterior leg below knee.

**DEEP VEINS:**

- Limited assessment of CFV respiratory modulation due to cardiac modulated waveform.
- CFV, SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

- SFJ patent and competent.
- Section of LSV mildly incompetent just below knee, remaining LSV patent and competent.
- VV arises off the LSV approx 5cm below knee.
- SSV patent and competent.
- VV arises off an incompetent perforator vein (diameter 1.8mm) on the lateral leg 8cm above knee.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:

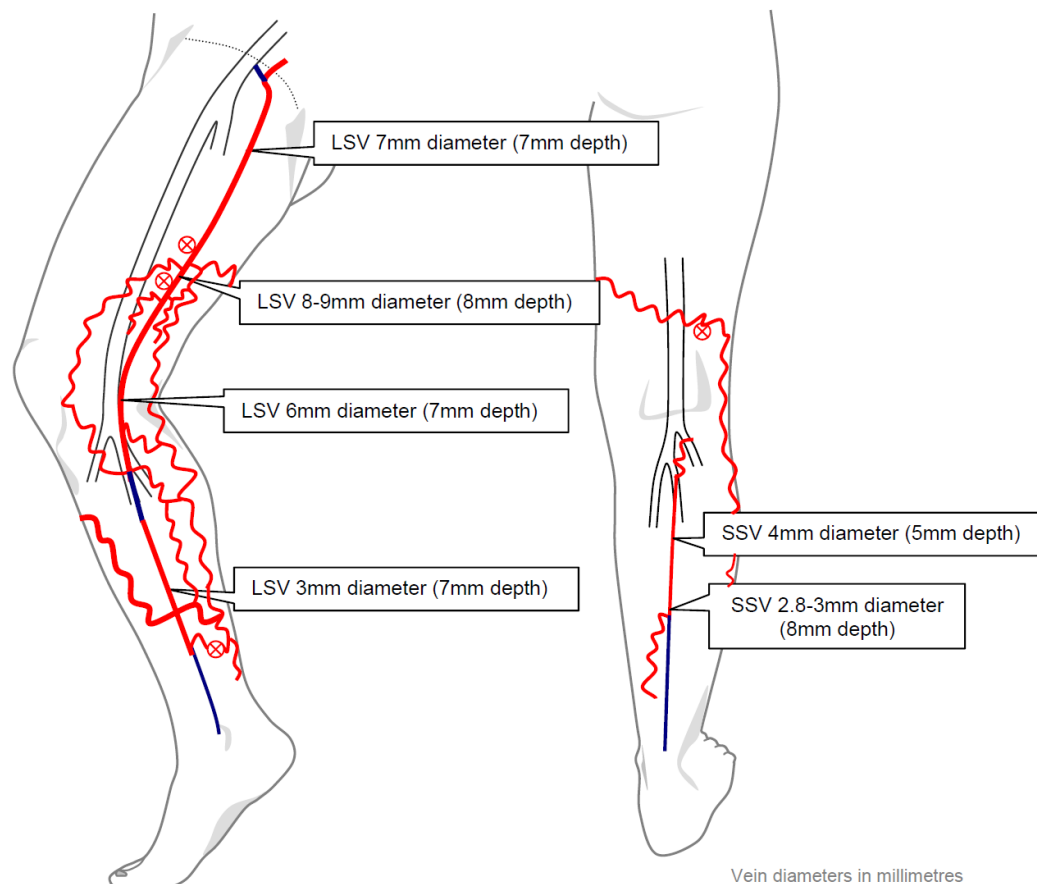
CHI:

Date of Scan: 22.11.2019

Consultant: Mr A Tambyraja

Clinical Indication: Oedema and haemocidrin

**Right Lower Extremity Venous Duplex**



Legend: — Normal Deep — Normal Superficial — Reflux — Non-occlusive Thrombus — Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

**DEEP VEINS:**

- CFV, SFV, second SFV below mid thigh, and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

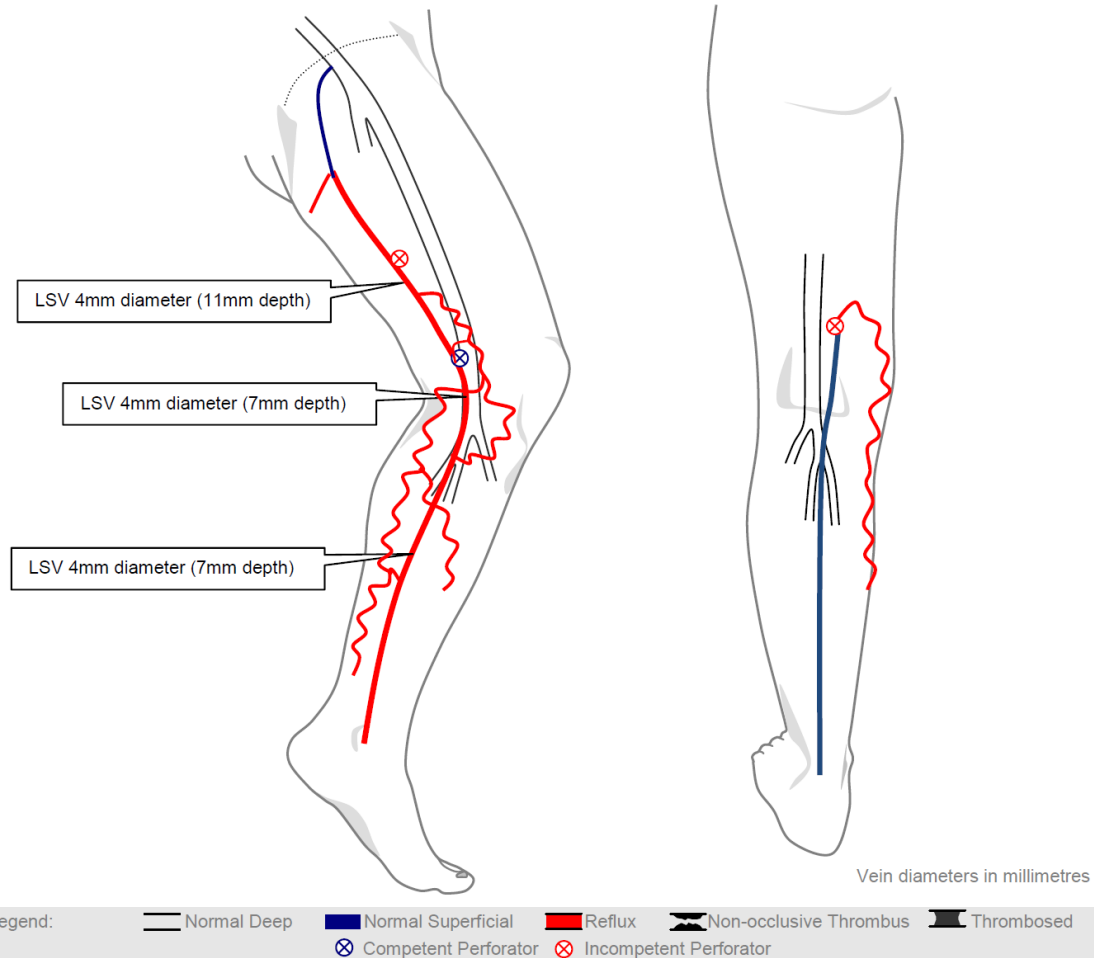
- SFJ patent and competent.  
LSV becomes incompetent 1cm below the SFJ via a medial groin vein which drains in at this level.  
Multiple VVs arise off the LSV – complex and difficult to assess pattern of veins at thigh level.  
Incompetent perforator veins communicate with the LSV: at mid thigh (with diameters 3.9mm and 3.0mm); ? 5cm below knee (diameter 3.8mm); and 12cm above ankle (diameter 4.2mm). ? further communications in the thigh – difficult to assess.  
Lymph node noted adjacent to the LSV at the groin.
- SSV not visualised at knee.  
Incompetent SSV reforms just below knee via VV.  
VV arises off the SSV at mid calf.
- VV arises off an incompetent perforator vein (diameter 3.0mm) on the posterior leg 12cm above knee.

**NOTE:** Mixed echo mass noted on the medial knee (AP diameter 6mm, lateral diameter 8mm), no clear VV communication.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 22.11.2019  
 Referring Consultant: Mr A Tambyraja  
 Oedema and haemocidrin

**Left Lower Extremity Venous Duplex**



**DEEP VEINS:**

- CFV, SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

- SFJ patent and competent.  
 LSV becomes incompetent approx 10cm below groin crease via branch vein.  
 VV arises off the LSV at mid thigh.  
 Incompetent perforator vein (diameter 2.9mm) communicates with LSV at mid thigh.
- SSV patent and competent, SPJ not clearly visualised.  
 Incompetent perforator vein (diameter 1.9mm) communicates with the SSV 8cm above knee, VV arises at this level.

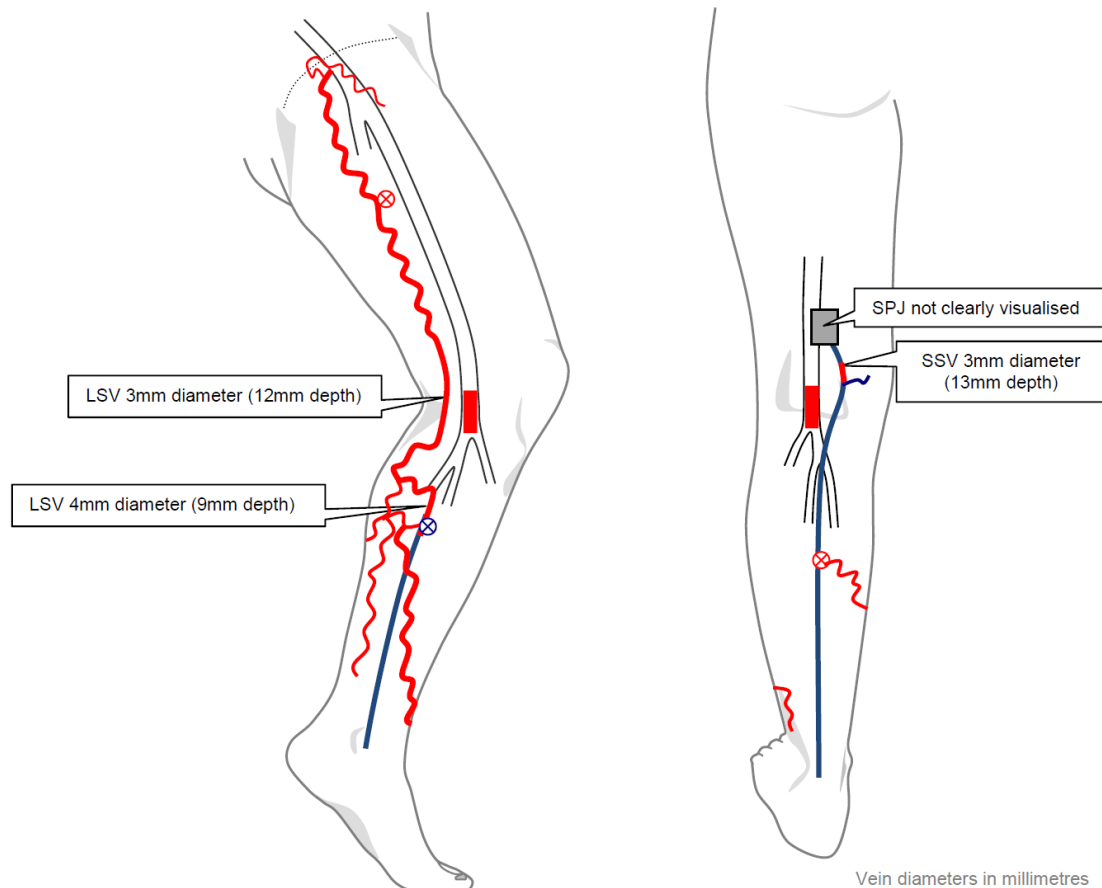
Scanned by: Beth Ness, Clinical Vascular Scientist.



Patient:   
CHI:  
Date of Scan: 06.12.2019

Referring Consultant: Mr R Chalmers  
**Urgent outpatient**  
Left lower limb varicose veins with skin changes and pigmentation and tenderness. Needs urgent duplex assessment please.

**Left Lower Extremity Venous Duplex**



**DEEP VEINS:**

- Popliteal vein below knee patent and mildly incompetent.
- CFV, SFV and popliteal vein above knee patent and competent.

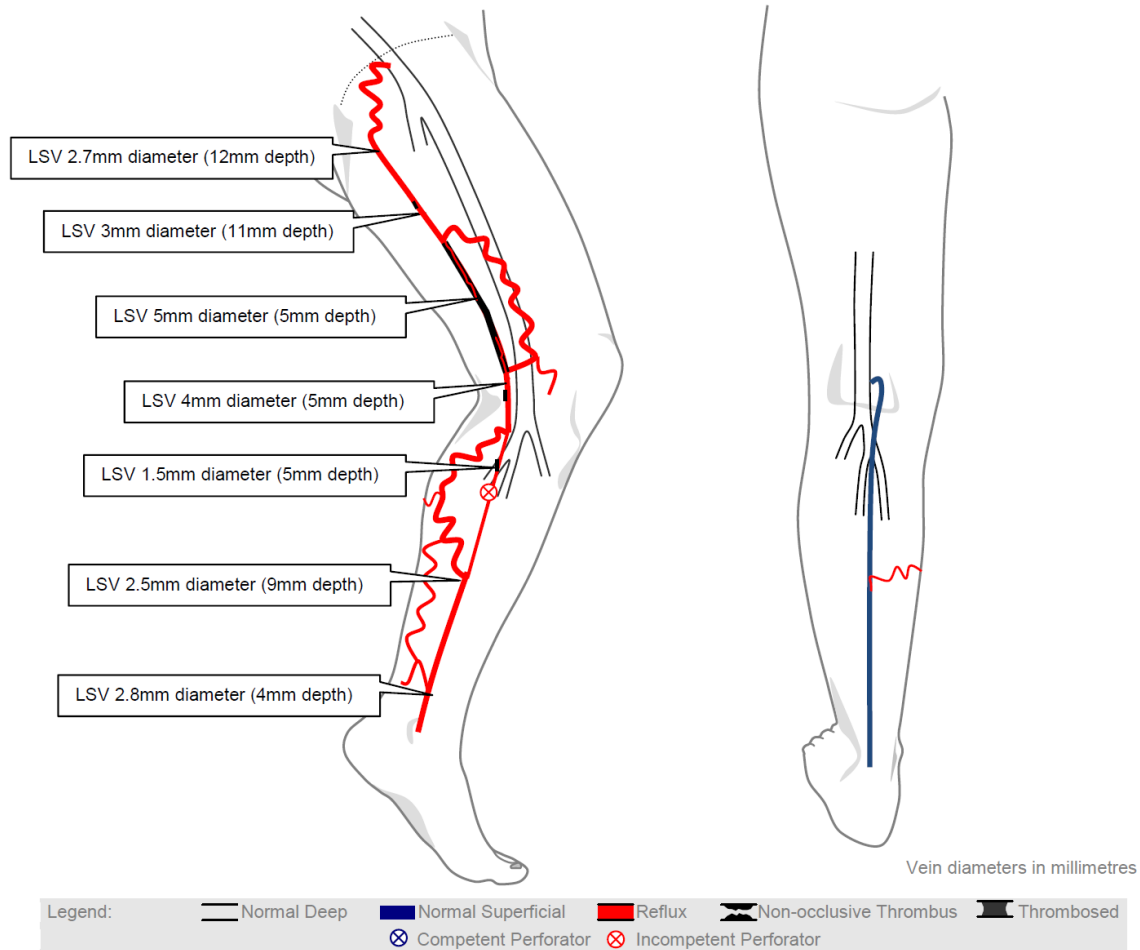
**SUPERFICIAL VEINS:**

- LSV not visualised from groin to thigh, and from just below knee to 7cm below knee - previously treated. VVs form a neovascularisation junction with the CFV. Incompetent LSV reforms just above the knee and becomes varicose just below knee. Incompetent LSV reforms 7cm below knee, with a competent perforator vein communication 9cm below knee.
- SPJ appears to be 10cm above knee and patent and competent although views were poor (communication to the deep veins not clearly visualised). Small branch vein arises off the SSV 5cm above knee - short section of SSV incompetent just above this. SSV below knee patent and competent. Incompetent perforator vein (diameter 1.8mm)/SSV communication 10cm below knee, VV arises at this level.
- Incompetent perforator vein (diameter 2.9mm) communicates with medial thigh VV 12cm below groin crease.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 12.12.2019  
 Referring Consultant: Mr R Chalmers  
 Chronic venous skin changes left calf with champagne bottleleg also evidence of arterial insufficiency with impalpable foot pulses and monophasic Dopplers can she have arterial and venous scan please? Thanks

**Left Lower Extremity Venous Duplex**



**DEEP VEINS:**

- CFV, SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

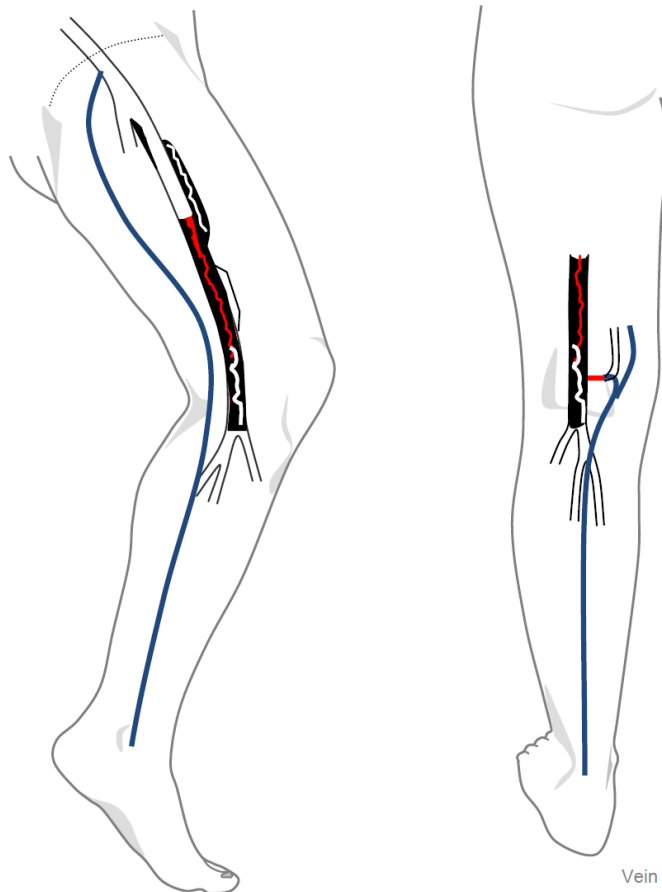
- SFJ previously treated. Incompetent LSV reforms approx 5cm below groin crease via neovascularisation of the SFJ which gives rise to a VV.  
 LSV chronically thrombosed from mid thigh to knee to a channel of flow noted in sections. Old residual thrombus noted in the LSV in the proximal thigh, at knee and just below knee.  
 VVs arise off the LSV at mid thigh, just below knee and ankle.  
 LSV travels out of fascia from 10cm above knee to mid calf.  
 Mildly incompetent perforator vein (diameter 2.6mm) communicates with the LSV approx 5cm below knee.
- SPJ and SSV patent and competent.

**NOTE:** oedema noted below the knee above mid calf.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 20.12.2019  
 Referring Consultant: Mr A Tambyraja/Dr Julia AM Anderson  
 Recent left leg DVT. ? extension of DVT or recanalization. Need to decide on anticoagulation.  
 Scan within next 6 weeks please

**Left Lower Extremity Venous Duplex**



Vein diameters in millimetres

Legend:  Normal Deep  Normal Superficial  Reflux  Non-occlusive Thrombus  Thrombosed  
 Competent Perforator  Incompetent Perforator

**DEEP VEINS:**

- CIV/EIV confluence not scanned due to bowel gas. IVC and remaining CIV and remaining EIV patent with no clear evidence of thrombus. Slightly reduced respiratory modulation in the left EIV compared to the right EIV.
- SFV at groin is competent with minor residual thrombus. SFV from mid thigh is thrombosed with recanalisation (minor recanalisation below mid thigh). SFV from thigh to knee is incompetent.
- Second SFV from groin to mid thigh is thrombosed with minor recanalisation.
- Popliteal vein is thrombosed with recanalisation. Difficult to determine whether popliteal vein is paired or not.
- CFV and second SFV at knee patent and competent with no evidence of thrombus.

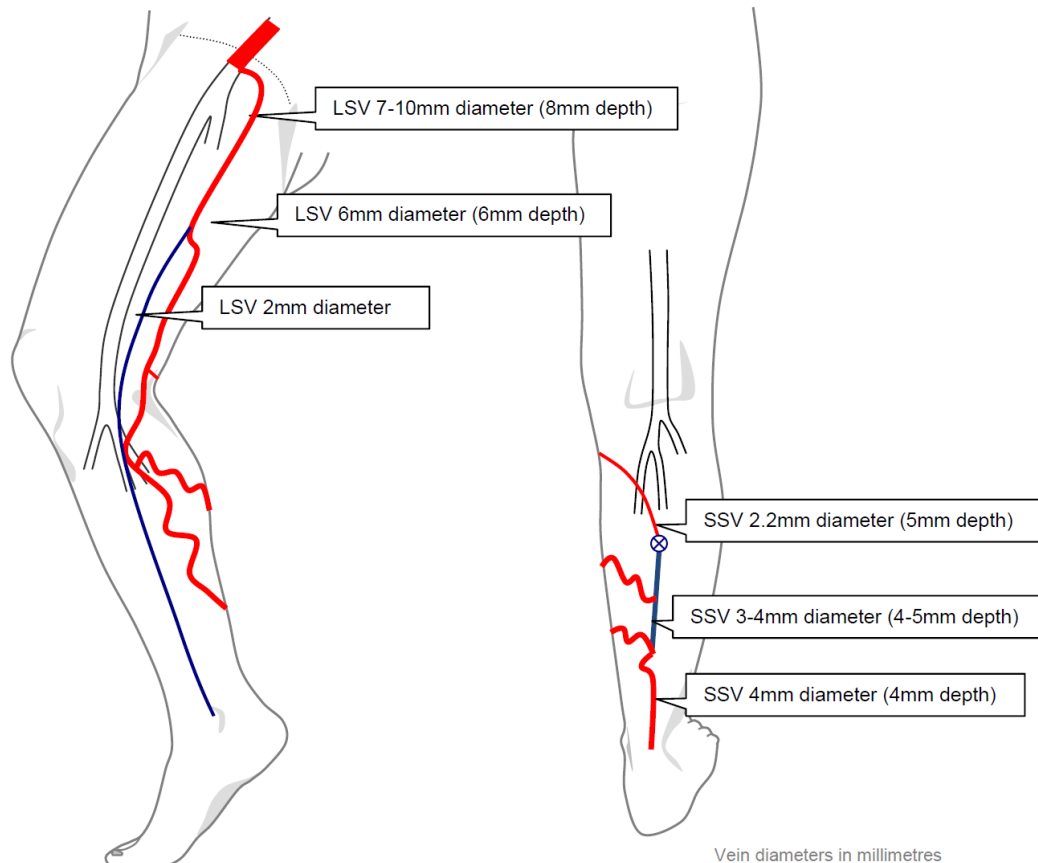
**SUPERFICIAL VEINS:**

- SFJ and LSV patent and competent.
- Incompetent SPJ (just above knee) refluxes into a competent intramuscular vein. Remaining SSV and Giacomini vein patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 20.12.2019  
 Consultant: Mr A Tambyraja  
 Clinical Indication: Bilateral symptomatic vv's - scan superficial and deep with view to treat

**Right Lower Extremity Venous Duplex**



Legend:  Normal Deep Thrombosed  Normal Superficial  Reflux  Non-occlusive Thrombus   Competent Perforator  Incompetent Perforator

**DEEP VEINS:**

- CFV patent and incompetent.
- SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

- SFJ and LSV above mid thigh incompetent. VV arises off the LSV at mid thigh.
- SSV not visualised at knee. Incompetent SSV reforms approx 10cm below knee via a small superficial branch. Competent reflux noted in the SSV at calf level due to VV communication. SSV becomes mildly tortuous and incompetent just below calf level via VV.

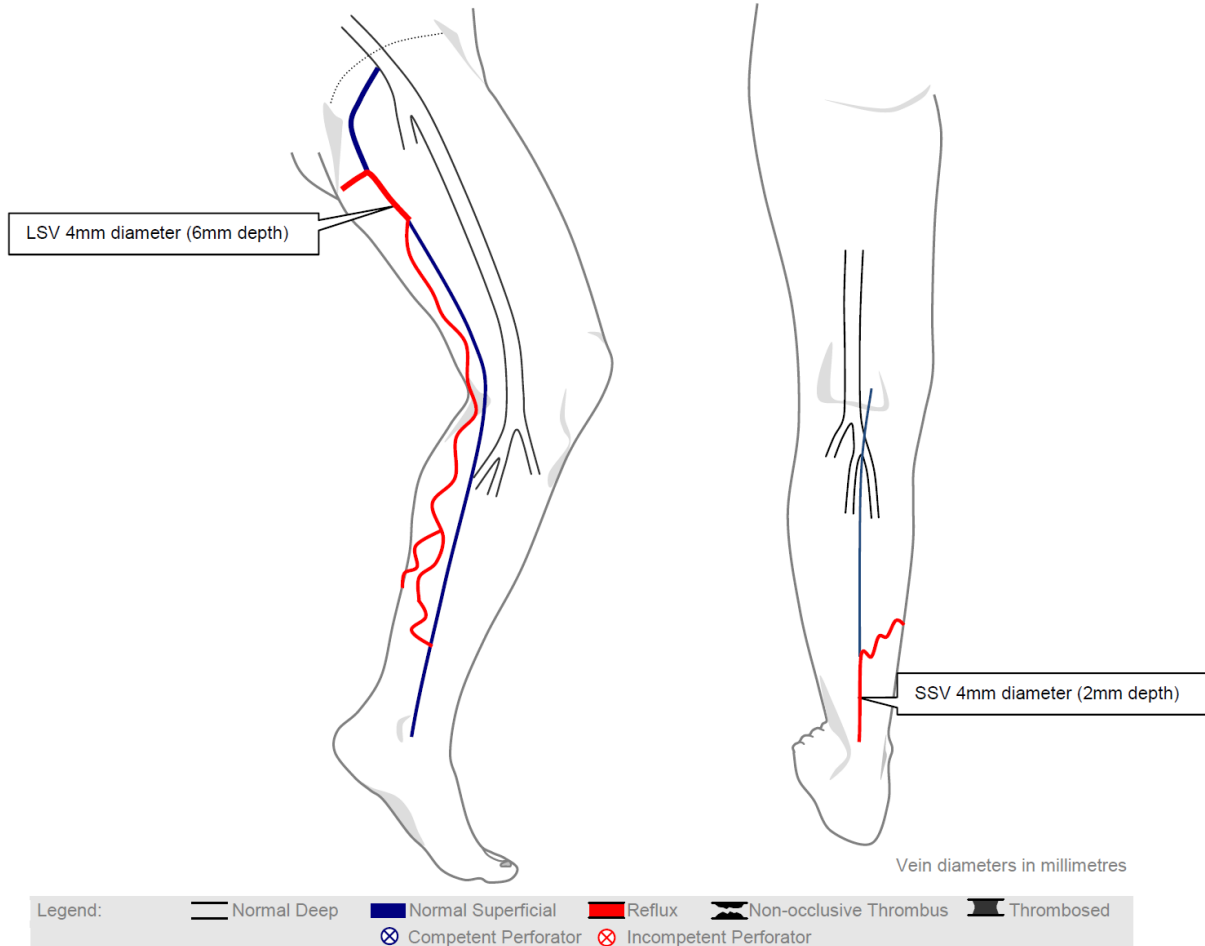
Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:

Date of Scan: 20.12.2019

Referring Consultant: Mr A Tambyraja  
Bilateral symptomatic vv's - scan superficial and deep with view to treat

**Left Lower Extremity Venous Duplex**



**DEEP VEINS:**

- CFV, SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

- SFJ patent and competent.  
LSV becomes incompetent approx 7.5cm below the SFJ via medial branch vein.  
VV arises off the LSV 13cm below groin crease.
- SSV becomes incompetent just below calf level via VV.  
Remaining SSV patent and competent and of small calibre.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:

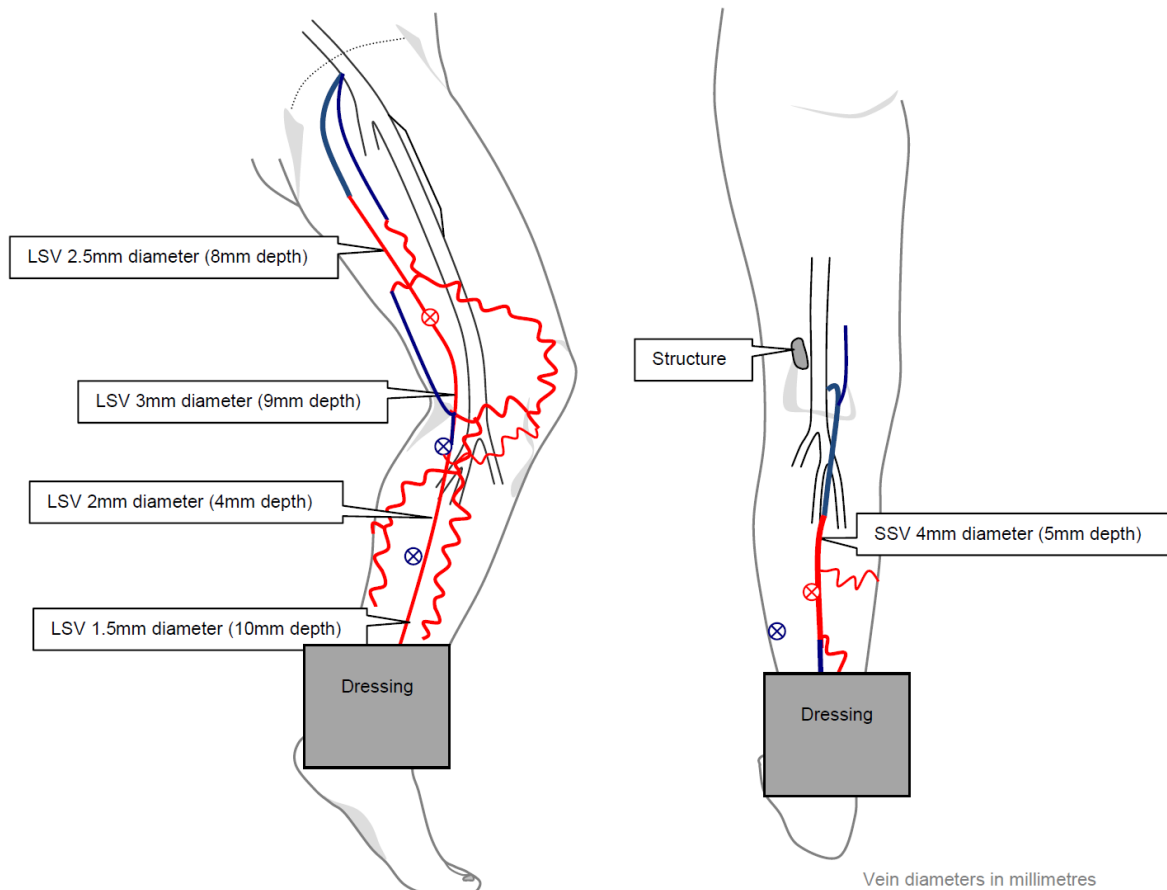
Date of Scan: 27.12.2019

Referring Consultant: Mr O Falah

Urgent inpatient, ward 105

3L blood loss from bleeding left ankle varicosities, ? for foam treatment

**Left Lower Extremity Venous Duplex**



Legend: — Normal Deep — Normal Superficial — Reflux   Non-occlusive Thrombus   Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

**NOTE:**

- **Difficult assessment due to patient immobility.**
- Hypoechoic structure (AP diameter 1.5cm, lateral diameter 1.5cm, length 2.1cm) adjacent to the popliteal vein just above knee - no evidence of flow and no clear vascular communication.
- Oedema noted below mid calf.
- Leg not scanned below calf level due to dressings.

**DEEP VEINS:**

- CFV, SFV (paired above mid thigh) and popliteal vein patent and competent.

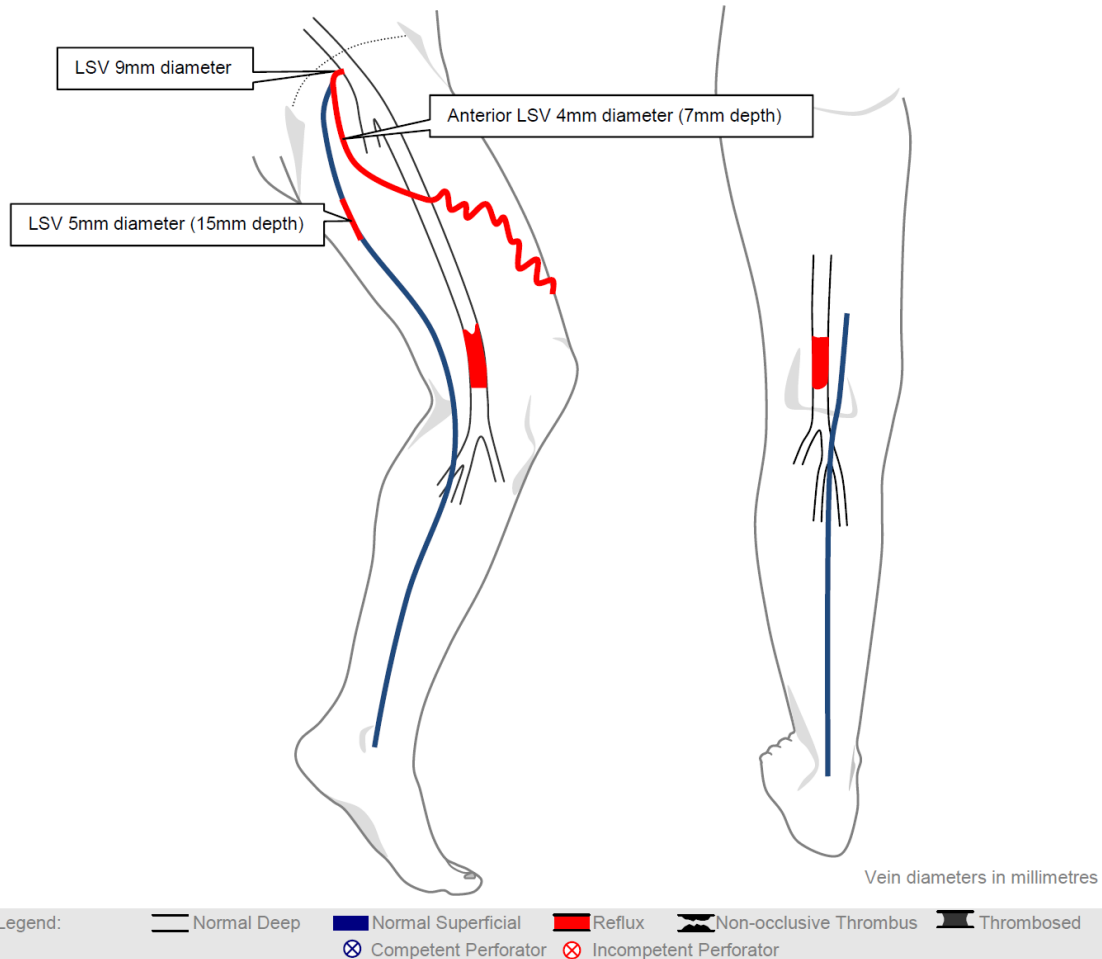
**SUPERFICIAL VEINS:**

- SFJ patent and competent.  
LSV incompetent from thigh level with a short competent section just below knee.  
Incompetent perforator vein (diameter 2.3mm) communicates with the LSV 14cm above knee.  
VV communicates with the LSV at knee, and a competent branch vein arises at this level.  
Anterior LSV at groin patent and competent.
- Giacomini vein, SPJ (poor views) and SSV at knee patent and competent.  
SSV mildly incompetent from just above mid calf and incompetent at mid calf.  
Prominent perforator vein (?? with irregular flow - cannot rule out minor thrombus) communicates with the SSV at mid calf (unable to determine competence).  
VV arises off the SSV just below mid calf.
- VV noted on the medial thigh travels to the anterior knee (difficult to determine VV origin).

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 03.01.2020  
 Referring Consultant: Mr Z Raza  
 For left leg VV surgery

**Left Lower Extremity Venous Duplex**



**NOTE:**

RFA protocol followed – limited assessment of VVs and perforator veins not assessed.

**DEEP VEINS:**

- Popliteal vein above knee patent and mildly incompetent.
- CFV, SFV and popliteal vein below knee patent and competent.

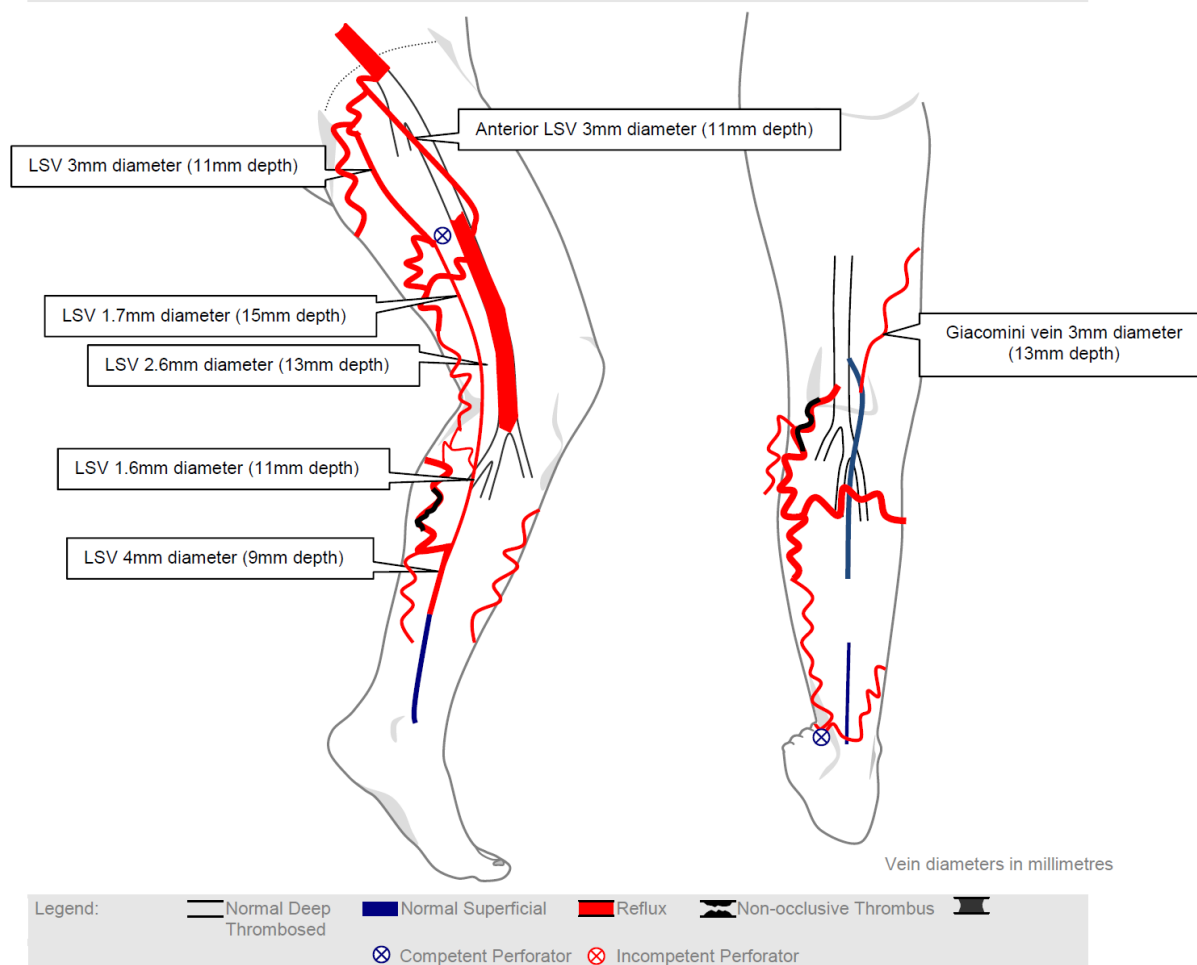
**SUPERFICIAL VEINS:**

- Incompetent SFJ refluxes into the incompetent anterior LSV.
- Anterior LSV becomes a VV approx 14cm below groin crease.
- Anterior LSV arises off the LSV 0.6cm below the SFJ.
- Section of LSV mildly incompetent in the upper thigh.
- Remaining LSV below the SFJ patent and competent.
- SSV patent and competent (SPJ not clearly visualised).

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 03.01.2020  
 Mr R Jamieson  
**Urgent outpatient**  
 Referring Consultant: 76 longstanding history (50 years+) varicose viens bilateral treatment x 2 (high ties and MSAs she thinks) recurrent tortuous varicosities left worse than the right with several episodes of thrombophlebitis of left medial calf vien and one episode of bleeding from lateral maleolar varicosity- intermittantly scabs - duplex for ? intervention high risk of bleeding again

**Left Lower Extremity Venous Duplex**



**DEEP VEINS:**

- SFV from mid thigh and popliteal vein above knee patent and incompetent.
- CFV patent and mildly incompetent.
- SFV at groin and and popliteal vein below knee patent and competent.

**SUPERFICIAL VEINS:**

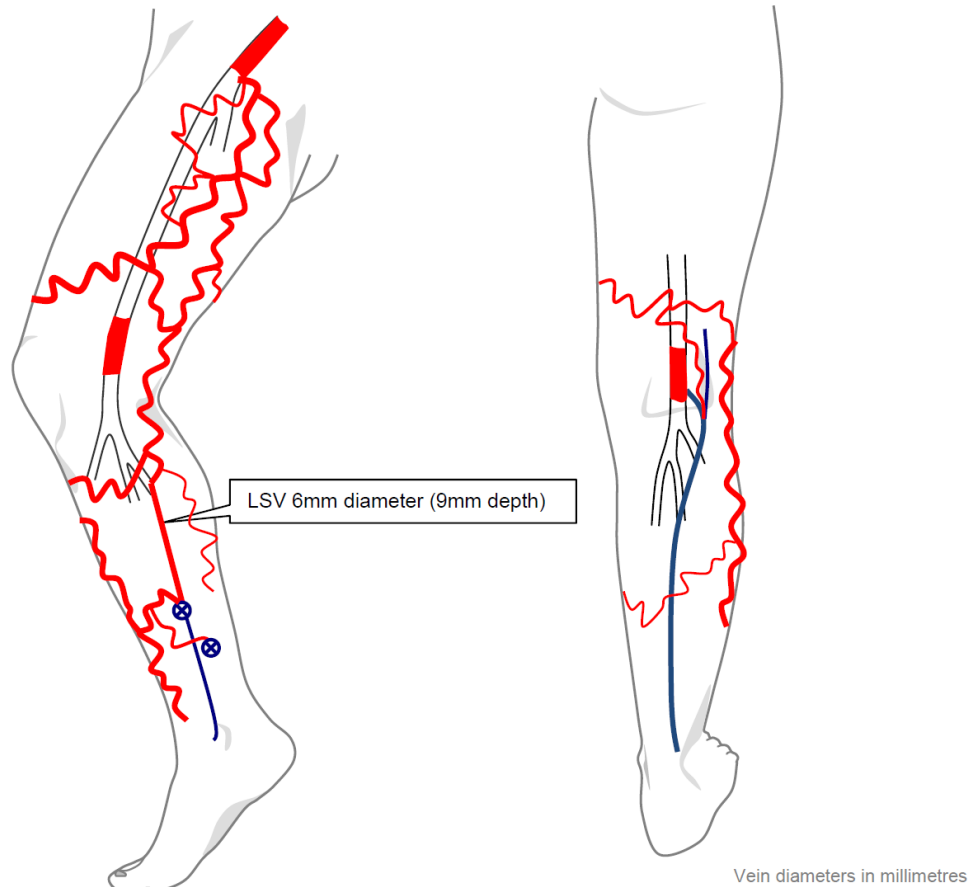
- LSV previously treated, section of LSV not visualised at groin. Neovascularisation of the incompetent SFJ noted. Incompetent LSV reforms approx 3cm below groin crease. LSV-SFV competent perforator vein noted at mid thigh. VV also arises off the LSV at mid thigh.
- Incompetent anterior LSV becomes VV at mid thigh.
- SSV not visualised at mid calf.
- Remaining SSV and SPJ (just above knee) patent and competent, although poor views of the SPJ.
- Mildly tortuous incompetent Giacomini vein appears to communicate with a medial groin VV (poor views).
- Large VV containing minor old residual thrombus arises off the popliteal vein at the knee. Medial mid calf VV also partially thrombosed.

Scanned by: Beth Ness, Clinical Vascular Scientist.



Patient:   
 CHI:   
 Date of Scan: 03.01.2020  
 Consultant: Mr R Jamieson  
 Clinical Indication: **Urgent outpatient**  
 76 longstanding history (50 years+) varicose veins bilateral treatment x 2 (high ties and MSAs she thinks) recurrent tortuous varicosities left worse than the right with several episodes of thrombophlebitis of left medial calf vein and one episode of bleeding from lateral maleolar varicosity- intermittently scabs - duplex for ? intervention high risk of bleeding again

**Right Lower Extremity Venous Duplex**



Legend:  Normal Deep  Normal Superficial  Reflux  Non-occlusive Thrombus  Thrombosed  
 Competent Perforator  Incompetent Perforator

**DEEP VEINS:**

- CFV patent and incompetent.
- Popliteal vein above knee patent and mildly incompetent.
- SFV and popliteal vein below knee patent and competent.

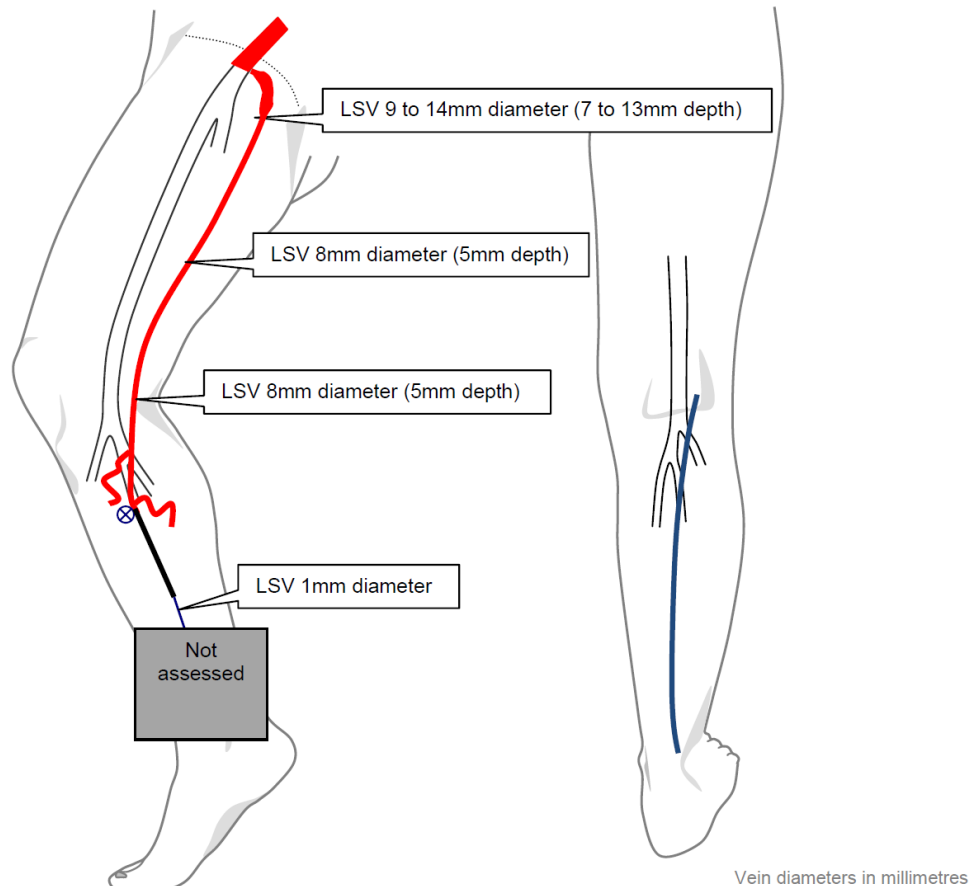
**SUPERFICIAL VEINS:**

- LSV previously treated, not visualised from groin to 5cm below knee. Neovascularisation of the incompetent SFJ gives rise to VVs. Incompetent LSV reforms 5cm below knee. VV arises off LSV at mid calf.
- Poor views of SPJ and Giacomini vein, but SPJ and Giacomini vein appear patent and competent. SSV patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 09.01.2020  
 Consultant: Mr RTA Chalmers  
 Clinical Indication: Urgent outpatient  
 97 yo male with light compression for venous leg ulceration. Remains v indeoendent - works 5 days a week in Hospice shop. Prev venous intervention ?what ?disease ameanable to RFA.

**Right Lower Extremity Venous Duplex**



Legend: — Normal Deep — Normal Superficial — Reflux X Non-occlusive Thrombus — Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

**NOTE:** RFA protocol followed – limited assessment of VVs and only 1 perforator vein assessed.

**DEEP VEINS:**

- CFV patent and incompetent.
- SFV and popliteal vein patent and competent.

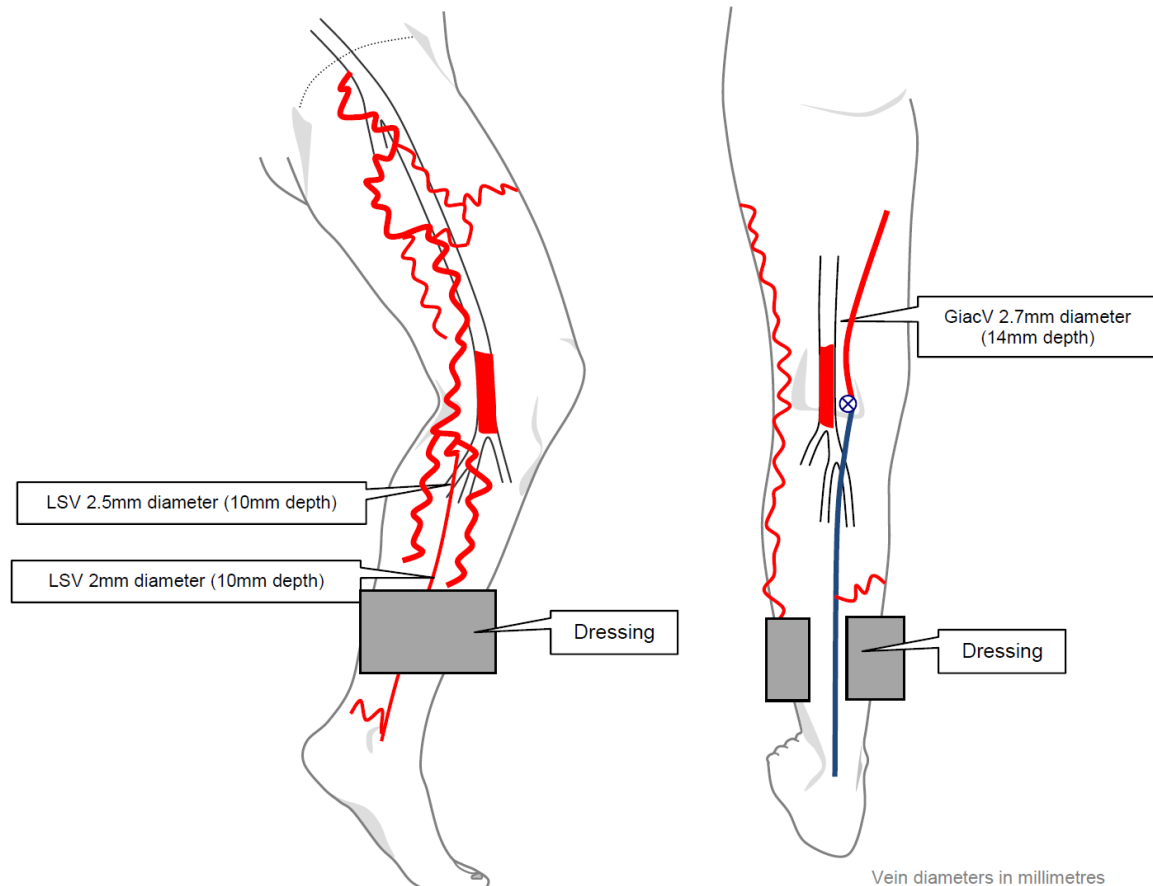
**SUPERFICIAL VEINS:**

- LSV not assessed below mid calf due to dressing.  
 SFJ and LSV above 10cm below knee incompetent.  
 VVs arise off the LSV just below knee and 10cm below knee (competent perforator vein also communicates with the LSV 10cm below knee).  
 LSV thrombosed from 10cm below knee to mid calf.  
 Small calibre patent LSV noted mid calf (unable to determine incompetence due to ulceration).
- SSV patent and competent (SPJ not clearly visualised).

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 10.01.2020  
 Referring Consultant: Mr Z Raza  
 Bilateral recurrent VV's

**Left Lower Extremity Venous Duplex**



Difficult assessment due to ulceration, patient mobility and large calf. Sections of calf not scanned due to dressings.

**DEEP VEINS:**

- Popliteal vein patent and mildly incompetent.
- CFV and SFV patent and competent.

**SUPERFICIAL VEINS:**

- Incompetent SFJ gives rise to a VV which appears to travel through a large lymph node in the groin. LSV not visualised from groin to just below knee, suggests previously treated.
- Incompetent LSV reforms just below knee, and a VV arises off the LSV at the ankle.
- Incompetent Giacomini vein (? which communicates with medial groin VVs) drains into a perforator vein at the knee, ? SPJ – communication to the popliteal vein not clearly visualised.
- SSV below knee patent and competent.
- VV noted on lateral leg.

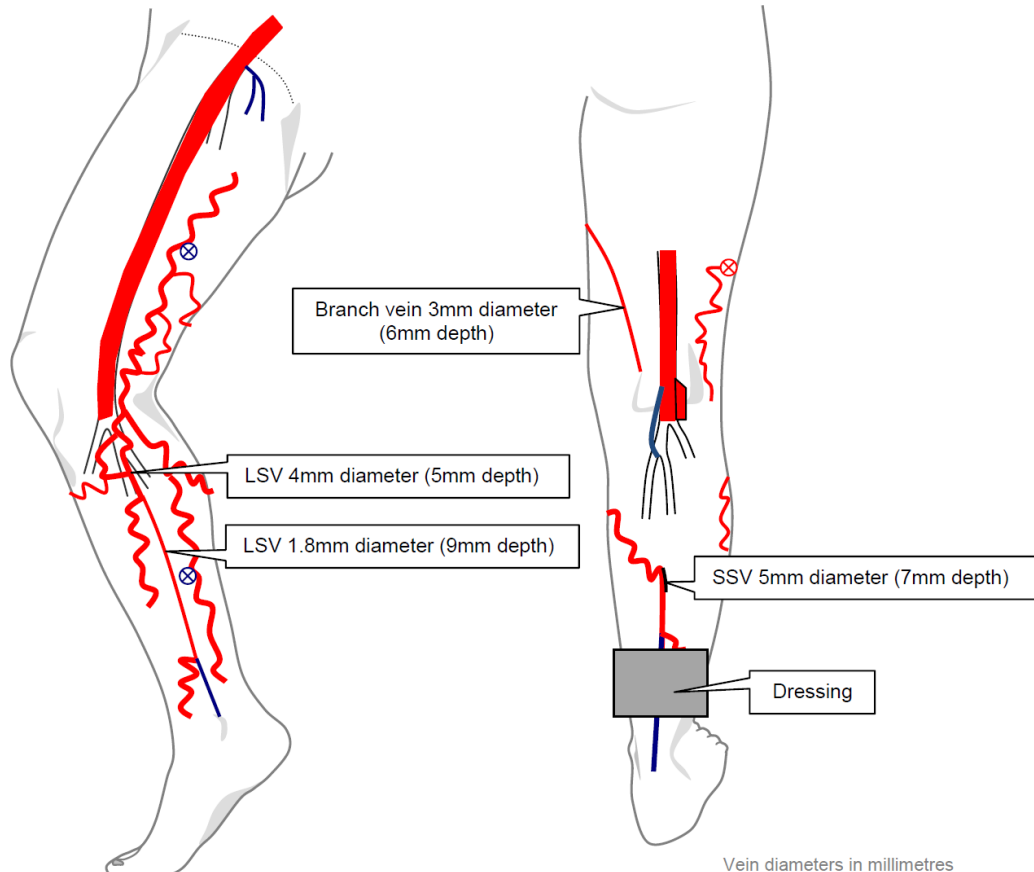
**NOTE:**

- ? Prominent lymph nodes noted in the left groin.
- Below knee odema noted.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 10.01.2020  
 Consultant: Mr Z Raza  
 Clinical Indication: Bilateral recurrent VV's

**Right Lower Extremity Venous Duplex**



Legend: — Normal Deep — Normal Superficial — Reflux — Non-occlusive Thrombus — Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

Difficult assessment due to ulceration and patient mobility. Section of posterior calf not scanned due to dressing.

**DEEP VEINS:**

- CFV, SFV, popliteal vein and second popliteal vein below knee patent and incompetent.

**SUPERFICIAL VEINS:**

- SFJ appears patent and competent.
- LSV not visualised from groin to just below knee, suggests previously treated.
- Incompetent LSV reforms just below knee. VVs arise off the LSV 5cm below knee and 10cm above ankle.
- SPJ patent and competent.
- SSV not visualised from just below knee to mid calf.
- Incompetent SSV reforms at mid calf, with minor old thrombus in the SSV at this level.
- VV arises off the SSV in the distal calf.
- Posterior thigh incompetent branch vein noted (? communicating with medial groin VVs), however, unable to assess vein communications at knee due to scar tissue. ?? Giacomini vein.
- Medial thigh VVs noted, however, unable to determine VV origins.
- Lateral thigh VV communicates with a mildly incompetent perforator vein (diameter approx 3mm) on lateral mid thigh. Small arterial branch noted adjacent to the perforator vein.

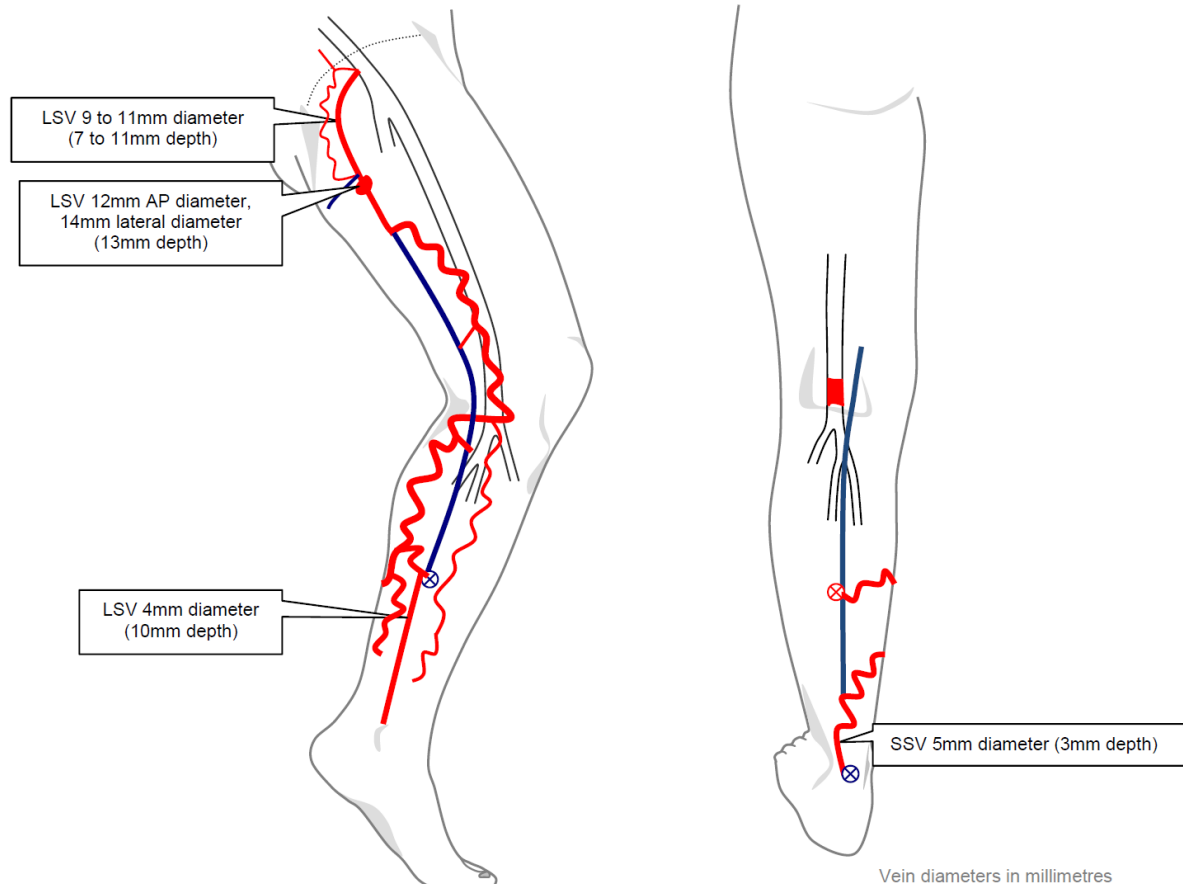
**NOTE:**

- ? Prominent lymph nodes noted in the right groin.
- Below knee odema noted.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
 CHI:   
 Date of Scan: 15.01.2020  
 Referring Consultant: Mr R Chalmers  
 Bilateral vvs with skin changes

**Left Lower Extremity Venous Duplex**



Legend: — Normal Deep ■ Normal Superficial — Reflux ⊗ Non-occlusive Thrombus ⊖ Thrombosed  
⊗ Competent Perforator ⊗ Incompetent Perforator

**DEEP VEINS:**

- Mid popliteal vein mildly incompetent.
- CFV, SFV and remaining popliteal vein patent and competent.

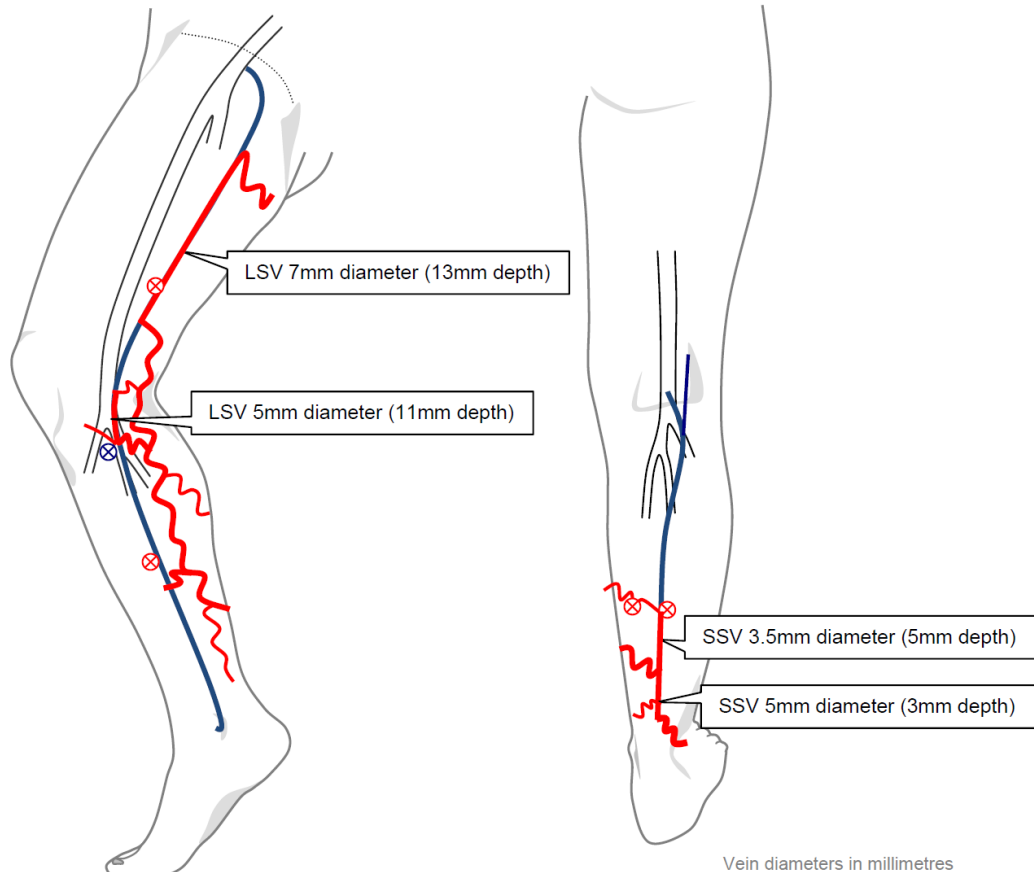
**SUPERFICIAL VEINS:**

- SFJ and LSV above mid thigh incompetent, with VV arising off the LSV at mid thigh. LSV becomes mildly incompetent at mid calf via VV. Perforator vein communication also at this level, although difficult to determine perforator vein competence. LSV varix 11cm below groin crease. Small VV communicates with the LSV at the SFJ and 10cm below groin crease - ? of medial groin vein origin.
- SSV becomes incompetent and tortuous 10cm above ankle via VV. VV and incompetent perforator vein (diameter 4.3mm) communicate with the SSV at mid calf. Remaining SSV patent and competent (SPJ not clearly visualised).

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:   
CHI:  
Date of Scan: 15.01.2020  
Consultant: Mr R Chalmers  
Clinical Indication: Bilateral vvs with skin changes

**Right Lower Extremity Venous Duplex**



Legend:   
— Normal Deep — Normal Superficial — Reflux   Non-occlusive Thrombus  Thrombosed   
⊗ Competent Perforator ⊗ Incompetent Perforator

**DEEP VEINS:**

- CFV, SFV, popliteal vein and second popliteal vein from just above knee crease patent and competent.

**SUPERFICIAL VEINS:**

- SFJ and LSV at groin patent and competent.  
LSV becomes incompetent 12cm below groin crease via medial thigh vein (unable to determine vein origin).  
VVs arise off the LSV just above knee and just below knee.  
Mildly incompetent perforator veins communicate with the LSV 10cm above knee (diameter 3.1mm) and at mid calf (diameter 5.8mm).
- SSV becomes mildly incompetent just below mid calf via VV/mildly incompetent perforator vein (diameter 3.0mm).  
VV arises off the SSV at ankle.  
SSV from knee to calf, SPJ, Giacomini vein patent and competent.
- Incompetent perforator vein (diameter 3.4mm) on posterior mid calf communicates with VV.

Scanned by: Beth Ness, Clinical Vascular Scientist.

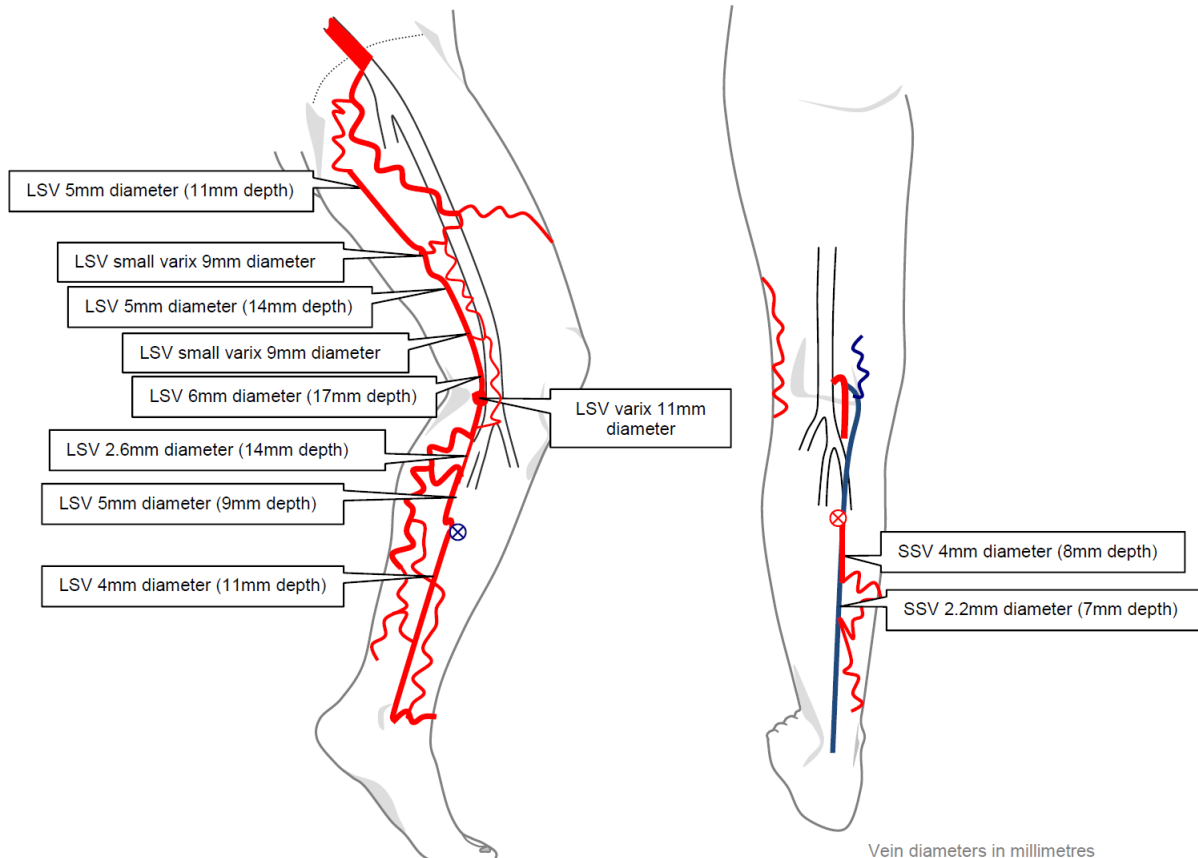
Patient:

CHI:

Date of Scan: 16.01.2020

Referring Consultant: Mr R Chalmers  
74F with symptomatic VVs L leg. For assessment for suitability of RFA please

**Left Lower Extremity Venous Duplex**



**DEEP VEINS:**

- CFV and intramuscular vein which arises off the popliteal vein patent and incompetent.
- Popliteal vein patent and competent, although the above knee popliteal vein is borderline mildly incompetent.
- SFV patent and competent.

**SUPERFICIAL VEINS:**

- Incompetent SFJ, with the LSV becoming VVs 1.8cm below the SFJ (previously treated). Incompetent LSV reforms 8cm below groin crease via VV. VVs arise off the LSV just below knee and at ankle. Short sections of LSV mildly tortuous at mid thigh and just above mid calf. LSV varix at knee. Small LSV varix at mid thigh and just above knee.
- SSV incompetent from 6cm below knee to mid calf, with an incompetent perforator vein (diameter 3.4mm) communicating with the SSV 6cm below knee, and a VV arising off the SSV at mid calf. Patent and competent SSV appears to arise (? SPJ) off an incompetent intramuscular vein which arises off the popliteal vein just above knee crease. Remaining SSV and tortuous Giacomini vein patent and competent.

Scanned by: Beth Ness, Clinical Vascular Scientist.

Patient:

CHI:

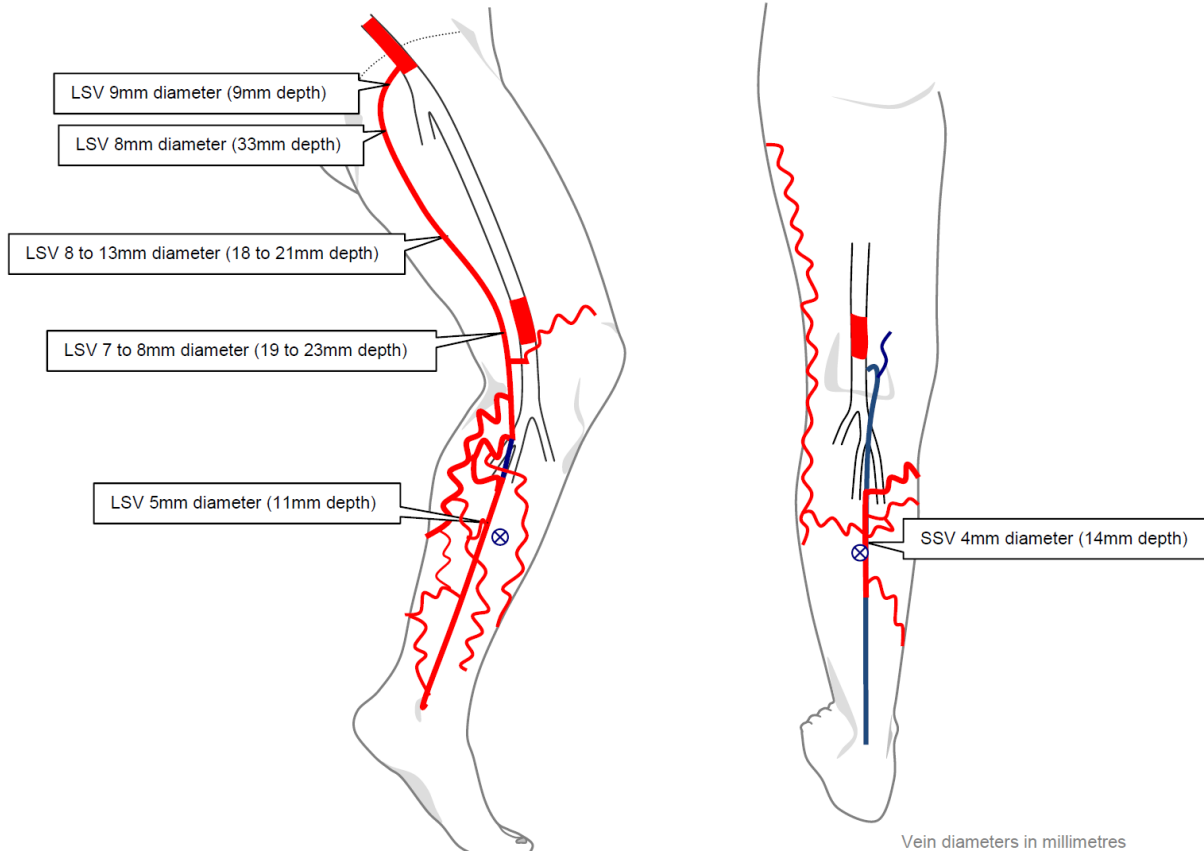
Date of Scan: 17.01.2020

Referring Consultant:

Mr A Tambyraja

Lipodermatosclerosis on both shins, recurrent cellulitis, ?venous insufficiency.

**Left Lower Extremity Venous Duplex**



Legend:   
 — Normal Deep   
 — Normal Superficial   
 — Reflux   
 — Non-occlusive Thrombus   
 — Thrombosed   
 ⊗ Competent Perforator   
 ⊗ Incompetent Perforator

**Difficult assessment due to patient build.**

**DEEP VEINS:**

- CFV and popliteal vein above knee patent and mildly incompetent.
- SFV and remaining popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

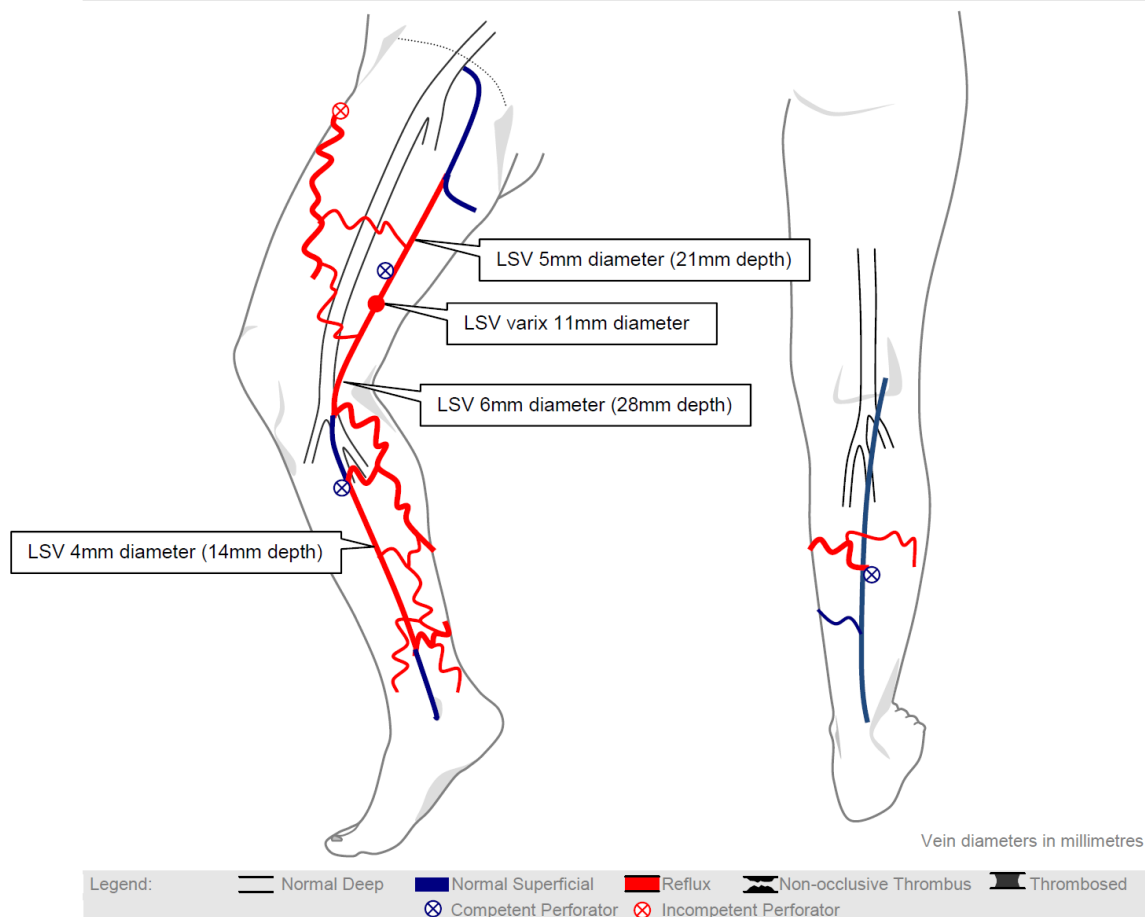
- SFJ and LSV incompetent (except short section just below knee)  
 VVs arise off the LSV just below knee, at mid calf and approx 10cm above ankle.  
 ? VV arises off the LSV at knee – vein appears to dive deep and then ? communicate with a VV, ? perforator vein communication at this level.
- SSV incompetent from approx 10cm below knee (via VV) to mid calf (VV arises at this level).  
 SPJ, remaining SSV and Giacomini vein patent and competent.
- Lateral leg VV noted – unable to determine VV origin.

Scanned by: Beth Ness, Clinical Vascular Scientist.



Patient:   
 CHI:   
 Date of Scan: 17.01.2020  
 Consultant: Mr A Tambyraja  
 Clinical Indication: Lipodermatosclerosis on both shins, recurrent cellulitis, ?venous insufficiency.

**Right Lower Extremity Venous Duplex**



**Difficult assessment due to patient build.**

**DEEP VEINS:**

- CFV, SFV and popliteal vein patent and competent.

**SUPERFICIAL VEINS:**

- SFJ and LSV at groin patent and competent.  
 LSV becomes incompetent 11cm below groin crease via medial thigh vein (unable to determine vein origin).  
 VVs arise off the LSV at the knee, mid calf and 5cm above the ankle.  
 LSV varix 10cm above knee.
- SSV patent and competent, although a branch vein (? VV) arises off the SSV approx 10cm above ankle.  
 SPJ not clearly visualised.
- VV travels across the anterior thigh from the lateral aspect of the leg. ? VV arises from an incompetent perforator vein (diameter 3.9mm) on lateral leg just below skin crease (poor views).

Scanned by: Beth Ness, Clinical Vascular Scientist.