



Patient	NHS No
D.O.B.	Patient Ref
Reason	Varicose vein
Outcome	DVT negative, Lymph nodes, Oedema, Poor images, Competent

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	see notes
Anterior Tibial Vein			Patent	see notes
Peroneal Vein			Patent	see notes
Soleal Vein				
Gastrocnemius			Widely Patent	Competent
<b>Superficial Veins</b>				
Saphenofemoral Junction			Widely Patent	Competent
L Saphenous Vein Above			Widely Patent	Competent
L Saphenous Vein Below			Widely Patent	Competent
Vein of Giacomini			Widely Patent	Competent
Saphenopopiteal Junction			Widely Patent	Competent
S Saphenous Vein			Widely Patent	Competent
<b>Evidence of D.V.T.</b>				
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 a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins proximal to and including the popliteal appear widely patent and competent with no evidence of previous DVT. Calf veins were difficult to visualise due to depth and oedema, but all appear to be patent and fully compressible at this time. Where visualised, the flow within the calf deep veins appeared to be competent.

All truncal, superficial veins appear to be competent.

A large, avascular, mixed echogenic mass was noted in the left groin, measuring ~2.2cm ML x ~1.5cm TS ?enlarged lymph node.

Assessed by	Lukasz Koprowski	Checked by	
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