



Patient	NHS No
D.O.B.	Patient Ref
Reason	Varicose vein
Outcome	Competent, Venous scarring

Right		Left		
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Slight Incompetence
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Slight Incompetence
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Not Assessed	see notes
Anterior Tibial Vein			Not Assessed	see notes
Peroneal Vein			Not Assessed	see notes
Soleal Vein			Not Assessed	see notes
Gastrocnemius			Widely Patent	Competent (prox)
Superficial Veins				
Saphenofemoral Junction			Widely Patent	Competent
L Saphenous Vein Above			Widely Patent	Competent
L Saphenous Vein Below			Widely Patent	Competent (prox calf)
Vein of Giacomini			Not Identified	
Saphenopopiteal Junction			Not Identified	
S Saphenous Vein			Patent	Venous scarring (comp)
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			Cannot Exclude	see notes

Notes

LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Difficult and limited assessment due to patient's limited mobility and extensive compression calf bandaging / open ulceration.

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 and competent with no evidence of previous DVT, however the common femoral and superficial femoral veins appear to contain isolated areas of slight incompetence.

Sapheno-femoral junction (SFJ) appears to be competent. Long saphenous vein (LSV) appears to be competent in the thigh and very proximal calf, but is of a large calibre (AP 0.5cm). Sapheno-popliteal junction (SPJ) was not identified. The short saphenous vein (SSV) confluent the

Assessed by	Lukasz Koprowski	Checked by	
-------------	------------------	------------	--



Patient

NHS No

D.O.B.

Patient Ref

popliteal vein via a competent gastro-popliteal junction. The very proximal SSV is competent, but contains minimal, isolated area of venous scarring.

Assessed by

Lukasz Koprowski

Checked by
