



Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

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 | Competent | Widely Patent | Slight Incompetence |
| Profunda Vein | Widely Patent | Competent | Widely Patent | Competent |
| Superficial Femoral Vein | Widely Patent | Competent | Widely Patent | Competent |
| Popliteal Vein | Widely Patent | Competent | Widely Patent | Competent |
| Posterior Tibial Vein | Widely Patent | Competent | Widely Patent | Competent |
| Anterior Tibial Vein | Widely Patent | Competent | Widely Patent | Competent |
| Peroneal Vein | Widely Patent | Competent | Widely Patent | Competent |
| Soleal Vein | | | | |
| Gastrocnemius | Widely Patent | Competent | Widely Patent | Competent |
| Superficial Veins | | | | |
| Saphenofemoral Junction | Widely Patent | Incompetent | Widely Patent | Incompetent |
| L Saphenous Vein Above | re-form | Competent | Widely Patent | Competent |
| L Saphenous Vein Below | Widely Patent | Competent | Widely Patent | Competent |
| Vein of Giacomini | Widely Patent | Competent | Widely Patent | Competent |
| Saphenopopiteal Junction | Not Identified | | Not Identified | |
| S Saphenous Vein | Widely Patent | Competent | Widely 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**

Iliac veins not viewed, bilaterally. Flow in the right and left common femoral veins is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency, bilaterally. All visualised deep veins appear widely patent and competent with no evidence of previous DVT, except for the left CFV, which appears to be slightly incompetent.

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

RIGHT

Sapheno-femoral junction (SFJ) is incompetent. Long saphenous vein (LSV) was not identified in the proximal and mid thigh ?surgery. LSV re-forms in the distal thigh (~37cm) and is competent, remaining

Assessed by

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Checked by

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competent thereafter, distally.

An incompetent anterior thigh vein (ATV) is linear and intra-fascial for its initial ~11cm (AP calibre 0.8cm). ATV becomes superficial and tortuous in the proximal thigh (~61cm), forming the visible varicosities of anterior thigh and postero-medial calf.

The medial calf varicosities are also supplied by an incompetent medial mid calf perforator at ~15cm.

Sapheno-popliteal junction (SPJ) was not identified. Short saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

LEFT

Sapheno-femoral junction (SFJ) is incompetent. Long saphenous vein (LSV) appears to be competent throughout its length, being very difficult to track at the knee level ?very small calibre and superficial.

At the groin, a very large, palpable varix (AP 2.5cm x ML 2.5cm) appears to connect the incompetent SFJ with an incompetent ATV. ATV is linear and intra-fascial for its initial ~8cm (AP calibre 0.8cm). At ~58cm, ATV becomes superficial, but remains relatively linear to ~51cm (~20cm linear in total). ATV is tortuous in the mid thigh, distal to ~51cm, forming the visible varicosities of anterior thigh and postero-medial calf.

SPJ was not identified, with the competent SSV draining into the medial gastrocnemius veins, as well as, the competent vein of Giacomini.

