



Patient	NHS No
D.O.B.	Patient Ref
Reason	Varicose vein
Outcome	Incompetence

	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				
Superficial Femoral Vein				
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein				
Anterior Tibial Vein				
Peroneal Vein				
Soleal Vein				
Gastrocnemius				
Superficial Veins				
Saphenofemoral Junction	Widely Patent	Incompetent		
L Saphenous Vein Above	Widely Patent	Competent		
L Saphenous Vein Below	Widely Patent	Competent		
Vein of Giacomini	Widely 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

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. Common femoral and popliteal veins are widely patent and competent with no evidence of DVT.

Sapheno-femoral junction (SFJ) is incompetent. Long saphenous vein (LSV) is competent throughout its length.

Anterior thigh vein (ATV) is incompetent and linear for a short section in the very proximal thigh (AP calibre 0.42cm). ATV becomes superficial and tortuous within the proximal thigh, forming the visible varicosities of the antero-lateral thigh, as well as, the lateral calf.

Sapheno-popliteal junction (SPJ) was not identified. Short saphenous vein (SSV) is competent and is

Assessed by Lukasz Koprowski

Checked by



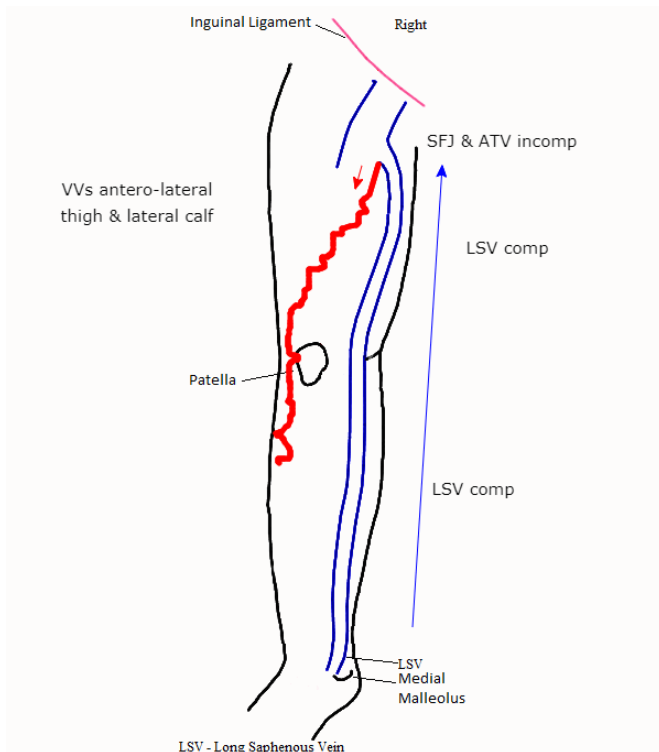
Patient

NHS No

D.O.B.

Patient Ref

continuous with a competent vein of Giacomini.



Assessed by

Lukasz Koprowski

Checked by