



Patient	NHS No
D.O.B.	Patient Ref

Reason	Varicose vein
Outcome	Incompetence

Deep Veins	Right		Left	
	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				
<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
Saphenopopliteal Junction			Not Identified	
S Saphenous Vein			Widely Patent	Competent

**Evidence of D.V.T.**

Above the knee	No
Popliteal	No
Below the knee	

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

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

An incompetent anterior vein (ATV) was noted at the groin and proximal thigh, being linear for its initial ~8cm. Source of incompetence ? valve at the ATV origin. ATV becomes superficial and tortuous in the proximal thigh, forming the visible varicosities of antero-lateral thigh.

Transverse (AP) dimensions of ATV: proximal thigh 0.44cm (standing) & 0.28cm (supine).

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

Assessed by	Lukasz Koprowski
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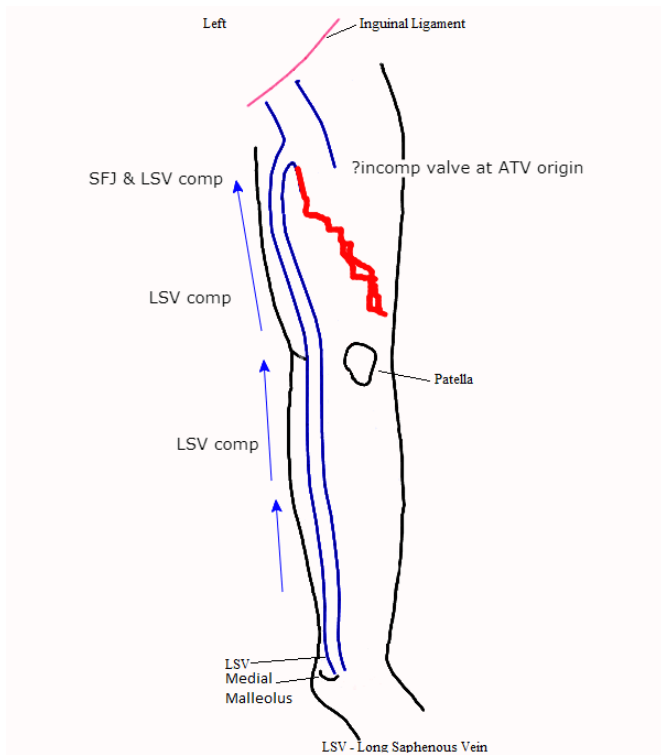
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continuous with a competent vein of Giacomini.



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