



Patient	NHS No
D.O.B.	Patient Ref
<b>Reason</b>	Varicose vein
<b>Outcome</b>	DVT negative, Competent

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
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
<b>Superficial Veins</b>				
Saphenofemoral Junction	Widely Patent	Competent	Widely Patent	Competent
L Saphenous Vein Above	Widely Patent	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
<b>Evidence of D.V.T.</b>				
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 bilateral DVT.

All truncal, superficial veins appear to be widely patent and competent at this time.

Assessed by	Lukasz Koprowski	Checked by	
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