



Patient	NHS No
D.O.B.	Patient Ref

Reason	Varicose vein
Outcome	Recanalised Foam, 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			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent (where seen)
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent (where seen)
Soleal Vein				
Gastrocnemius			Widely Patent	Incompetent (medial)
Superficial Veins				
Saphenofemoral Junction			Not Identified	?surgery
L Saphenous Vein Above			re-form	Incompetent (see notes)
L Saphenous Vein Below			Patent	Incompetent
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			No	where seen

## Notes

### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Mid-distal calf not assessed due to open ulceration and dressings.

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 proximal deep veins appear widely patent and competent with no evidence of previous DVT. Where assessed, the calf deep veins appeared widely patent and competent, except for the medial set of gastrocnemius veins, which appears incompetent and gives rise to the postero-medial varicosities of the proximal calf, via an incompetent perforator.

Sapheno-femoral junction (SFJ) was not identified, with neo-vascularisation noted in the groin, re-forming a slightly incompetent long saphenous vein (LSV) ?previous surgery. LSV is slightly incompetent in the proximal thigh, becoming fully incompetent, distal to an incompetent perforator in the prox-mid thigh (~58cm). LSV appears to be linear in the thigh, however, the distal section, appears to contain

Assessed by                      Lukasz Koprowski

Checked by                      \_\_\_\_\_

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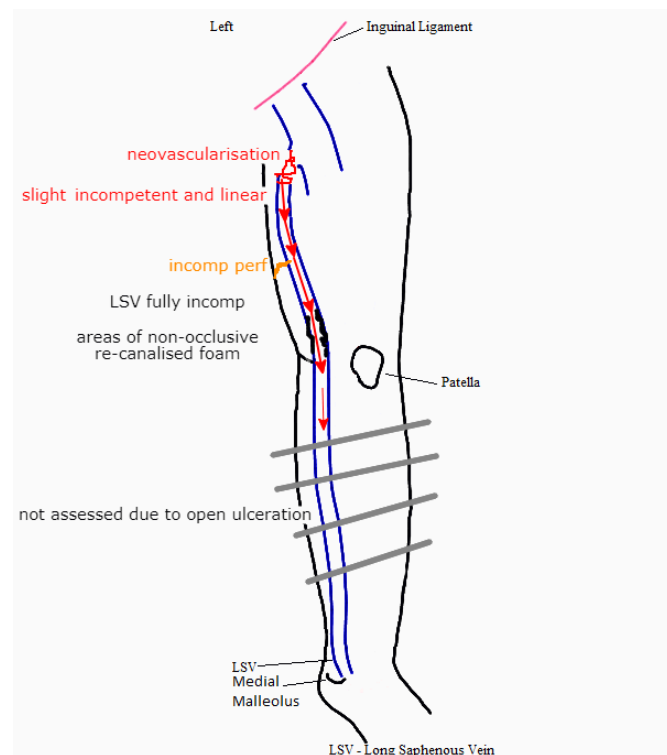
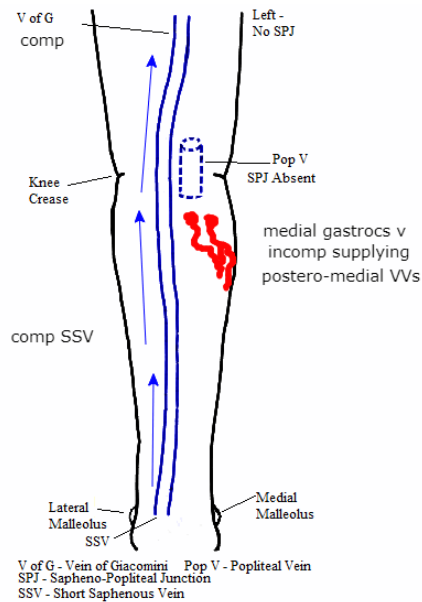
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non-occlusive mixed thrombus ?re-canalised foam sclerotherapy treatment.  
LSV appears to be incompetent in the proximal calf, but is of a relatively small calibre.  
Calf not assessed in the mid-distal section.

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

Transverse (AP) dimensions of LSV: Prox-mid thigh 0.55cm, Distal thigh 0.48cm, Proximal calf 0.26cm.



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