



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		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Competent		
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein	Widely Patent	Competent		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Competent		
Soleal Vein				
Gastrocnemius	Widely Patent	Competent		
Superficial Veins				
Saphenofemoral Junction	Not Identified	?surgery		
L Saphenous Vein Above	re-form	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	No			

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. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

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

Sapheno-femoral junction (SFJ) not identified, with neo-vascularisation noted in the groin ?previous surgery. The long saphenous vein (LSV) re-forms just distal to the groin and is competent.

Small calibre (0.32cm TS), incompetent and tortuous posterior thigh vein (PTV) noted in the groin, which then tracks posteriorly to form the visible varicosities of the posterior distal thigh and calf.

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

Assessed by

Lukasz Koprowski

Checked by



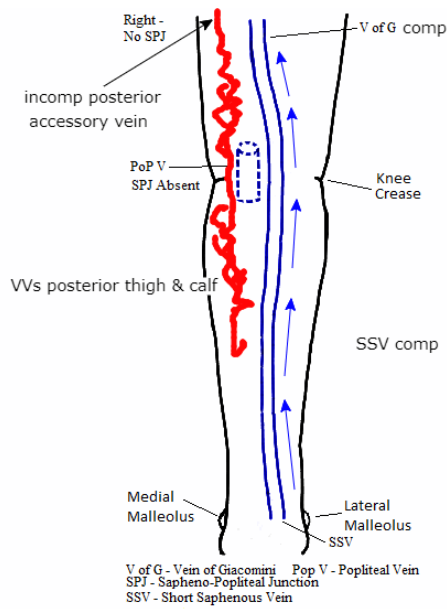
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continuous with a competent vein of Giacomini.



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