



Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

?infection, Lymph nodes, Incompetence, Oedema, Poor images

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
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	Incompetent (mid-dist)
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	see notes		see notes	
Anterior Tibial Vein	see notes		see notes	
Peroneal Vein	see notes		see notes	
Soleal Vein				
Gastrocnemius	Widely Patent	Incompetent (medial)	Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Not Identified	?surgery	Not Identified	
L Saphenous Vein Above	Not Identified	?surgery	Not Identified	see notes
L Saphenous Vein Below	re-form	Competent	re-form	Incompetent
Vein of Giacomini	Widely Patent	Competent	Widely Patent	Competent
Saphenopopiteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Widely Patent	Competent	Widely Patent	comp (see notes)
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	see notes

**Notes****BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

Difficult assessment due to patient's limited mobility and bilateral calf oedema, with sub-optimal image resolution.

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

**RIGHT**

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 / patent and competent with no evidence of previous DVT, except for the medial set of gastrocnemius veins, which appears to be incompetent. Unable to assess the distal calf due to dressings and ulceration.

Assessed by

Lukasz Koprowski

Checked by



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Sapheno-femoral junction (SFJ) and long saphenous vein (LSV) was not identified down to proximal calf ?surgery. LSV re-forms in the proximal calf (~26cm) and is competent. Unable to assess the distal calf due to dressings and ulceration.

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

ADDITIONAL FINDING: a mixed echogenic mass, measuring ~1.8cm ML x ~1.1cm TS was noted at the groin ?lymph node ?infection.

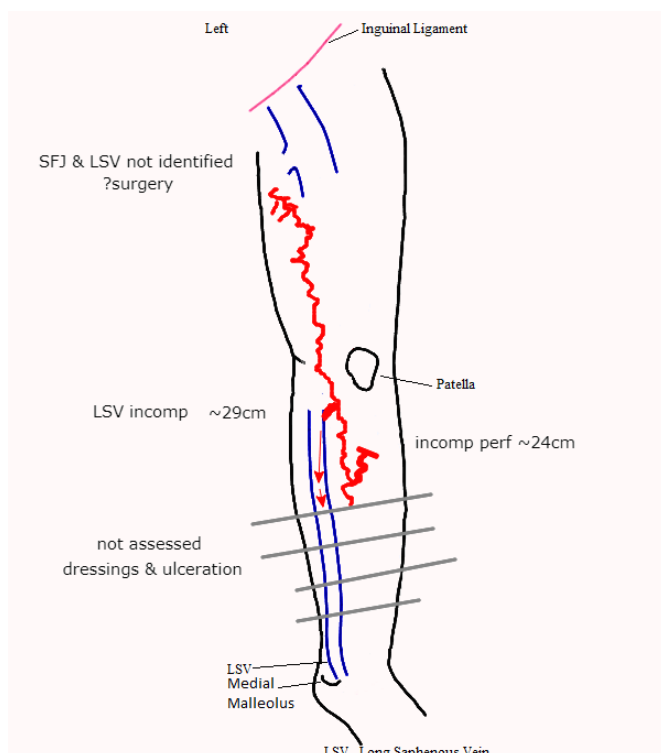
#### LEFT

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 / patent and competent with no evidence of previous DVT, except for the mid-distal SFV, which appears to be bifid and incompetent. Unable to assess the distal calf due to dressings and ulceration.

Sapheno-femoral junction (SFJ) and long saphenous vein (LSV) was not identified down to proximal calf ?surgery (LSV previously noted to be occluded in Feb 2013). LSV re-forms in the proximal calf (~29cm) via superficial, incompetent medial thigh branches, traceable to the groin ?neo-vascularisation (poorly visualised). The re-formed LSV is incompetent in the proximal calf (TS calibre 0.5cm). An incompetent medial perforator was noted in the prox-mid calf at ~24cm. This perforator communicates with the incompetent, superficial, medial branches of the prox-mid calf. Unable to assess the mid-distal calf due to dressings and ulceration.

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

ADDITIONAL FINDING: a mixed echogenic mass, measuring ~1.5cm ML x ~1.0cm TS was noted at the groin ?lymph node ?infection.



Assessed by

Lukasz Koprowski

Checked by