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| Patient: |  |
| Date of Birth: | Age: 74 |
| District Number: |  |
| Date of Scan: | Thursday, 25 June 2020 |
| Referring Doctor: |  |
| Indications: | Swollen right leg, USS venogram suggests SSV dilatation and no DVT. Please assess for deep and superficial reflux and do arterial spot check PMH Lt breast Ca 2012 – now in remission. |
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| **Right Lower Extremity Venous Duplex** | |
| II  III  IV  II | |
| Legend: | Normal Deep Normal Superficial Reflux Chronic Thrombus Acute Thrombus |
| Deep Veins: | Patent. Incompetent Popliteal vein. No DVT. |
| Superficial Veins: | Segmental LSV incompetence. The LSV is chronically occluded in the mid-distal calf, refilling distally.  There is occlusive thrombus seen in the proximal SSV from the level of insertion into the popliteal vein. This does not extend into the popliteal vein. There is also non-occlusive phlebitis at the confluence between the SSV and both the VV and the medial calf perforator. The mid-distal SSV is patent and incompetent. |
| Perforators: | Competent SFV-LSV perforator in the mid thigh, measuring 2.3mm in diameter.  Incompetent medial Gastrocnemius-SSV perforator in the mid calf, measuring 2.3mm in diameter. This contains non-occlusive thrombophlebitis at the confluence with the SSV.  Incompetent PTV to LSV perforator in the mid calf, measuring 2.8mm in diameter.  Incompetent medial Gastrocnemius – VV perforator in the mid calf, measuring 1.8mm in diameter. |
| Comments: | Normal ABPI bilaterally with biphasic waveforms throughout. Right ABPI 1.26, left ABPI 1.09. |
| Scanned by: | Robert James - Clinical Vascular Scientist |