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| Patient: | |  | |
| Date of Birth: | | Age: 67 | |
| District Number: | |  | |
| Date of Scan: | | Tuesday, 28 July 2020 | |
| Referring Doctor: | |  | |
| Indications: | | Bilateral lymphoedema with recurrent cellulitis, worse swelling on left leg, Pt has had bilateral VV op 20 years ago – please check for further reflux. | |
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| **Bilateral Lower Extremity Venous Duplex** | | | |
| IV  IV  II  II  III  Reflux duration  I….0.5-1 second  II….1-2 seconds  III….2-3 seconds  IV….> 4 seconds | | | |
| Legend: | Normal Deep Normal Superficial Reflux Chronic Thrombus Acute Thrombus | | | |
| Deep Veins: | | **Right**  Patent and competent. | **Left**  Patent. Incompetent CFV. |
| Superficial Veins: | | Absent SFJ and LSV throughout the thigh. The LSV is incompetent at the knee where it reforms and in the proximal calf.  The SSV extends into the posterior thigh. Absent SPJ. | Absent SFJ. The LSV reforms in the proximal calf where it is incompetent. The LSV also becomes absent at the knee, reforming again in the proximal calf where it has segmental incompetence.  The SSV is patent and competent throughout. The SSV extends into the posterior thigh. Absent SPJ. |
| Perforators: | | There is a competent medial Gastrocnemius to LSV branch perforator that measures 5.3mm in diameter. | Incompetent PTV-LSV branch perforator in the mid calf measuring 3.9mm in diameter. |
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| Scanned by: | | Robert James - Clinical Vascular Scientist | |