**Varicose vein portfolio**

**Report 1 US Doppler lower limb veins Lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV (where seen) and Popliteal Veins (bifid below the knee) appear patent and competent; Suboptimal views of the SFV in the mid/distal thigh due to depth.

The SFJ is incompetent.

The LSV in the thigh is incompetent and fills varicosities in the distal thigh/knee level. The LSV then appears competent, below the level of the varicosities. The LSV is incompetent for a very short section in the proximal/mid-calf after communication with the medial varicosities. The LSV then also immediately fills into some lateral/anterior calf varicosities. The LSV then appears competent for a section before becoming incompetent again in the distal calf after communication with calf varicosities. The LSV is incompetent at ankle level.

The LSV measures 4.4mm in the proximal thigh and 4.5mm in diameter. The LSV slightly tortuous within the fascia in the mid-thigh, where it measures 6.2mm in diameter.

There appears to be competent perforators noted in the mid-thigh, and in the mid-calf. The mid-calf competent perforator connects with the LSV.

There appears to be a very small tortuous connection between the popliteal vein and some very small veins which become difficult to trace, unable to augment flow in this area.

The SSV in the popliteal fossa appears absent.

The SSV is present in the fascia in the proximal calf, where it appears patent (compressible). The SSV becomes incompetent in the mid-calf after communication with the medial/posterior calf varicosities. The SSV fills distal calf varicosities and appears competent and ankle level.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 2 US Doppler lower limb veins**

**Right**Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is incompetent.

The LSV is incompetent in the thigh; the LSV leaves the fascia in the distal thigh. This out of fasica vein then fills calf varicosities at knee level. The out of fascia vein then splits into tributaries, one goes back into the fascia forming the LSV in the proximal calf (measuring 1.7mm in diameter). The LSV in the proximal calf becomes incompetent (low velocity reflux) as it communicates with the calf varicosities and as it enters the fascia in the proximal calf.  The LSV in the proximal calf fills into a competent perforator and the LSV remains incompetent (low velocity reflux) in the calf. The LSV fills a medial vein in the distal calf and is competent at ankle level.

The LSV measures 7.5mm in diameter in the proximal thigh. The LSV measures 6.4mm in diameter in the mid-thigh. The LSV measures 6.3mm in diameter in the distal thigh.

The SPJ competent.

The SSV appears patent and competent but small in calibre.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 3 LEFT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal veins (bifid) appear patent and competent.

The SFJ is competent.

The LSV is patent and competent, where seen; the LSV is absent in the distal calf and proximal calf.

The anterior accessory saphenous vein (ASSV) is competent but give rise to an incompetent ASSV tributary in the mid-thigh and fills smaller anterior lateral thigh varicosities.

The SPJ competent.

The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 4 US Doppler lower limb veins Rt**

RIGHT Lower Limb Venous Duplex:

The CFV, SFV (bifid for a short section in the thigh) and popliteal vein appear patent and competent.

The SFJ is incompetent.

The anterior accessory saphenous vein (ASSV) is incompetent (with low velocity reflux) and fills anterior thigh medial thigh/medial calf varicosities in the proximal thigh. The AASV below the varicosities is very small in calibre (measuring <1mm in diameter).

The ASSV measures 3.1mm and 3.2 mm in diameter in the proximal thigh

The LSV is incompetent in the thigh and fills medial calf varicosities at knee crease level.

There is flow from a vein that fills into the LSV in the proximal thigh, this can be traced to some intra muscle veins in the proximal medial thigh difficult to determine if these veins are associated with an incompetent perforator (measuring1.8mm in diameter) at this level of if they are just small, tortuous intramuscular veins.

The LSV is then competent for a short section and becomes incompetent in the proximal calf after being filled by the medial calf varicosities.  The LSV remains incompetent in the remainder of the calf and is incompetent at ankle level; the LSV in the proximal calf communicates with two competent perforators.

The LSV measures 3.4mm in diameter in the proximal thigh. The LSV dilates in the mid thigh and measures 5.5 mm in diameter. The LSV measures mm in diameter in the distal thigh.

The SPJ not detected.

The SSV appears patent and competent. Difficult to augment flow in the SSV at ankle.

There are some tiny incompetent intra muscle veins in the popliteal fossa that appear to be associate with the medial calf varicosities.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 5 US Doppler lower limb veins Lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV (bifid for a short section thigh) and popliteal vein appears patent and competent.

There is a patent nubbins of an SFJ and a patent and competent Anterior Accessory Saphenous vein (AASV) in the proximal thigh.

The LSV appears in calibre near groin level, where it appears occluded. The LSV then appears absent.

The LSV is present in the fascia in the distal thigh, where it is patent (compressible).

The LSV in the calf is patent (compressible) and competent, where seen (difficult to augment flow in section).

The SPJ not detected.

The SSV appears patent (compressible) and competent, where seen (difficult to augment flow in places).

There appears to be a very small, medial, proximal thigh varicosity which can be traced to a proximal incompetent thigh perforator. These small thigh varicosity can also be traced beyond this perforator to groin level ?more proximal source. There are some medial calf varicosities which may originate from an incompetent LSV tributary and drains into a competent perforator in the proximal calf.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 6 US Doppler lower limb veins B**

**RIGHT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is incompetent.

The anterior accessory saphenous (AASV) is incompetent and straight for 14cm long in the proximal thigh however quite superficial. The ASSV measures 8.8mm and 5.9mm in diameter in the proximal thigh and comes out of the fascia in the proximal mid-thigh and fills anterior varicosities

The LSV is incompetent in the proximal to mid-thigh where it fills varicosities in the mid-thigh. The LSV is competent for a short section then becomes incompetent via proximal AASV varicosities at the distal thigh.

The LSV is incompetent to the proximal calf where it fills medial varicosities. The LSV in the mid-calf is competent then becomes incompetent by an incompetent perforator (measures 1.7mm in diameter) in the distal calf. There are proximal varicosities which fill into the distal LSV.

The LSV measures 5.3-6mm in diameter in the proximal thigh. The LSV measures 3.8mm in diameter in the proximal calf.

The SPJ appears absent. The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 7 LEFT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is incompetent.

The anterior accessory saphenous (AASV) is incompetent and straight for 15cm long in the proximal thigh however quite superficial. The ASSV measures 8.6mm and 6.9mm in diameter in the proximal thigh and comes out of the fascia in the prox-mid thigh, filling anterio-medial thigh varices.

The LSV is intact and incompetent in the proximal thigh (5.8mm dia) and fills posterior varicosities which fill into the SSV.

The LSV in the mid thigh is absent - ? endovenous ablation.  Below this, remnant LSV is intact and incompetent, filled by thigh varices and then becomes small (2mm dia), incompetent and has recanualised flow. The LSV appears absent in the calf and reappears in the distal calf and is incompetent in the distal calf via a mid, medial calf perforator.

The incompetent Perforator measures 3.5mm in diameter.

The SPJ appears absent. The SSV appears patent and incompetent in the proximal calf (5.6mm dia, uniform) where it fills medial varicosities, below this the SVV is competent to the ankle.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 8 US Doppler lower limb veins Lt**

RIGHT Lower Limb Venous Duplex:

The CFV appears incompetent.

The SFV in the proximal thigh appears incompetent (low velocity reflux). The mid-distal SFV appears patent and possibly incompetent, difficult to confirm on spectral trace.

Difficult assessment of reflux in the popliteal veins. The above knee popliteal vein appears incompetent with very low velocity reflux. The popliteal vein below knee is bifid and on colour flow appears incompetent but unable to confirm this on spectral trace.

The SFJ is incompetent.

The anterior accessory saphenous vein (AASV) is incompetent.

The AASV measures 1.3mm in diameter, near groin level and 7.1mm in diameter in the proximal thigh. The AASV is only in the fascia for a short section before leaving the fasica in the proximal thigh forming anterior thigh and medial thigh varicosities. The thigh varicosities has scarring noted within it.

The LSV appear absent in the majority of the thigh. The LSV is present in the fascia just above knee crease level and is incompetent and appears to be formed/filled by the thigh varicosities.

The LSV fills further calf varicosities in the proximal calf and is also filled by medial/posterior calf varicosities, which originate from the SSV via the anterior thigh/posterior calf varicosities.  The LSV in the mid-distal calf appears occluded.  The medial calf varicosities drain into a competent perforator.

The SPJ appears competent.

The majority of the SSV appears patent and competent.

The anterior thigh varicosities can be traced around to the posterior calf. These varicosities communicate with the SSV in the mid-calf. The SSV then fills up into posterior/medial calf varicosities which then fill into the LSV in the proximal calf.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 9 US Doppler lower limb veins Rt**

RIGHT Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ appears competent.

The anterior accessory saphenous vein (AASV) is incompetent with low velocity reflux.

The AASV fills anterior thigh/posterior thigh varicosities in the proximal thigh. The AASV below the level of the anterior thigh varicosities, appears small in calibre measuring 1.1mm in dimeter. The AASV measures 3.5mm and 2.9mm in diameter in the proximal thigh.

The LSV appears patent and competent.

The SPJ is incompetent (low velocity reflux) with a lateral insertion, just above knee crease level.

The SSV (scarring noted in the proximal calf) is incompetent and fills calf varicosities in the mid/distal calf.  The SSV in the distal calf, then appears? Bifid or one vein is an SSV tributary that lies in the fascia; both these veins appear incompetent. One of these? Bifid SSV fills distal calf/ankle level varicosities. The SSV at ankle level appears incompetent.

The SSV measures 8.5mm in diameter in the popliteal fossa and 6.8mm in diameter in the proximal calf.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 10 US Doppler lower limb veins Lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is incompetent.

The LSV is incompetent for a short section in the very proximal thigh (10mm dia) then fills a uniform medial thigh varix, which fills into calf varices and a competent perforator in the calf. This medial thigh varicosity is uniform and straight and measures 7.7mm in diameter in the mid thigh and 6.7mm in diameter in the distal thigh.

The LSV is competent in the mid thigh to distal calf and is small in calibre measuring 2.4 mm in diameter.

The LSV  becomes incompetent in the distal calf via proximal varicosities.

A competent perforator is seen in the thigh.

The SPJ appears absent. The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 11 US Doppler lower limb veins Lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV and appear patent and competent.

The incompetent anterior accessory saphenous vein (ASSV) is straight in the proximal to mid-thigh and in the fascia. The ASSV fills varicosities in the anterior calf and into the competent perforator in the mid-calf. The ASSV in the proximal thigh measures 5.2-6.6mm in diameter.

The above knee popliteal vein is incompetent and below the knee the popliteal vein is competent, no evidence of scarring.

The SFJ is incompetent.

The LSV is competent in the proximal thigh then appears absent in the proximal to distal thigh. The LSV reappears at the knee and is competent. The LSV appears absent in the proximal to mid-calf where it reforms and is competent at the ankle.

The SPJ incompetent and 2cm above the knee crease. The SSV is appears patent and incompetent.to the mid-calf where is fills into a competent perforator. Below this in the mid to distal calf the SSV is competent.

The SSV measures 9.9mm in diameter in the proximal calf.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 12 US Doppler lower limb veins B**

**RIGHT Lower Limb Venous Duplex:**

The CFV, SFV (bifid) and Popliteal vein appears patent and competent

The SFJ appears competent.

The anterior accessory saphenous vein (AASV) appears incompetent with low velocity reflux. The AASV is tortuous in the fascia in the proximal thigh and leaves the fascia in the proximal thigh forming anterior thigh varicosities.

The AASV measures 4.2mm in diameter near groin level, and below the tortuous section the AASV in the proximal thigh measures 3.5mm in diameter.

The LSV appears absent in the thigh.

The LSV is present in the fascia, just below knee crease level and is formed/filled by the anterior thigh varicosities. The LSV is incompetent in the proximal to mid calf and fills medial calf varicosities in the mid calf. The LSV in the distal calf appears competent.

On colour flow imaging there appears to be an incompetent proximal calf perforator (measuring 3.6mm in diameter), however, unable to confirm this on specular trace.  This incompetent perforator fills smaller medial calf varicosities.

The SPJ (common junction with the gastrocnemius veins) appears incompetent with low velocity reflux.

The SSV is incompetent (low velocity reflux) and tortuous in the proximal and mid calf. The SSV is filled by medical calf varicosities and fills medial calf varicosities in the mid calf. The SSV in the distal calf appears competent.

The SSV measures 3.9mm in diameter in the popliteal fossa and 3.7mm in diameter in the proximal calf. The tortuous sections of SSV in the proximal calf measures 4.4mm in diameter and 4.5mm in diameter.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 13 LEFT Lower Limb Venous Duplex:**

The CFV, SFV and Popliteal vein appears patent and competent.

There is a short section of remnant SFJ that appears competent.

The LSV in the thigh appears absent.

The LSV is present in the fascia in the proximal calf and is incompetent with low velocity reflux.  The LSV in the proximal calf is ?being filled by very small veins or ?a small incompetent perforator (difficult to confirm). The LSV in the mid-calf fills anterior calf varicosities. The LSV in the distal calf appears competent.

The SPJ not detected.

The SSV appears patent and competent in the proximal calf and becomes incompetent in the mid-calf after being filled by lateral, posterior calf varicosities that can be traced to the anterior mid-calf varicosities that are filled by the LSV. The SSV may fill further varicosities and appears competent at ankle level.

There may be a incompetent distal calf perforator (measuring approx. 2.2mm in diameter), however unable to confirm.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 14 US Doppler lower limb veins rt**

**RIGHT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is competent. The LSV is patent and competent.

The SPJ competent. The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 15 US Doppler lower limb veins B**

**LEFT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is competent.

The LSV is patent and competent.

The SPJ is incompetent measures 4.2 mm in diameter and is 2cm above the knee crease.

The SSV (maximally 6mm dia) is incompetent in the proximal to mid-calf then fills medial calf varicosities, below this the SSV is competent to the ankle.

Minor chronic superficial thrombophlebitis/scarring seen focally in the proximal SSV.

A pair of Gastrocnemius veins are incompetent with chronic superficial thrombophlebitis/scarring: evidence of chronic Gastrocnemius vein DVT.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 16 US Doppler lower limb veins Lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV (Bifid) and popliteal vein appear patent and competent

The SFJ is incompetent

The anterior accessory saphenous vein (ASSV) is incompetent it is straight and in the fascia and fills into anterior thigh varicosities which fill into the LSV in the mid thigh.

The ASSV measures 4.2mm in diameter proximal thigh then dilates to 7.7mm in diameter in the mid thigh.

The LSV is competent in the proximal thigh and then become incompetent in the mid thigh via ASSV varicosities. The incompetent LSV leaves fascia in the proximal calf and remains incompetent to the ankle where it returns to the fascia.

The LSV fill varicosities in the medial proximal calf.

The LSV measures 4.8mm in diameter in the mid thigh then dilates to 9.2mm in diameter in the mid thigh. The LSV measures 5.5mm in diameter in the distal thigh.  The out of fascia LSV measures 3.7mm in diameter in the proximal calf then dilates to 6.3mm in diameter.  The LSV measures 3.0 mm in diameter in the mid-calf . The LSV measures 2.3mm in diameter in the mid calf .

The SPJ competent.  The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 17 LEFT Lower Limb Venous Duplex:**

The CFV, SFV and Popliteal vein appears patent and competent.

There is a short section of remnant SFJ that appears competent.

The LSV in the thigh appears absent.

The LSV is present in the fascia in the proximal calf and is incompetent with low velocity reflux.  The LSV in the proximal calf is ?being filled by very small veins or ?a small incompetent perforator    (difficult to confirm). The LSV in the mid-calf fills anterior calf varicosities. The LSV in the distal calf appears competent.

The SPJ not detected.

The SSV appears patent and competent in the proximal calf and becomes incompetent in the mid-calf after being filled by lateral, posterior calf varicosities that can be traced to the anterior mid-calf varicosities that are filled by the LSV. The SSV may fill further varicosities and appears competent at ankle level.

There may be an incompetent distal calf perforator (measuring approx. 2.2mm in diameter), however unable to confirm.

Please refer the patient to a vascular consultant for review in clinic.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 18 US Doppler lower limb veins Lt**

RIGHT

The right common femoral vein (CFV) is patent and compressible with normal phasic flow with respiration which would suggest no proximal venous occlusion.

The right common iliac vein is patent, of normal calibre with normal phasic flow with respiration.

LEFT Lower Limb Venous Duplex:

The IVC is patent

The very terminal length of the common iliac vein (CIV) is imaged, is very small in calibre (compared to the right CIA) (no raised velocities to indicate a haemodynamically significant venous stenosis).  Immediately proximal to this, the CIV is patent with some evidence of scarring with spontaneous but very damped flow.

The proximal CIV/distal EIV could not be imaged due to persistent overlying bowel gas.

The proximal-mid EIV (in the lower abdomen) is patent (flow demonstrated with distal augmentation) with damped flow with chronic scarring.

Bilaterally, the internal iliac vein was not imaged.

The left common femoral vein (CFV) (scarring) is competent, patent and compressible with phasic flow with respiration (demonstrating cessation of flow with inspiration) which would suggest no proximal venous occlusion.

With compression of the right CFV there is no cessation of flow with inspiration in the left CFV - this suggests left venous inflow is aided by the presence of proximal contralateral venous collaterals.

The femoral vein is patent (FV, scarring in the distal thigh and bifid in the mid thigh). The FV is incompetent with low velocity reflux throughout.

The Popliteal vein has scarring and is incompetent with low velocities reflux in the proximal popliteal and then more significantly incompetent in the below knee popliteal vein.

The posterior tibial veins (PTV) (segmental scarring & reflux), peroneal veins (segmental scarring & reflux), soleal veins and gastrocnemius veins (scarring & reflux in one pair) are patent.

The SFJ and LSV are patent and competent.

The SPJ (4-5mm dia) demonstrates intermittent ascending reflux however the Giacomini vein is (8.7dilated, mm dia, in the distal thigh) is patent and competent (with extensive chronic scarring).

A short length of the terminal SSV (below its confluence with the competent Giacomini vein) is competent with the presence of chronic superficial thrombophlebitis (STP).

Below this, there is a small SGJ (sapheno-Gastrocnemius junction, 2mm dia) which demonstrates low velocity reflux.  The remaining calf SSV (3.4mm dia) is then significantly incompetent to the ankle.

The Gastrocnemius veins associated with the small incompetent SGJ demonstrate low velocity reflux with diffuse chronic scarring.

Conclusion:

Left: evidence of previous DVT in the common and external iliac veins with damped venous flow.  A very small calibre terminal segment of the left CIV compared to the right but with no elevated velocities to indicate a haemodynamically significant stenosis.

Left lower limb: evidence of extensive lower limb previous DVT - extensive scarring and reflux.

Left incompetent SPJ, SGJ and SSV (with focal chronic STP).  Scarring noted in the distal thigh dilated Gaicomini vein, which is competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 19 US Doppler lower limb veins Rt**

RIGHT Lower Limb Venous Duplex:

The CFV, SFV (bifid) and Popliteal vein appear patent and competent.

The SFJ is incompetent with low velocity reflux.

The LSV in the thigh is incompetent with low velocity reflux and fills anterior thigh varicosities that can be traced to the lateral, posterior calf. The LSV in the calf appears competent and is competent at ankle level.

The LSV measures 4.0mm in diameter in the proximal thigh and 4.2mm in diameter in the mid-thigh.

The SPJ not detected.

The SSV in the popliteal fossa/proximal calf appears small in calibre and is patent (compressible), unable to augment sufficient flow to assess for competency.

The SSV in the mid-calf becomes incompetent (low velocity reflux) after communication with the thigh/lateral calf varicosities. The SSV then fills further posterior calf varicosities in the mid/distal calf. The SSV appears competent at ankle level.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 20 US Doppler lower limb veins Rt**

RIGHT Lower Limb Venous Duplex:

The CFV, SFV (bifid) and popliteal vein (bifid) appear patent and competent.

The SFJ is incompetent with low velocity reflux. The LSV is competent for a very short section, near groin level, and becomes incompetent again via small, tortuous medial descending veins. The LSV is incompetent in the proximal thigh to distal thigh. The LSV leaves the fascia in the distal thigh and fills anterior calf varicosities in the proximal calf and medial and posterior calf varicosities, in the mid-calf.

The out of fascia LSV is then competent and re-enters the fascia in the distal calf, where it remains competent.

The LSV measures 6.2mm in diameter in the proximal thigh, 6.0mm in diameter in the mid-thigh and 6.3mm in diameter in the distal thigh.

The SPJ not detected.

The SSV appears patent and competent in the calf.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 21 US Doppler lower limb veins B**

**RIGHT Lower Limb Venous Duplex:**

The CFV, SFV appears patent and competent.

The popliteal vein appears incompetent above and below the knee with low velocity reflux.

The SFJ appears incompetent.

The LSV is incompetent throughout and fills medial calf varicosities in the mid-calf.  The LSV remains incompetent at ankle level.

The SPJ appears competent (not reaching 1 second reflux).

The SSV then appears to have calcified plaque in the popliteal fossa, where it is difficult to augment flow in.  The SSV in the mid-distal calf appears occluded with thrombophlebitis, which measures approx. 10cm in length.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 22 LEFT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ appears incompetent, however difficult to augment flow due to LSV occlusion below.  There is w non-occlusive thrombophlebitis noted in the LSV in the very proximal thigh, this thrombophlebitis which lie within 3cm of the SFJ.

The LSV then appears occluded in the proximal thigh to distal thigh with thrombophlebitis, which in sections looks acute. The thigh LSV thrombophlebitis measures approx. 30cm in length.

The LSV in the proximal calf appears patent (compressible) and appears incompetent.

The LSV fills medial/posterior calf varicosities in the proximal calf; The LSV in the mid to distal calf appears competent.

The SPJ appears patent and competent.

The SSV appears patent (compressible) in the popliteal fossa with wall thickening note in the proximal calf SSV. The SSV appears incompetent in the mid-calf after communication with calf varicosities.  The SSV in the distal calf appears patent (compressible); unable to augment sufficient flow to assess for competency.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 23 US Doppler lower limb veins B**

**RIGHT Lower Limb Venous Duplex:**

The CFV, SFV and popliteal vein appear patent and competent.

The popliteal vein appears to be, 1second reflux, so not significant.

The SFJ and LSV appears patent and competent, where seen; difficult to augment sufficient flow in sections of the LSV in the calf. To be able to assess for competency.

The SPJ appears competent.

The SSV is patent (compressible) difficult to augment sufficient flow, to assess for competency in the SSV is sections. The SSV in the distal calf appears competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 24 US Doppler lower limb veins lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein (bifid) appears patent and competent.

The SFJ and the majority of the LSV appears patent and competent.

The LSV appears to become incompetent in the distal calf (low velocity reflux), after communication with small tortuous varicosities. These small varicosities can be traced to the posterior calf and up the posterior, lower thigh, where they then come small and difficult to follow and to augment flow in.

The SPJ not detected.

The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 25 US Doppler lower limb veins lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ appears patent and competent.

The LSVappears patent and competent.

The SPJ appears absent.

The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 26 US Doppler lower limb veins Rt**

RIGHT Lower Limb Venous Duplex:

The CFV, SFV (Bifid mid-thigh) and popliteal vein appear patent and is competent

The SFJ is competent

The LSV is competent for the proximal thigh to ankle.

The SPJ competent.

The SSV appears patent and competent in the proximal to mid-calf then becomes incompetent (low velocities reflux) for a short section via a very small medial gastrocnemius perforator measures 1.5mm in diameter. There is a very superficial incompetent varicosity which fills into the SSV below this perforator but difficult to trace the source. The SSV is competent in the distal calf.

The SSV in the calf measures 3.9mm in diameter in the proximal calf

The SSV in the calf measures 1.6mm in diameter in the mid-calf

The SSV in the calf measures 1.6mm in diameter in the distal calf

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 27 US Doppler lower limb veins Lt**

LEFT Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is competent.

The LSV is competent.

The SPJ competent.

Scanned and reported by Mervyn Mckenna AVS trainee

**Report 28 US Doppler lower limb veins Bilateral**

RIGHT Lower Limb Venous Duplex:

The CFV, SFV (Bifid) and popliteal vein appear patent and competent.

The SFJ is competent.

The LSV is competent from the groin to just below the knee where the LSV becomes incompetent. The calf LSV reflux is filled by small incompetent superficial tributaries - these are traced up along the distal medial thigh, where they become too small to traced further (<1.5mm dia).

The LSV in the proximal calf fills into a competent perforator. The LSV in the mid-calf is competent then becomes incompetent to the ankle via a mid-calf perforator measuring 2.2mm in diameter. The is a competent perforator adjacent to the incompetent perforator. The incompetent perforator is 20cm above the medial malleolus.

The Gastrocnemius Saphenous Junction (GSJ) is competent. The SSV appears patent and competent.

There is an incompetent perforator in the posterio-lateral thigh 20cm above the popliteal skin crease (measuring 2.5 mm in diameter) which fills the varicosities in the distal posterior thigh.

Above this incompetent perforator there are numerous small incompetent varicosities/superficial tributaries which can be traced up to the very proximal lateral thigh - ? Incompetent lateral circumflex vein in origin.

Superficial oedema++ in the calf

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**Report 29** LEFT Lower Limb Venous Duplex:

The CFV, SFV and popliteal vein appear patent and competent.

The SFJ is competent from the proximal thigh to mid-calf. The LSV in the distal calf becomes incompetent to the ankle via a distal calf perforator measuring 1.1 mm in diameter 13cm above the medial malleolus.

There is an incompetent perforator (3.5mm dia, approx. 20cm above the medial malleolus) in the proximal calf filling medial small varicosities.

There is an incompetent perforator over the knee (1.4mm dia) which fill small medial calf varices.

The SPJ appears absent. The SSV appears patent and competent.

Scanned and reported by Mervyn Mckenna AVS trainee





