

Clinical History :

varicose vein

Lower Limb Venous Duplex Examination

On the Left:

The SFJ and very proximal thigh GSV(3 mm dia) is noted with mild reflux.

The proximal thigh (3.5mm dia) to calf GSV (2.5mm dia) is incompetent, fills medial calf varices.

The calf GSV is superficial and lies ~3mm from the skin surface.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Lt: Mild incompetence noted in the SFJ and very proximal thigh GSV.

Lt: Incompetent proximal thigh and calf GSV, suitable for VNUS however the calf segment is small in calibre and superficial.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144

Event Number : E-79331077

Examination Date : **06-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Lt**

VERIFIED Verified By : Tara Lorena Roberto 17-Mar-2021
Typed By : Tara Lorena Roberto 17-Mar-2021

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.
VVS

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV (thigh 7mm dia; calf 2.9 mm dia) are incompetent fills medial thigh and antero medial calf varices.

The GSV lies anteriorly and mild kink noted in the distal thigh and proximal calf.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: SFJ/GSV reflux fills medial thigh and antero medial calf varices, suitable for VNUS.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79390979

Examination Date : **17-Mar-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Rt**

VERIFIED Verified By : Tara Lorena Roberto 16-Mar-2021
Typed By : Tara Lorena Roberto 16-Mar-2021

Clinical History :

left active ulcer and right healed ulcer
for venous scan and bilateral ABPI

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
There is reflux noted in the distal popliteal vein ~ 2sec.
The rest of the deep veins are patent and competent.

On the Left:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
There is reflux noted in the distal popliteal vein ~ 3sec.
The rest of the deep veins are patent and competent.

Conclusion:

DVI noted in the bilateral distal popliteal veins.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

ABPI's

(normal =>1.0)

PTA Right 168mmHg

PTA Left 160mmHg

Event Number : E-79332963

Examination Date : **16-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler**

Clinical History :

Varicose vein and skin changes

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and thigh GSV(3.5mm dia) are incompetent fills mid SSV and calf varices.

The calf GSV is patent and competent.

The SPJ and proximal SSV are patent and competent however the mid to distal SSV (3mm dia) is incompetent.

There is large competent distal calf perforator (3mm dia) communicating with the distal calf varix seen ~ 4cm above the medial malleolus.

All the deep veins are patent and competent.

On the Left:

The SFJ and thigh GSV(1.35cm) are incompetent fills mid SSV and large antero-medial calf varices.

The calf GSV is patent and competent.

The GSV comes out of the fascia in the proximal-thigh and lies ~2mm from the skin surface.

The SPJ and proximal SSV are patent and competent however the mid to distal SSV (3mm dia) is incompetent.

There is large competent posterior calf perforator (3mm dia) communicating with the mid SSV seen ~ 12cm below the popliteal skin crease.

All the deep veins are patent and competent.

Conclusion:

Rt: SFJ/ thigh GSV reflux , suitable for VNUS.

Rt: Incompetent mid to distal SSV , suitable for VNUS

Lt: SFJ/ thigh GSV reflux , suitable for VNUS however superficial and large in calibre.

Lt: Incompetent mid to distal SSV , suitable for VNUS

Reported by:

Tara Roberto (Trainee Vascular Sonographer)

Event Number : E-79371290

Examination Date : **16-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.

The SPJ and SSV are patent and competent.

Large incompetent distal calf perforator (4.5mm dia) fills large distal calf varix seen ~10cm above the lateral malleolus.

There is an incompetent medial calf perforator (2.4mm dia) lying ~12cm below the medial femoral condyle that is seen communicating with calf GSV.

Deep venous insufficiency noted in femoral and popliteal vein.

The rest of the deep veins are patent and competent.

Conclusion:

Rt: Competent calf GSV (previously reported as incompetent)

Rt: Incompetent medial calf perforator (2.4mm dia) lying ~12cm below the medial femoral condyle that is seen communicating with calf GSV.

Rt: Large incompetent perforator noted in the distal postero medial calf, seen with accompanying artery, may not be suitable for VNUS.

Rt: Significant oedema noted in the lower leg.

Rt: Mild DVI in the FV and POP V

Rt: Bakers cyst noted in the postero medial aspect of the knee.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232869/52 2023-09

Clinell Wipes E10113720A 20250906

Event Number : E-79438198

Examination Date : **10-Apr-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb veins Rt**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

On the Right:

The SFJ is ligated and GSV is absent.

There is small SFJ recurrence filling ATV which gives off medial calf varices.

The ATV is noted with chronic scarring.

There is no obvious SPJ and the proximal SSV appears chronically occluded, the mid to distal SSV(3mm dia) is incompetent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: Small SFJ recurrence fills ATV.

Rt: ATV is incompetent and noted with scarring (not suitable for VNUS) , fills medial calf varices.

Rt: Prox SSV appears occluded.

Rt: Incompetent mid to distal SSV, source not determined.

Investigator: Tara Roberto (Trainee Vascular Scientist) SVT 928
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232869/52 09/23

Clinell Wipes UBV 4035220A 2025-12-23

Event Number : E-78336642

Examination Date : **05-Apr-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Rt**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Recurrent Cellulitis

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.

The SPJ and SSV (4mm dia) are incompetent and seen 8mm below the skin surface.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Heterogeneous density noted in the postero-medial aspect of the knee with the appearance of Bakers cyst measuring 4.3cm x 2cm.

On the Left:

The SFJ and thigh to distal calf GSV are patent and competent.

The very distal GSV(4mm dia) is incompetent; this is a very short segment only and communicates with the distal calf perforator.

The SPJ and SSV are patent and competent.

There is an incompetent distal calf perforator (4mm dia) seen ~ 1cm above the medial malleolus.

The popliteal vein is noted with 1.5secs reflux.

The gastrocnemius vein is noted with mild reflux.

Conclusion:

Rt: Incompetent SSV, suitable for VNUS.

Rt: Bakers cyst noted in the postero medial aspect of the knee.

Rt: Oedema noted in the ankle area.

Lt: Incompetent distal GSV communicates with the incompetent very distal calf perforator, may not be suitable for VNUS due to location.

Lt: DVI noted in POPV.

Lt: Mild DVI in gastrocnemius vein.

Lt:Oedema noted in the ankle area.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Event Number : E-79292629

Examination Date : **27-Feb-2021**

Ref. Source : Moawad Magdy Mr, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Ch

Examinations : **US Doppler lower limb veins Both**

VERIFIED Verified By : Tara Lorena Roberto 28-Feb-2021
Typed By : Tara Lorena Roberto 28-Feb-2021

Clinical History :

? chronic venous thromboembolism

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
All the deep veins are patent and competent.

On the Left:

The SFJ and GSV are patent and competent.
The ATV (3.5mm dia) is incompetent fills anterior knee and small calf varices.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
All the deep veins are patent and competent.

Conclusion:

Bilateral: No evidence of acute or chronic DVT .
Left: Incompetent ATV fills anterior knee and small calf varices.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/52; 2023-09
Clinell Batch number and expiry date:E01013020B; 2025-07-19
US Gel Batch number and expiry date: UG16100220/ 16-10-2023

Event Number : E-79349311

Examination Date : **28-Feb-2021**

Ref. Source : Kumar Navin, Heathcot Med Practice, York House Medical Centre, Heathside Road, Woking, GU22 7XL

Examinations : **US Doppler lower limb veins Both**

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
The posterior tibial veins were noted with mild reflux.

On the Left:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
There is no obvious reflux noted in the calf veins.

Conclusion:

Rt: Mild DVI noted in the PTV.
This is a difficult scan, technically difficult to augment the deep veins because the patient is very sensitive to touch due to leg ulcers.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Event Number : E-79342037

Examination Date : **27-Feb-2021**

Ref. Source : Dr A Aranda-Martinez, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

Examinations : **US Doppler lower limb arteries Both,US Doppler lower limb veins Both**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

left ulcer healed, known left sfa occlusion

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.

The SPJ and SSV are patent and competent.

There is an incompetent mid calf perforator(3.4mm in dia) seen ~ 10cm above the medial malleolus ,fills small distal calf varices.

All the deep veins are patent and competent.

On the Left:

The SFJ and GSV are patent and competent.

The ATV (prox 9mm in dia) is incompetent , fills antero lateral thigh and calf varices.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

The femoral vein is noted with ~2secs reflux.

The rest of the deep veins are patent and competent.

Conclusion:

Rt: Incompetent mid calf perforator , may not be suitable for VNUS , noted with accompanying artery.

Lt: ATV reflux , suitable for VNUS using 7cm catheter.

Lt: DVI noted in FV

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

ABPI's

(normal =>1.0)

DPA Right 174mmHg

Event Number : E-79349192

Examination Date : **06-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler**

Thrombophlebitis Nov 2020

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.

The SPJ and SSV are patent and competent.

Small competent perforator(1.5mm dia) noted communicating with the antero lateral calf varices seen ~8cm below the lateral femoral condyle.

All the deep veins are patent and competent.

On the Left:

The SFJ and thigh GSV (proximal thigh 9mm, distal thigh 7mm dia) are incompetent fills medial thigh and postero medial calf varices.

The calf GSV is segmentally occluded (chronic).

The postero-medial calf varices are segmentally occluded (chronic).

The SPJ and proximal to mid SSV are patent and competent however the distal SSV is noted with chronic scarring.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: Antero-lateral calf varices noted to have communications with a small competent calf perforator.

Lt: Incompetent thigh GSV , suitable for VNUS.

Lt: Calf GSV segment is incompetent and partially occluded.

Lt: Segmentally occluded postero-medial calf varices.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232869/52 09/23

Clinell Wipes UBY 6032520A

2025-06-19

Event Number : E-79410447

Examination Date : **27-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb veins Both**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV(1.5-2.3mm dia) are incompetent and small in calibre.

The SPJ and SSV (2.5mm dia) are incompetent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

On the Left:

The SFJ and GSV are patent and competent.

The SPJ and SSV (4mm dia) are incompetent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: SFJ/GSV reflux (small in calibre)

Rt: SPJ/SSV reflux (small in calibre)

Lt: SPJ/SSV reflux , suitable for VNUS.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

Event Number : E-79385253

Examination Date : **24-Mar-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Both**

Clinical History :

Nun healing ulcer

ABPI's

(normal =>1.0)

DPA Right Uncompressible

DPA Left 180mm Hg

Br Right 142mmHg

Rt: Uncompressible calf arteries with triphasic waveforms

Lt: 1.28 DPA is calcified and with triphasic waveforms.

Lower Limb Venous Duplex Examination

On the Left:

The SFJ and GSV are patent and competent.

The SPJ and proximal SSV(3.5mm dia) are incompetent and noted with mild scarring.

The mid to distal SSV are competent and with scarring throughout.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Lt: SPJ/prox SSV reflux noted with mild scarring.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)

Julie Andrews Unit

Event Number : E-79371147

Examination Date : **14-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler,US Doppler lower limb veins Lt**

Clinical History :

Bilateral VV . right worse
recent right leg scan with limited report
also for bilateral ABPI

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.
The ATV (3mm dia) is incompetent fills antero lateral calf varices.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
Mild DVI noted in the popliteal vein.
The rest of the deep veins are patent and competent.

On the Left:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
Mild DVI noted in the popliteal vein and gastrocnemius vein.
The rest of the deep veins are patent and competent.

Conclusion:

Rt: Incompetent ATV, suitable for VNUS using 7cm catheter.
Rt:Mild DVI noted in POP V.
Lt: Mild DVI noted in POP V and gastrocnemius vein.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Event Number : E-79377131

Examination Date : **13-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler lower limb veins Rt**

VERIFIED Verified By : Tara Lorena Roberto 13-Mar-2021
Typed By : Tara Lorena Roberto 13-Mar-2021

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Lower Limb Venous Duplex Examination

On the Left:

The SFJ is ligated and the GSV is stripped.

Tortuous SFJ recurrence fills incompetent ATV (5mm dia and ~ 12cm in length); fills antero-medial thigh and antero-medial calf varices.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Lt: Tortuous SFJ recurrence fills incompetent ATV.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232889 2323-09

Clinell Wipes UBV10519208 2023/05/03

Event Number : E-79367095

Examination Date : **13-Mar-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Lt**

VERIFIED Verified By : Tara Lorena Roberto 10-Mar-2021
Typed By : Tara Lorena Roberto 10-Mar-2021

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Previous DVT / POP A

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and proximal to mid thigh GSV(4mm dia) are incompetent fills anterior knee and medial calf varices.

The distal thigh to calf GSV is patent and competent.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: Incompetent proximal to mid thigh GSV, suitable for VNUS.

Rt: POPA aneurysm measures 5.6cm in max AP diameter with intraluminal thrombus noted. Patient mentioned he is having assessment for the surgery.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Patient to be scanned in 3 months time for POP A aneurysm.

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79349152

Examination Date : **10-Mar-2021**

Ref. Source : Moawad Magdy Mr, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Ch

Examinations : **US Doppler lower limb veins Rt**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Swelling of the right leg

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.

There is an incompetent varix in the medial calf seen communicating with a competent calf perforator (2.5mm dia) noted ~ 8cm below the medial femoral condyle.

The SPJ and SSV are patent and competent.

No incompetent thigh perforators were noted.

There is reflux noted in the gastrocnemius vein (~2.5secs) and distal popliteal vein (~2secs).

The rest of the deep veins are patent and competent.

Conclusion:

Rt: DVI noted in gastrocnemius and distal POP V.

Rt: Competent calf perforator communicating with medial calf varix.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144

Event Number : E-79349163

Examination Date : **07-Mar-2021**

Ref. Source : Moawad Magdy Mr, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Ch

Examinations : **US Doppler lower limb veins Rt**

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV(3mm dia) are incompetent fills calf varices.

The calf GSV is superficial and lies ~ 2mm below the skin surface.

The SPJ and SSV are patent and competent.

There is incompetent perforator(3mm dia) noted communicating with the calf varices, seen ~ 10cm above the medial femoral condyle.

All the deep veins are patent and competent.

On the Left:

The SFJ and thigh GSV are patent and competent.

The calf GSV(2.5-3mm dia) is incompetent, fills calf varices.

The proximal segment of the calf GSV is noted with mild scarring.

The SPJ and SSV are patent and competent.

There is large posterior calf varix (11 mm dia) arising directly from the distal popliteal vein.

There is a competent perforator seen with communications with the distal calf varices noted ~ 10cm below the medial femoral condyle.

There is ~ 2sec reflux in the femoral vein and ~1.5secs reflux in the popliteal vein.

The rest of the veins are patent and competent.

Conclusion:

Rt: Incompetent GSV, suitable for VNUS however superficial in the calf segment.

Rt: Incompetent distal thigh perforator fills calf varices.

Lt: Incompetent calf GSV noted with mild scarring in the proximal segment.

Lt: Large posterior calf varix noted arising directly from distal popliteal vein.

Lt: DVI in FV and POP V

Lt: Significant oedema noted in the lower leg.

Reported by:

Event Number : E-79406875

Examination Date : **21-Mar-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb veins Both,US Doppler lower limb arteries Both**

VERIFIED Verified By : Tara Lorena Roberto 20-Mar-2021
Typed By : Tara Lorena Roberto 20-Mar-2021

Clinical History :

active venous ulcer right and healed left leg ulcer
previous ?LSV VNUS and foam on right leg
also for bilateral ABPI

Lower Limb Venous Duplex Examination

On the Left:

The SFJ and thigh GSV are absent post VNUS.

The calf GSV is incompetent however small in calibre (2.5mm dia).

Small tortuous SFJ recurrence noted filling the calf varices.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

The old report dated 2018 mentioned about reflux in the POP V this was not determined in this scan.

Conclusion:

Lt: Small incompetent calf GSV.

Lt: Oedema noted throughout the leg.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79377090

Examination Date : **20-Mar-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb veins Lt**

Clinical History :

active venous ulcer right and healed left leg ulcer
previous ?LSV VNUS and foam on right leg
also for bilateral ABPI

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and thigh GSV are absent.

There is a small competent perforator(1.5mm dia) seen ~12 cm below the groin
noted communicating with the calf GSV.

The calf GSV (2.0-3mm dia) is incompetent fills small calf varices.

The SPJ and SSV appears absent , ? small in calibre.

The femoral vein is noted with mild reflux.

The rest of the deep veins are patent and competent.

Conclusion:

Rt: Mild DVI in mid FV

Rt: Incompetent calf GSV

Rt: Oedema noted throughout the leg.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

ABPI's

(normal =>1.0)

PTA Right 124mmHg

PTA Left 160mmHg

Br Right 128mmHg

Event Number : E-79377100

Examination Date : **20-Mar-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb veins Rt,US Doppler**

Post VNUS

Lower Limb Venous Duplex Examination

On the Right:

The SFJ is patent and thigh to mid GSV is occluded post VNUS treatment.

The distal thigh GSV is incompetent, fills posterior calf varices, there is small competent perforator seen ~ 6cm above the medial femoral condyle noted communicating with this segment.

The calf GSV is competent.

The SPJ and proximal SSV are absent, the mid to distal SSV(4mm dia) is incompetent, noted filled by varix from distal thigh GSV.

All the deep veins are patent and competent.

On the Left:

The SFJ appears ligated; there is no SFJ recurrence noted.

There are large medial varices noted that could be traced to the medial groin; no association noted with SFJ.

The very proximal thigh GSV is absent.

The proximal thigh GSV (5.0mm dia) is intact and incompetent being seen being filled by medial thigh varices; the GSV at the level of the knee is absent.

The calf GSV is intact and competent.

The SPJ and proximal SSV appears absent, the mid to distal SSV is patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: Proximal to mid thigh GSV occluded post VNUS.

Rt: Distal thigh GSV is incompetent, fills posterior calf varices.

Rt: Mid to distal SSV incompetent filled by varix from distal thigh GSV, suitable for VNUS.

Lt: SFJ is ligated

Lt: Medial thigh varices noted that could be traced to the medial aspect of the groin ? filled by internal pudendal vein tributaries

Lt: Intact thigh GSV, suitable for VNUS

Event Number : E-79449643

Examination Date : **10-Apr-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler**

Phlebitis

AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT
Lower Limb Venous Duplex Examination

On the Right:

The SFJ and thigh GSV are patent and competent.

The calf GSV (1.5mm dia) is mildly incompetent and small in calibre, there is no obvious source of reflux.

The SPJ and SSV (4mm dia) are incompetent, fills postero medial calf varices. The postero medial calf varices is noted with mild post thrombophlebitis scarring.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: Mild incompetence noted in calf GSV.

Rt: Incompetent SSV, suitable for VNUS

Rt: Mild scarring noted in the postero medial calf varices.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232869/52 2023-09

Clinell Wipes E10113720A 20250906

ADDENDUM START by Tara Lorena Roberto 10-Apr-2021 08:54

The RT SSV is superficial, lies ~5mm from skin surface. Only very short segment of the postero medial varices is noted with mild scarring.

Event Number : E-79438202

Examination Date : **10-Apr-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Rt**

healed left ulcer
bilateral skin changes

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and GSV are patent and competent.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
All the deep veins are patent and competent.

On the Left:

The SFJ and GSV are patent and competent.
The ATV(5mm dia) is incompetent fills anterior thigh varices and small medial calf varix.
The SPJ and SSV are patent and competent.
No incompetent thigh or calf perforators were noted.
All the deep veins are patent and competent.

Conclusion:

Lt: ATV reflux fills anterior thigh varices, should be suitable for VNUS using 7cm catheter.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:
232869/62 2023-09

Clinell Wipes UBV6032520A 20250619

Event Number : E-79333208

Examination Date : **17-Apr-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Both**

? VVS

Lower Limb Venous Duplex Examination

On the Right:

The SFJ and proximal thigh GSV(4.5mm dia) are incompetent fills anterior and medial thigh varices.

The mid to distal thigh GSV is patent and competent.

The calf GSV is tortuous and incompetent

The SPJ and SSV(2.5-3mm dia) are incompetent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

On the Left:

The SFJ and thigh GSV are patent and competent.

The calf GSV (3.5mm dia) is incompetent, there is no obvious source of reflux.

There is large varix (6mm dia) arising directly from CFV fills anterior and medial thigh varices.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Rt: Incompetent prox thigh GSV suitable for VNUS.

Rt: Incompetent calf GSV , tortuous.

Rt: Incompetent SSV suitable for VNUS however small in calibre.

Lt: Large varix arising from CFV, should be suitable for VNUS using 3cm catheter.

Lt: Incompetent calf GSV ,suitable for VNUS , source of reflux not determined.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

Event Number : E-79410452

Examination Date : **18-Apr-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Both**

VERIFIED Verified By : Tara Lorena Roberto 25-Apr-2021
Typed By : Tara Lorena Roberto 25-Apr-2021

Clinical History :

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Previous phlebitis

Lower Limb Venous Duplex Examination

On the Left:

The SFJ and GSV are patent and competent.

The ATV(prox 8mm dia) is incompetent fills anterolateral thigh and postero lateral calf varices.

The SPJ and SSV are patent and competent.

No incompetent thigh or calf perforators were noted.

All the deep veins are patent and competent.

Conclusion:

Lt: Incompetent ATV ,not suitable for VNUS due to scarring.

Compared from previous scan the ATV , anterolateral thigh and postero lateral calf varices are no longer occluded however scarring noted in ATV.

Reported by:

Tara Roberto (Trainee Vascular Sonographer)
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB3014420A

US Gel Batch number and expiry date: UG16100220; 16/10/2023

Event Number : E-79438768

Examination Date : **25-Apr-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb veins Lt**