Examination Performed: VUS LOWER LIMB VARICOSE VEINS RT, VUS LOWER LIMB DEEP VEINS RT  
Exam Completion Date: 06/05/2021 12:36  
  
INDICATIONS:PT has recurrent episode of cellulitis right lower leg. Discussed with RAMY SPR vascular advised duplex scan to rule out venous insufficiency right lower limb..  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The RIGHT deep system is competent throughout. The RIGHT popliteal to femoral veins demonstrate normal colour filling, phasic signals and compressibility.  
The RIGHT calf veins demonstrate positive augmentation.  
  
The RIGHT saphenofemoral junction is competent.  
The RIGHT greater saphenous vein is competent to below the knee. There is evidence of chronic non-occlusive thrombus within the Right GSV in the lower calf. This thrombus extends for approximately 1.2 cm only. Superior to this the Right GSV is patent throughout. Thrombus does not extend into the deep system.  
The RIGHT GSV remains within the fascia throughout.   
  
The RIGHT gastrocnemius veins are patent and competent.  
  
The RIGHT short saphenous vein is competent.  
  
There is "ant-hill" appearance of the calf consistent with interstitial fluid.  
  
CONCLUSION: No evidence of RIGHT lower limb deep venous thrombosis from the level of the RIGHT popliteal vein to the RIGHT common femoral vein.  
No evidence of Right deep venous incompetence or Right GSV incompetence.  
Evidence of isolated chronic non-occlusive thrombus within the Right GSV at the level of the lower calf only.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 06/05/2021 12:44  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 11/05/2021 10:11

Examination Performed: VUS GREAT SAPHENOUS VEIN MARKING LT  
Exam Completion Date: 10/05/2021 17:03  
  
INDICATIONS: .For distal bypass 11/05/21 under Mr Naughton. For vein mapping and tibial vessel duplex please for pre-op planning please   
  
COMPARISON:No previous Duplex in Beaumont  
  
FINDINGS: LUMEN DIAMETER LEFT GREATER SAPHENOUS VEIN:  
0.45 cm left groin  
0.33 cm upper thigh.  
0.30 cm mid thigh.  
0.26 cm lower thigh.  
0.28 cm above knee.  
0.34 cm below knee.  
0.27 cm upper calf.  
0.25 cm mid calf.  
0.28 cm lower calf.  
0.25 cm above the ankle  
  
CONCLUSION: The LEFT greater saphenous vein diameter is greater than 2mm. Vein is marked as requested.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 10/05/2021 17:42  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 15:07

Examination Performed: VUS LOWER LIMB VARICOSE VEINS LT  
Exam Completion Date: 11/05/2021 12:12  
  
INDICATIONS: Bilateral venous ulceration -? Status deep & superficial venous systems.  
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The LEFT deep system is patent and demonstrates reflux. There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The LEFT saphenofemoral junction is incompetent.  
The LEFT greater saphenous vein is incompetent from the groin to the calf.  
The LEFT GSV remains within the fascia throughout.   
The LEFT above-knee GSV demonstrates an AP lumen diameter of 0.90 cm.  
  
A competent perforator (AP lumen 0.27 cm) drains to the GSV at the level of the upper calf.  
  
An incompetent connecting vein connects one of the posterior tibial veins to a varicosity in the lower calf.  
  
The LEFT short saphenous vein is competent.  
  
CONCLUSION: LEFT deep venous reflux.  
LEFT GSV incompetence.  
Incompetent connecting vein lower calf.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 11/05/2021 15:16  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 15:08

Examination Performed: VUS LOWER LIMB VARICOSE VEINS RT  
Exam Completion Date: 12/05/2021 09:28  
  
INDICATIONS:21 YR OLD, HX of prev ulcers, dermatology diagnosed as venous eczema, bilateral vvs duplex please, coming back to OPD in 3 months, previous cancelled apt was due to admission for endocarditis.  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The RIGHT deep system is patent and competent. There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The RIGHT saphenofemoral junction is competent.  
The RIGHT greater saphenous vein is competent to below the knee.  
The RIGHT GSV remains within the fascia throughout.   
  
The RIGHT short saphenous vein is competent.  
  
CONCLUSION: No name superficial or deep venous reflux identified RIGHT lower limb.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 12/05/2021 09:30  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 15:00

Examination Performed: VUS LOWER LIMB VARICOSE VEINS LT  
Exam Completion Date: 12/05/2021 12:37  
  
INDICATIONS:Seen by MR SYED ALY bilateral varicose veins with lymphedema. Advised varicose veins scan. Opd in 6/12.  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The LEFT deep system is patent. The LEFT femoral vein demonstrates reflux in the upper thigh.  
There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The LEFT saphenofemoral junction is incompetent.  
The LEFT greater saphenous vein is competent to below the knee.  
The LEFT GSV remains within the fascia throughout.   
  
Superficial veins lateral calf and anterior thigh drain the incompetent anterior tributary.  
  
The LEFT short saphenous vein is competent.  
  
CONCLUSION: LEFT deep venous reflux.  
LEFT anterior tributary incompetence.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 12/05/2021 14:46  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 15:12

Examination Performed: VUS UPPER LIMB DEEP VEINS LT  
Exam Completion Date: 24/05/2021 15:29  
  
INDICATION:4CM diameter increase in l arm when compared to r with significant pain and minimal movement tolerated, bed bound for last 3-6 months d-dimer 6.83 R/O upper limb DVT  
  
COMPARISON:NO previous exam  
  
FINDINGS: There is no evidence of thrombus within the Left brachial veins. Thrombus extends from the basilic vein into the axillary vein.  
The Left infraclavicular portion of the Left subclavian vein appears patent and demonstrates normal phasic flow.   
  
The Left cephalic vein demonstrates occlusive thrombus in the lower and upper forearm. Thrombus does not extend above the antecubital fossa. Thrombus does not extend into the deep system.  
  
CONCLUSION: Evidence of LEFT upper limb DVT.  
Evidence of superficial venous thrombosis.  
  
\*Clinically significant/unexpected finding, recorded in PeerVue\*  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 24/05/2021 15:33  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 16:11

Examination Performed: VUS LOWER LIMB VARICOSE VEINS RT  
Exam Completion Date: 24/05/2021 16:30  
  
INDICATIONS:RT leg VVS for preop VVS duplex please.  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The RIGHT deep system is patent and competent. There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The RIGHT saphenofemoral junction is incompetent.  
The RIGHT greater saphenous vein is incompetent from the groin to below the knee.  
The RIGHT GSV remains within the fascia throughout.   
The RIGHT above-knee GSV demonstrates an AP lumen diameter of 0.58 cm.  
  
The RIGHT short saphenous vein is competent throughout. Varicosities connect the below-knee GSV to the SSV at the level of the mid calf.  
  
A competent perforator is demonstrated at the level of the lower calf.  
  
CONCLUSION: RIGHT GSV incompetence.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 24/05/2021 16:33  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 17:14

Examination Performed: VUS LOWER LIMB DEEP VEINS RT  
Exam Completion Date: 24/05/2021 17:10  
  
INDICATION:D1 POST LD flap to scalp. Prolonged procedure and immobilisation. C/O right calf pain post procedure. Us doppler please to R/O DVT.  
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: Focused examination due to right thigh bandaging which could not be removed.  
The RIGHT popliteal vein is patent and compressible.  
The RIGHT peroneal, posterior tibial veins and anterior tibial veins are all patent and compressible from above the ankle to the upper calf.  
The right gastrocnemius veins are patent and demonstrate normal compressibility.  
The right SSV is patent and demonstrates normal compressibility.  
  
CONCLUSION: No evidence of RIGHT calf DVT or superficial thrombosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 24/05/2021 17:14  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 16:18

Examination Performed: VUS LOWER LIMB DEEP VEINS RT  
Exam Completion Date: 31/05/2021 15:39  
  
INDICATION:POST EVAR, re-admitted with right lower limb swelling. Please perform us duplex to out rule right limb DVT. Thank you  
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The RIGHT Popliteal Vein demonstrates chronic non-occlusive thrombus below and above the popliteal crease.   
This thrombus does not extend into the superficial femoral vein in the lower thigh. The right superficial femoral vein is patent and demonstrates normal colour filling, phasics signals and compressibility throughout.  
  
The RIGHT Common Femoral Vein is patent and free of thrombus.   
  
The Right calf veins demonstrate positive augmentation. The Right posterior tibial vein and peroneal vein are patent at the level of the mid and upper calf. Unable to visualise these vessels in the lower calf due to bandaging.  
  
CONCLUSION: Evidence of chronic non-occlusive thrombus within the RIGHT Popliteal vein only. Thrombus does not extend into the femoral vein.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 31/05/2021 15:46  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 01/06/2021 12:23

Examination Performed: VUS UPPER LIMB DEEP VEINS RT  
Exam Completion Date: 01/06/2021 14:35  
  
INDICATION: Right arm swelling with d-dimer 1.5. Ultrasound please to rule out upper limb DVT. THANK YOU!  
  
COMPARISON: No Previous Duplex in Beaumont  
  
FINDINGS: There is no evidence of thrombus from the level of the RIGHT brachial veins to the infraclavicular portion of the RIGHT subclavian vein.  
Both the right cephalic and basilic veins are patent and free of thrombus.  
  
CONCLUSION: No evidence of RIGHT upper limb DVT.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 01/06/2021 14:37  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 02/06/2021 12:27

Examination Performed: VUS LOWER LIMB DEEP VEINS RT  
Exam Completion Date: 01/06/2021 15:09  
  
INDICATION: 2/52 post cfa with new onset leg swelling and pain concerning for DVT -forduplex us please to rule out dvt per vascular rge. Many thanks.  
  
COMPARISON: None in Beaumont.  
  
Findings: The RIGHT popliteal to femoral veins demonstrate normal colour filling, phasic signals and compressibility.  
The RIGHT calf veins demonstrate positive augmentation.  
  
Both the right posterior tibial veins and peroneal veins are patent and demonstrate normal compressibility.  
  
The RIGHT short saphenous vein demonstrates chronic non-occlusive thrombus at the level of the mid and lower calf only. Superior to this the Right SSV is patent and thrombus does not extend into the deep system.  
  
There is evidence of "ant-hill" appearance of the calf in keeping with interstitial fluid.  
  
CONCLUSION: No evidence of RIGHT lower limb deep venous thrombosis.  
Evidence of chronic non-occlusive thrombus within the Right SSV extending to level of the mid calf only.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 01/06/2021 15:32  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 02/06/2021 12:21

Examination Performed: VUS LOWER LIMB VARICOSE VEINS RT  
Exam Completion Date: 03/06/2021 12:28  
  
INDICATIONS: See email scanned in VV as per Kevin Corless.  
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The RIGHT deep system is patent. The Right popliteal vein and the femoral vein (mid thigh only) demonstrates reflux.   
There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The RIGHT saphenofemoral junction is incompetent.  
The RIGHT greater saphenous vein is incompetent from the groin to the level of the knee. A varicosity drains the GSV at this point which is competent inferiorly  
The RIGHT GSV remains within the fascia throughout.   
The RIGHT above-knee GSV demonstrates an AP lumen diameter of 0.86 cm.  
  
Varicosities lateral mid calf drain the below-knee GSV.  
  
The RIGHT short saphenous vein is competent. The RIGHT SSV demonstrates chronic non-occlusive thrombus at the level of the mid calf only. Thrombus does not extend into the deep system.  
  
CONCLUSION: Right deep venous reflux.  
Right GSV incompetence.  
Evidence of isolated chronic non-occlusive thrombus within the short saphenous vein at the level of the mid calf only. Thrombus does not extend into the deep system.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 03/06/2021 12:34  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 03/06/2021 19:01

Examination Performed: VUS UPPER LIMB DEEP VEINS LT  
Exam Completion Date: 04/06/2021 10:07  
  
INDICATION:Swollen and tender left arm at prior cannulation site. Hard and tender on palpation. B/g antiphospholipid syndrome off anticoag due to anaemia. ? DVT VS superficial thrombosis  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: There is no evidence of thrombus from the level of the LEFT brachial veins to the infraclavicular portion of the LEFT subclavian vein.  
The LEFT cephalic vein demonstrates occlusive thrombus from the level of the mid forearm to the mid upper arm. Thrombus does not extend into the deep system.  
Thrombus extends from the cephalic vein into the median cubital vein for approximately 2.2 cm.   
  
The LEFT basilic vein is patent and free of thrombus.  
  
CONCLUSION: No evidence of LEFT upper limb DVT.  
Evidence of superficial venous thrombosis.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 04/06/2021 10:11  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:53

Examination Performed: VUS LOWER LIMB DEEP VEINS RT, VUS LOWER LIMB DEEP VEINS LT  
Exam Completion Date: 08/06/2021 09:35  
  
INDICATION: Bilateral lower limb swelling, for bilateral DVT scan as per consultant vascular surgeon Mr Seamus McHugh.  
  
COMPARISON: None in Beaumont.  
  
RIGHT LOWER LIMB  
  
FINDINGS: The RIGHT popliteal to femoral veins demonstrate normal colour filling and compressibility. A positive saw toothed waveform is demonstrated in both lower limbs  
The RIGHT calf veins demonstrate positive augmentation.  
  
The right posterior tibial vein is patent and demonstrates normal compressibility throughout. The Right peroneal veins in the upper calf demonstrates normal colour filling. Unable to identify the Right peroneal veins in the mid and lower calf. Unable to out rule right calf thrombosis.  
  
There is evidence of anthill appearance of the calf in keeping with interstitial fluid.  
  
LEFT LOWER LIMB  
  
FINDINGS: The LEFT popliteal to femoral veins demonstrate normal colour filling and compressibility. A positive saw toothed waveform is demonstrated in both lower limbs  
The LEFT calf veins demonstrate positive augmentation.  
  
CONCLUSION: No evidence of RIGHT lower limb deep venous thrombosis from the level of the RIGHT popliteal vein to the RIGHT common femoral vein.  
Unable to identify the Right peroneal veins in the mid and lower calf. Thus unable to out rule Right calf thrombosis.  
No evidence of LEFT lower limb deep venous thrombosis from the level of the LEFT popliteal vein to the LEFT common femoral vein  
  
IMPRESSION: Sawtoothed waveform may be indicative of congestive heart failure or some central aetiology.  
Recommend CT venogram to out rule right calf DVT if clinically indicated.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 08/06/2021 09:57  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:54

Examination Performed: VUS LOWER LIMB DEEP VEINS LT  
Exam Completion Date: 09/06/2021 11:23  
  
INDICATION: Referral from general surgery in OLOL. Presented to OLOL with discolouration and pain in left foot. For ABPIS and toe pressures. Also exclude old DVT (>6 MTHS AGO).  
  
COMPARISON: None in Beaumont.  
  
Findings: The LEFT popliteal to femoral veins demonstrate normal colour filling, phasic signals and compressibility.  
The LEFT calf veins demonstrate positive augmentation.  
  
There LEFT anterior tibial veins, peroneal veins and posterior tibial veins are patent and demonstrate normal compressibility throughout.  
  
At the site of concern, left medial sole of the foot, a mixed echogenic region is demonstrated, however no arterial or venous flow is detected within this region. Query aetiology?   
  
CONCLUSION: No evidence of LEFT lower limb DVT.  
Mixed echogenic region demonstrated at the site of concern, left medial sole of foot. Recommend soft tissue ultrasound to determine aetiology.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 09/06/2021 11:28  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:51

Examination Performed: VUS LOWER LIMB DEEP VEINS LT  
Exam Completion Date: 09/06/2021 14:56  
  
INDICATION: New onset left leg pitting oedema to below knee, some calf tenderness noted. Currently off anticoagulation thus high risk for DVT. Previous vein harvesting..  
  
COMPARISON: None in Beaumont.  
CT angiogram lower limb both; April 2021: A pseudo aneurysm involving the distal SFA/proximal left popliteal artery appears reduced compared to prior study, now measuring 2.5 x 2.7 cm compared to 3.7 cm in May 2020.   
  
Findings: The LEFT popliteal to femoral veins demonstrate normal colour filling, phasic signals and compressibility.  
The LEFT calf veins demonstrate positive augmentation.  
  
There is "ant-hill" appearance of the calf and upper thigh consistent with interstitial fluid.   
  
At the level of the adductor canal a stent is demonstrated in what is taken to be the previous pseudo aneurysm. This now measures 2.20 cm x 2.46 cm. No flow is detected within the sac, external to the stent.  
  
CONCLUSION: No evidence of LEFT lower limb DVT.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 09/06/2021 15:01  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:55

Examination Performed: VUS GREAT SAPHENOUS VEIN MARKING LT  
Exam Completion Date: 10/06/2021 08:11  
  
INDICATIONS: Admitted with left critical limb ischaemia, popliteal pulse present. Likely tibial disease. Left arterial duplex to assess please  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: LUMEN DIAMETER LEFT GREATER SAPHENOUS VEIN:  
0.10 cm upper thigh.  
0.13 cm mid thigh.  
0.13 cm adductor canal  
0.14 cm lower thigh.  
  
CONCLUSION: The LEFT saphenous vein diameter is less than 2mm. Vein is not suitable as a conduit.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 10/06/2021 08:14  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 12:33

Examination Performed: VUS LOWER LIMB VARICOSE VEINS LT  
Exam Completion Date: 10/06/2021 12:22  
  
INDICATIONS:SEE LETTER.  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The LEFT deep system is patent and the left popliteal vein demonstrates reflux.  
There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The LEFT saphenofemoral junction is competent.  
The LEFT greater saphenous vein is competent to below the knee.  
The LEFT GSV remains within the fascia throughout.   
  
The LEFT short saphenous vein is incompetent. An incompetent connecting vein drains popliteal vein approximately 5 cm above the popliteal crease.  
The left superior extension of the short saphenous vein is competent.  
  
CONCLUSION: LEFT deep venous reflux.  
LEFT SSV and connecting vein incompetence.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 10/06/2021 12:28  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 14:03

Examination Performed: VUS LOWER LIMB VARICOSE VEINS RT  
Exam Completion Date: 11/06/2021 11:36  
  
INDICATIONS:Bilateral varicose veins on right and left leg. Has pigmentation, haemosiderin depositation, and venous eczema. Within 4 months if possible as per Mr Naughton. ? Possible to outsource ?.  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The RIGHT deep system is patent and demonstrates reflux. There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The RIGHT saphenofemoral junction is incompetent.  
The RIGHT greater saphenous vein is incompetent to below the knee.  
The RIGHT GSV remains within the fascia throughout.   
The RIGHT above-knee GSV demonstrates an AP lumen diameter of 0.4 cm.   
  
There is an incompetent anterior tributary demonstrated.  
  
The RIGHT short saphenous vein is incompetent. An incompetent connecting vein drains the popliteal vein approximately 5 cm above the popliteal crease. The superior extension of the short saphenous vein is incompetent and travels superiorly as the Giacomini vein.  
  
CONCLUSION: RIGHT deep venous reflux.  
RIGHT GSV incompetence.  
RIGHT anterior tributary incompetence.  
RIGHT SSV and connecting vein incompetence.  
RIGHT EXSSV/Giacomini vein incompetence.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 11/06/2021 11:43  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:03

Examination Performed: VUS LOWER LIMB DEEP VEINS RT  
Exam Completion Date: 11/06/2021 15:19  
  
INDICATION: ?? DVT post RT GSV RFA for DVT scan PLZ.  
  
COMPARISON: None in Beaumont.  
  
Findings: The RIGHT popliteal to femoral veins demonstrate normal colour filling, phasic signals and compressibility.  
The RIGHT calf veins demonstrate positive augmentation.  
  
There right posterior tibial veins and peroneal veins are patent throughout and demonstrate normal compressibility.  
  
The RIGHT greater saphenous vein demonstrates non-occlusive thrombus from the level of the knee which extends to approximately 5 cm inferior to the inguinal crease. Thrombus does not extend into the deep system.   
The RIGHT GSV above the knee appears dilated with a maximum AP diameter of 1 cm and demonstrates non-occlusive thrombus at this point.  
  
CONCLUSION: No evidence of RIGHT lower limb deep venous thrombosis.  
Evidence of non-occlusive thrombus within the Right GSV extending from the level of the knee to approximately 5 cm inferior to the inguinal crease.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 11/06/2021 15:22  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:08

Examination Performed: VUS GREAT SAPHENOUS VEIN MARKING RT  
Exam Completion Date: 14/06/2021 10:23  
  
INDICATIONS: Admitted with persistent dm foot infection with rest pain and tissue loss, reduced pulses - cli. Had cta 7 weeks ago, but worsening of symptoms in interval. For whole leg arterial duplex to assess for stenoses, vein mapping, prior to bypass next week   
  
COMPARISON:No previous Duplex in Beaumont  
  
FINDINGS: LUMEN DIAMETER RIGHT GREATER SAPHENOUS VEIN:  
Below the inguinal crease there is evidence of irregular vessel wall thickening which extends for approximately 2 cm along the posterior wall. Vein is marked inferior to this point.  
0.22 cm upper thigh.  
0.30 cm mid thigh.  
0.28 cm lower thigh.  
0.39 cm above knee.  
0.25 cm at the knee  
0.21 cm below knee.  
0.22 cm upper calf, evidence of vessel wall thickening  
0.22 cm mid calf, evidence of vessel wall thickening.  
0.24 cm lower calf, evidence of vessel wall thickening  
0.26 cm above the ankle, evidence of vessel wall thickening.  
  
CONCLUSION: The RIGHT saphenous vein diameter is greater than 2mm. Vein is marked as requested.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 14/06/2021 10:32  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:14

Examination Performed: VUS LOWER LIMB DEEP VEINS LT  
Exam Completion Date: 15/06/2021 12:03  
  
INDICATION: L RFA.  
  
COMPARISON: None in Beaumont.  
  
FINDINGS: The LEFT popliteal to femoral veins demonstrate normal colour filling, phasic signals and compressibility.  
The LEFT calf veins demonstrate positive augmentation.   
  
The LEFT greater saphenous vein demonstrates chronic non-occlusive thrombus in the upper thigh which extends to the level of the saphenous femoral junction. However thrombus does not extend into the left common femoral vein.  
  
CONCLUSION: No evidence of LEFT lower limb deep venous thrombosis.  
Evidence of chronic thrombus in the left greater saphenous vein extending to the level of the saphenofemoral junction (EHIT, Class I).  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 15/06/2021 12:08  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:39

Examination Performed: VUS LOWER LIMB DEEP VEINS RT, VUS INFERIOR VENA CAVA  
Exam Completion Date: 17/06/2021 11:58  
  
INDICATIONS: Unilateral right lower limb swelling and pitting up to thigh, venous congestion on ct, d dimer 13. External iliac a thrombosis, ?Malignancy. Venous duplex ?Iliofemoral DVT please.;ABPI and TBI as well   
  
FINDINGS: The RIGHT anterior tibial veins demonstrate chronic occlusive thrombus above the ankle. This thrombus extends into the popliteal vein.  
The RIGHT posterior tibial and peroneal veins demonstrate chronic occlusive thrombus in the lower calf which is more acute in nature in the upper calf. This thrombus extends into the tibioperoneal trunk.  
There is evidence of acute occlusive thrombus extending throughout the RIGHT popliteal and femoral veins.  
  
The RIGHT profunda femoris vein demonstrates occlusive chronic thrombus.  
  
The RIGHT common femoral vein demonstrates chronic non-occlusive thrombus which extends from below the inguinal crease to above the inguinal crease.   
The RIGHT external iliac vein demonstrates non-occlusive acute on chronic thrombus throughout its length.  
  
Both the right internal iliac vein and the right common iliac vein are patent and free of thrombus.  
The inferior vena cava is patent and demonstrates normal colour filling and phasic most throughout.  
  
The LEFT common femoral vein is patent.  
  
CONCLUSION: Evidence of extensive acute on chronic thrombus, right lower limb, extending to the level of the distal external iliac vein.  
  
Dr Ramy Elkady was notified at time of examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 17/06/2021 12:48  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 17/06/2021 13:45

Examination Performed: VUS LOWER LIMB VARICOSE VEINS LT  
Exam Completion Date: 23/06/2021 14:39  
  
INDICATIONS:For assessment of left sided varicose veins.  
  
COMPARISON:No previous Duplex in Beaumont.  
  
FINDINGS: The LEFT deep system is patent and competent. There is no evidence of thrombus at the level of the common femoral and popliteal vein.  
  
The LEFT saphenofemoral junction is not identified (previous surgery). There is evidence of neovascularisation at the groin.   
What is taken to be the left greater saphenous vein reconstitutes approximately 5 cm below the inguinal crease and is incompetent inferiorly to below the knee.   
The LEFT GSV remains within the fascia throughout.   
The LEFT above-knee GSV demonstrates an AP lumen diameter of 0.86 cm.  
  
The LEFT GSV is not identified for a short section in the upper calf. Query tied off? The left GSV appears to reconstitute via a varicosity in the upper calf 1/3 and is incompetent in the mid calf.  
  
The LEFT short saphenous vein is competent below the popliteal crease. A varicosity drains the SSV at the mid calf, which demonstrates reflux inferiorly.  
The LEFT superior extension of the short saphenous vein is competent.  
  
CONCLUSION: No LEFT SFJ identified (previous surgery).  
What is taken to be the reconstituted GSV, demonstrates reflux throughout.   
LEFT SSV incompetence mid and lower calf only.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 23/06/2021 14:47  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 24/06/2021 12:39