

Ultrasonic Angiology

Patient:
Hospital Number:
Address:

Hospital:
Consultant:

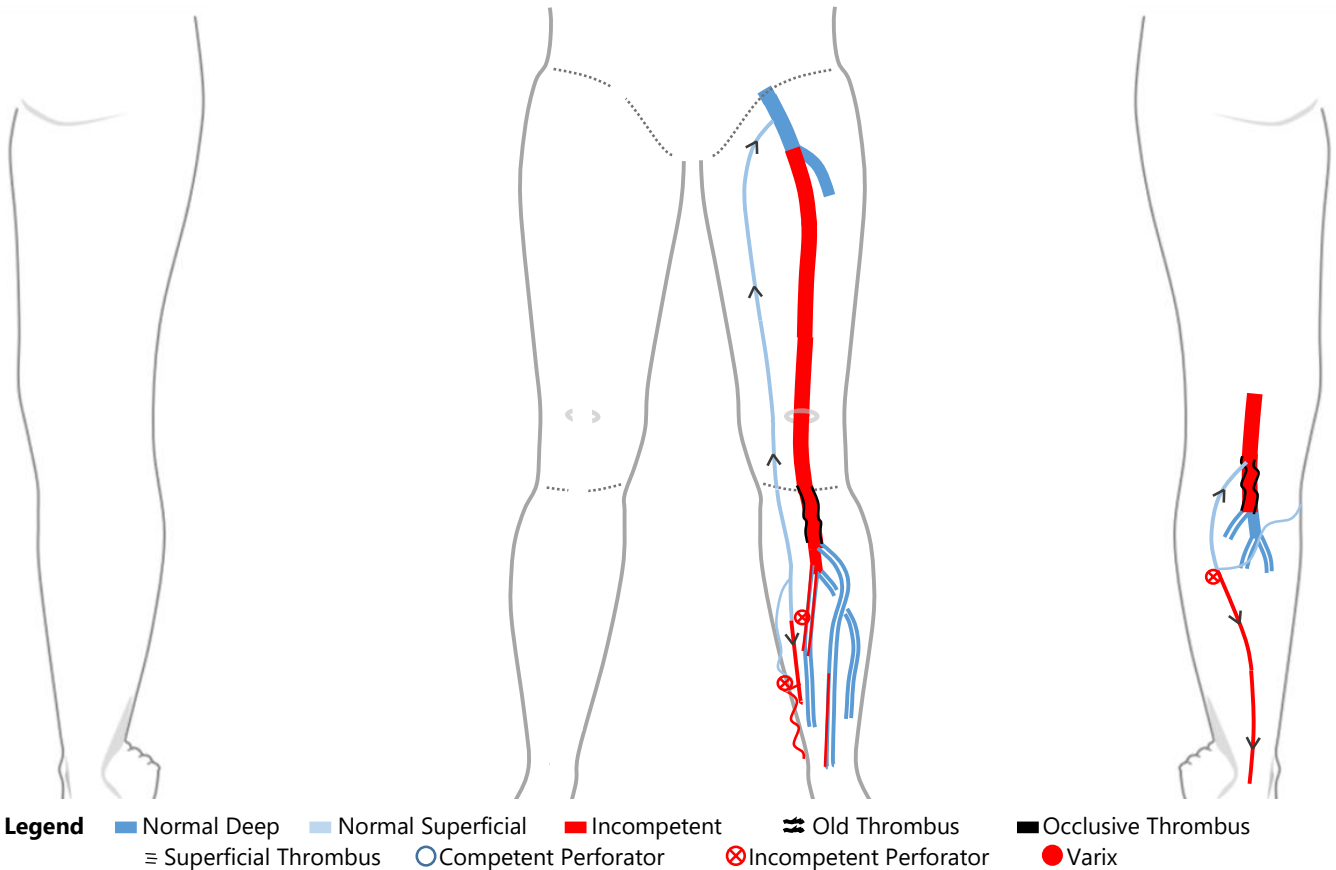
Ultrasonic Angiology Department
2nd Floor, Borough Wing,
Guy's Hospital, London SE1 9RT
Tel: 0207 188 6778
Head of Dept: Dr. TS Padayachee

DUPLEX ASSESSMENT LOWER LIMB VENOUS

Date: 19.07.2021

Right leg:

Left leg:



Conclusion:

LEFT LEG

1. FV incompetent (2.6s).
2. POPV incompetent (1.9s) with evidence of old thrombus detected BK.
3. PTVs in proximal calf incompetent (2.1s).
4. One ATV incompetent at ankle (1.2s).
5. LSV patent and competent AK. LSV becomes incompetent at mid calf level following communication from anterior ? incompetent perforator vein. Competent branch vein detected adjacent to LSV at mid calf. Incompetent perforator vein at ankle communicates with branch vein. LSV communicates with branch vein at same level, causing it to become varicose. LSV calibre 2.3mm BK.
6. SSV patent and competent in proximal calf. SSV becomes incompetent at mid calf, ? small calibre incompetent perforator vein. Large communicating vein to medial calf arises from SSV at this level. Remaining SSV incompetent. SSV calibre 2.1mm.
7. CFV and PFV at groin patent and competent.

See iliac vein duplex report (19.07.2021) for assessment of (L) iliac vein stents.

Reported by: L. Smith
Clinical Scientist