

## Core Modality 3: Venous

[25 scans over a 3 month period: 26/05/21 – 26/08/21]

| Venous report | Assessment type                 | Assessment date |
|---------------|---------------------------------|-----------------|
| V1, V2        | TBI, Right & left venous (BRI)  | 18/08/21        |
| V3            | ABPI & Left venous (BRI)        | 18/08/21        |
| V4, V5        | ABPI, Right & left venous (BRI) | 18/08/21        |
| V6            | Left venous (BRI)               | 26/07/21        |
| V7, V8        | Right & Left venous (BRI)       | 07/07/21        |
| V9            | Left venous (BRI)               | 07/07/21        |
| V10           | Right venous (BRI)              | 07/07/21        |
| V11           | Right venous (WGH)              | 17/06/21        |
| V12           | Right venous (BRI)              | 02/06/21        |
| V13           | Left venous (BRI)               | 27/05/21        |
| V14, V15      | Right and Left venous (BRI)     | 27/05/21        |
| V16           | Left venous (BRI)               | 26/05/21        |
| V17,18        | Right and Left venous (BRI)     | 26/05/21        |
|               |                                 |                 |
| V19           | Left arm DVT (BRI)              | 26/08/21        |
| V20           | Right arm DVT (BRI)             | 23/08/21        |
|               |                                 |                 |
| V21           | Left leg DVT (BRI)              | 26/08/21        |
| V22           | Right leg DVT (BRI)             | 25/08/21        |
| V23           | Right leg DVT (BRI)             | 25/08/21        |
| V24           | Right leg DVT (BRI)             | 24/08/21        |
| V25           | Right leg DVT (BRI)             | 24/08/21        |
|               |                                 |                 |

## VENOUS INSUFFICIENCY (REPORTS V1-V18)

### V1&2

==US Ankle /Brachial Pressure Index==

VERIFIED-Attended-18-Aug-2021-HARRISRL/HARRISRL-18-Aug-2021-

ABPI (ANKLE BRACHIAL PRESSURE INDEX)

SYMPTOMS: 11 year history of bilateral intermittent lower leg ulcers. Right significantly worse than left at present.

RISK FACTORS: IHD (cardiac stent), HTN, IDDM

RIGHT SIDE AT REST

ATA Bi ++

DPA Bi ++|

LEFT SIDE AT REST

ATA Bi ++

DPA Bi ++

TBI (TOE BRACHIAL INDEX)

Right index finger 131 mmHg

Right great toe 110 mmHg TBI= 0.8

Left index finger mmHg

Left great toe 130 mmHg TBI= 1.0

SUMMARY RIGHT LEG: The TBI of 0.8 with biphasic Doppler signals indicates the ulcers are not caused by peripheral arterial disease

SUMMARY LEFT LEG: The TBI of 1.0 with biphasic Doppler signals indicates the ulcers are not caused by peripheral arterial disease

ATA Anterior tibial artery, PTA Posterior tibial artery, DPA Dorsalis pedis artery

++ strong signal, + moderate signal, +-weak signal, - absent signal

==US Dopp Veins Leg Insufficiency Rt==

VERIFIED-Attended-18-Aug-2021-HARRISRL/HARRISRL-18-Aug-2021-

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein (GSV) were competent from groin to distal thigh.

The greater saphenous vein (GSV) was INCOMPETENT (reflux of >3 seconds) from distal thigh to calf.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.7 cm diameter 1.8 cm depth (in fascia)

Mid thigh: 0.5 cm diameter 1.1 cm depth (in fascia)

Lower thigh: 0.4 cm diameter 0.6cm depth (in fascia)

Upper calf: 0.5cm diameter 0.4cm depth (in fascia)

Mid calf: 0.4 cm diameter 0.3 cm depth (in fascia)

No obvious sapheno-popliteal junction. The short saphenous vein was INCOMPETENT (reflux of 2 seconds)

The SSV was predominately straight and uniform throughout with a diameter and depth of:

Knee level: 0.7cm diameter 0.5cm depth (in fascia)

Upper calf: 0.5cm diameter 0.5cm depth (in fascia)

Mid calf: 0.4 cm diameter 0.8 cm depth (in fascia)

(distal calf not assessed due to ulcers)

LEFT LEG DEEP VEINS

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein (GSV) were competent from groin to upper calf.

The greater saphenous vein (GSV) was INCOMPETENT (reflux of >3 seconds) throughout the calf

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.4 cm diameter 1.4 cm depth (in fascia)

Mid thigh: 0.3 cm diameter 1.1 cm depth (in fascia)

Lower thigh: 0.4 cm diameter 0.8cm depth (in fascia)

Upper calf: 0.4cm diameter 0.3cm depth (in fascia)

Mid calf: 0.3 cm diameter 0.4 cm depth (in fascia)

No obvious sapheno-popliteal junction. The short saphenous vein was INCOMPETENT (reflux of >3 seconds) in the mid calf only. The SSV in the upper calf and lower calf was competent.

The SSV was predominately straight and uniform throughout with a diameter and depth of:

Knee level: 0.4cm diameter 0.5cm depth (in fascia)

Upper calf: 0.4cm diameter 0.4cm depth (in fascia)

Mid calf: 0.4 cm diameter 0.3cm depth (in fascia)

lower calf: 0.3 cm diameter 0.5cm depth (in fascia)

Scanned by: K Houghton and R Harris, Senior Clinical Vascular Scientist

Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

V3

==US Ankle /Brachial Pressure Index==

==VERIFIED--Attended-18-Aug-2021--HARRISRL/HARRISRL-18-Aug-2021==

ABPI (ANKLE BRACHIAL PRESSURE INDEX)

SYMPTOMS: Left leg ulcers for ~6-8 months.

RISK FACTORS: HTN and IDDM. No smoking or IHD.

RIGHT SIDE AT REST

Brachial Tri ++ 134mmHg

LEFT SIDE AT REST

PTA Bi ++

ATA Tri ++ 174mmHg ABPI=1.3

DPA Tri ++ 170mmHg ABPI= 1.3

SUMMARY LEFT LEG: The resting ABPI of 1.3 with triphasic Doppler signals indicates no significant peripheral arterial disease.

ATA Anterior tibial artery, PTA Posterior tibial artery, DPA Dorsalis pedis artery

++ strong signal, + moderate signal, +-weak signal, - absent signal

==US Dopp Veins Leg Insufficiency Lt==

==VERIFIED--Attended-18-Aug-2021--HARRISRL/HARRISRL-18-Aug-2021==

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

LEFT LEG DEEP VEINS

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent

The sapheno-popliteal junction and the short saphenous vein were competent

SUMMARY LEFT LEG: No above knee DVT. No evidence of deep or superficial vein reflux.

Scanned by: Rebecca Harris and Kate Houghton - senior vascular scientists

Any queries please contact Vascular Science on 0117 34 27530.

## V4 & 5

==US Dopp Veins Leg Insufficiency Lt==

VERIFIED-Attended-18-Aug-2021-HARRISRLHARRISRL-18-Aug-

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

SYMPTOMS: bilateral lower leg ulcers for ~9 months

RIGHT LEG DEEP VEINS:

The common femoral vein is competent and compressible with phasic flow

The bifid femoral veins are INCOMPETENT (reflux 0.5-1.5 seconds). Small section of chronic partial thrombus in one bifid femoral vein in the distal thigh.

The bifid popliteal veins are competent and compressible.

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent from groin to mid thigh.

There is a large INCOMPETENT perforator (reflux >3 seconds, 0.5cm diameter) mid thigh.

The GSV is then INCOMPETENT (reflux >3 seconds) from mid-thigh to mid calf.

(Unable to assess distal calf due to ulcers)

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.5cm diameter 0.2cm depth (in fascia)

Mid thigh: 0.5cm diameter 0.5cm depth (in fascia)

Lower thigh: 0.5 cm diameter 1.4 cm depth (in fascia)

Upper calf: 0.5cm diameter 1.0cm depth (in fascia)

Mid calf: 0.4cm diameter 0.8cm depth (in fascia)

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

## LEFT LEG DEEP VEINS

The common femoral vein was competent and compressible with phasic flow.

The femoral vein was competent and compressible prox-mid thigh. Bifid femoral veins noted distal thigh. There is mild INCOMPETENCE (reflux 0.5 seconds) in one of the bifid femoral veins and small section of chronic partial thrombus.

The popliteal vein was INCOMPETENT (reflux 0.5 seconds) but compressible.

## LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent from groin to upper calf. There is a large competent perforator (0.3cm) mid thigh.

There is a large INCOMPETENT perforator (reflux >3 seconds, 0.3cm diameter) in the upper calf.

The GSV is then INCOMPETENT (reflux 2 seconds) in the upper to mid calf.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.3cm diameter 0.6cm depth (in fascia)

Mid thigh: 0.3cm diameter 0.9cm depth (in fascia)

Distal thigh: 0.3 cm diameter 0.9 cm depth (in fascia)

Upper calf: 0.3cm diameter 0.6cm depth (in fascia)

Mid calf: 0.3cm diameter 0.4cm depth (in fascia)

The sapheno-popliteal junction is tortuous (0.6cm diameter) and INCOMPETENT (reflux >3 seconds).

The short saphenous vein in the calf and the giacomini vein in the posterior thigh are both INCOMPETENT (reflux >3 seconds).

The SSV was predominately straight and uniform throughout with a diameter and depth of:

Upper calf: 0.6cm diameter 0.5cm depth (in fascia)

Mid calf: 0.5 cm diameter 0.5 cm depth (in fascia)

(Unable to assess lower calf due to ulcers)

## ABPI (ANKLE BRACHIAL PRESSURE INDEX)

## RIGHT SIDE AT REST

DPA Bi ++

## LEFT SIDE AT REST

ATA mono ++

TBI (TOE BRACHIAL INDEX)

Right index finger 155 mmHg

Right great toe 123 mmHg TBI= 0.8

Left great toe 81 mmHg TBI= 0.5

SUMMARY RIGHT LEG: The resting TBI of 0.8 with biphasic Doppler signals suggests reasonable arterial supply.

SUMMARY LEFT LEG: The resting TBI of 0.5 with monophasic Doppler signals suggests the presence of peripheral arterial disease.

ATA Anterior tibial artery, PTA Posterior tibial artery, DPA Dorsalis pedis artery

++ strong signal, + moderate signal, +-weak signal, - absent signal

Scanned by: K Houghton and R Harris, Senior Clinical Vascular Scientist

Any queries please contact Vascular Science on 0117 34 27530

## LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS RIGHT: Proximal DVT in March 21 (4 months ago). Chronic leg swelling since. Resolves with elevation. No ulceration or visible varicose veins. High BMI.

## RIGHT LEG DEEP VEINS:

The common femoral vein was competent and compressible with phasic flow

The femoral vein was INCOMPETENT (reflux of 1s) with PARTIAL RESIDUAL THROMBUS at the lower thigh region.

The bifid popliteal veins were both INCOMPETENT (reflux of 1s). One vein has PARTIAL RESIDUAL THROMBUS and one vein has no thrombus.

## RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent

The sapheno-popliteal junction and the short saphenous vein (SSV) were INCOMPETENT (reflux of 1s)

The SSV was straight and uniform from knee to mid calf. The SSV was tortuous from mid calf to ankle diameter and depth of:

Upper calf: 0.4cm diameter 0.9cm depth (in fascia)

Mid calf: 0.4cm diameter 1.3cm depth (in fascia)

Lower calf: tortuous, 1.1cm depth (in the fascia)

There is an INCOMPETENT tributary (reflux of 1.5s) which connects with both the GSV and SSV in the medial calf.

**SUMMARY: Partial chronic DVT in the femoral and popliteal veins. Deep and superficial venous reflux.**

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

## V7 & V8

US Dopp Veins Leg Insufficiency Rt

VERIFIED Attended-07-Jul-2021 HARRISRU/HARRISRL-07-Jul-2021

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

SYMPTOMS: Bilateral burning felling and pain from ankle to thigh. Varicose veins in the calf and popliteal fossa.

RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

RIGHT LEG SUPERFICIAL VEINS

No obvious sapheno-femoral junction and greater saphenous vein from groin to distal calf (consistent with previous stripping).

Small section of GSV seen at the ankle (with branches connection to the SSV) that is INCOMPETENT (reflux of 2 seconds).

Lateral calf superficial vein that that is TORTUOUS and INCOMPETENT (reflux of 3 seconds) thats connects with the above knee popliteal vein and extends to the ankle.

Multiple small varicose branches in the popliteal fossa that are INCOMPETENT.

No sapheno-popliteal junction. The short saphenous vein was competent

US Dopp Veins Leg Insufficiency Lt

VERIFIED Attended-07-Jul-2021 HARRISRU/HARRISRL-07-Jul-2021

LEFT LEG DEEP VEINS

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS

No obvious sapheno-femoral junction and greater saphenous vein from groin to upper calf (consistent with previous stripping).

GSV in the upper calf was competent (diameter 0.2cm)

GSV in the mid-distal calf was INCOMPETENT (reflux of 3 seconds) with multiple INCOMPETENT branches (diameter 0.3-0.4cm).

There is an above knee sapheno-popliteal junction which is DILATED (1.0cm), TORTUOUS and INCOMPETENT (reflux of 3 seconds).

There is an INCOMPETENT cluster of varicose veins in the lateral popliteal fossa.

There is an INCOMPETENT and TORTUOUS giacomini seen in the distal posterior thigh.

The SSV is INCOMPETENT proximally. Then competent mid-distal calf.

Scanned by: R Harris and K Houghton, Senior Clinical Vascular Scientist



**LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):**

SYMPTOMS: Recurrent episodes of LEFT thrombophlebitis medially at knee level. Visible varicose veins (VVs) in the same region. Previous RIGHT VV intervention 20+ years ago. Bilateral leg heaviness when standing.

**LEFT LEG DEEP VEINS**

The common femoral was INCOMPETENT (reflux of 1 second) but compressible with phasic flow.

The femoral and popliteal veins were competent and compressible with phasic flow.

**LEFT LEG SUPERFICIAL VEINS**

The sapheno-femoral junction and greater saphenous vein (GSV) were INCOMPETENT (reflux of 3 seconds) from groin to knee level.

The GSV in the calf was competent.

Multiple incompetent tortuous tributaries of the GSV form the visible varicosities around the knee. Residual partial non-acute superficial thrombophlebitis noted in these tributaries (approx 2cm in length).

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.7cm diameter 1.3cm depth (in fascia)

Mid thigh: 0.7cm diameter 1.2cm depth (in fascia)

Lower thigh: 0.3cm diameter 1.2cm depth (in fascia)

Upper calf: 0.5cm diameter 1.4cm depth (in fascia)

Mid calf: 0.2cm diameter 0.7cm depth (in fascia)

Lower calf: 0.2cm diameter 0.5 cm depth (in fascia)

No sapheno-popliteal junction. The short saphenous vein was competent in the prox-mid calf, then INCOMPETENT (reflux of 3 seconds) mid-distal calf. The VVs around the knee also connect with the SSV in the mid calf via an incompetent tributary.

The SSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper calf: 0.2cm diameter 0.6cm depth (in fascia)

Mid calf: 0.5cm diameter 0.6cm depth (in fascia) - Incompetent tributary connects here.

Lower calf: 0.2cm diameter 0.3 cm depth (in fascia)

Scanned by: K Houghton and R Harris, Senior Clinical Vascular Scientist

Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

SYMPTOMS: 4 episodes of bleed from vein on lateral mid calf.

RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent to knee level.

The GSV is INCOMPETENT (reflux of > 3 seconds) in the upper calf.

The GSV is competent in the distal calf.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.2 cm diameter 1.3 cm depth (in fascia)

Mid thigh: 0.1 cm diameter 1.7 cm depth (in fascia)

Lower thigh: 0.1 m diameter 1.2 cm depth (in fascia)

Upper calf: 0.2 cm diameter 1.0cm depth (in fascia)

Mid calf: 0.2 cm diameter 1.0cm depth (in fascia)

Lower calf: 0.2 cm diameter 1.0cm depth (in fascia)

There is an INCOMPETENT deep vein perforator in the upper calf that connects to the GSV in upper calf.

There is a INCOMPETENT tributary of the GSV upper calf (diameter GSV 0.2 cm)

The sapheno-popliteal junction and the short saphenous vein were competent

Scanned by: R Harris and K Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

ADDENDUM START by Kate Houghton, Vascular Scientist 08-Jul-2021 12:56

ABPI RIGHT: 0.8 Biphasic

ABPI LEFT: 0.9 Biphasic

## LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Recurrent right medial malleolus ulceration over the past 4 years. Currently ulcers are healed following use of compression stocking.

## RIGHT LEG DEEP VEINS:

The common femoral vein is in mildly INCOMPETENT (reflux of 0.5 seconds) but compressible with phasic flow.

The femoral and popliteal veins were competent and compressible.

## RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction, anterior thigh vein (ATV) and greater saphenous vein (GSV) were INCOMPETENT (reflux of 1.5 seconds)

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.6cm diameter 1.9cm depth (in fascia)

Mid thigh: 0.6cm diameter 1.4cm depth (in fascia)

Lower thigh: 0.7cm diameter 0.8cm depth (in fascia)

Upper calf: 0.6cm diameter 0.2cm depth (in fascia) - Chronic webbing

Mid calf: 0.5 cm diameter 0.2 cm depth (in fascia) - Chronic webbing

Lower calf: 0.4 cm diameter 0.5 cm depth (in fascia) - Chronic webbing

There is a large INCOMPETENT GSV perforator in the upper calf (0.4cm in diameter)

The ATV was predominately STRAIGHT AND UNIFORM throughout with a diameter of 0.5cm throughout.

No sapheno-popliteal junction. The short saphenous vein is competent

Scanned by: K Houghton and R Harris, Senior Clinical Vascular Scientist

Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Awaiting THR. Bilateral venous eczema, significantly improving. Venous assessment to rule-out venous reflux.

RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

RIGHT PEDAL ARTERIES

PTA triphasic

PER triphasic

DPA triphasic

A quick spot check of the pedal arteries demonstrated triphasic signals. This cannot rule-out occult disease but indicates good supply to the foot at rest.

**RIGHT LEG SUMMARY: No DVT. No evidence of deep or superficial venous reflux. Good arterial supply to the foot.**

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

## LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: 3 year history of tight and tense LEFT posterior thigh. 18month history of purple pigmentation to the LEFT knee and dorsum of the foot, gradually increasing in severity. No visible varicose veins, no ulceration, no previous venous intervention. No DVT.

## LEFT LEG DEEP VEINS

The common femoral, femoral and bifid popliteal veins were competent and compressible with phasic flow

## LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction, greater saphenous vein and tributaries were competent

The sapheno-popliteal junction was not identified but the short saphenous vein and giacomini vein (posterior thigh) were competent.

**SUMMARY LEFT LEG: No above knee DVT. No evidence of deep or superficial venous reflux.**

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

## V14 & v15

US Dopp Veins Leg Insufficiency Rt

VERIFIED-Attended-27-May-2021-RA7KATEH/RA7KATEH-27-May-2021

### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Knock to the legs 2-3 months ago. Bilateral small ulcers to the gaiter region since, slowly improving.

#### RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent

The sapheno-popliteal junction and the short saphenous vein were competent

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

US Dopp Veins Leg Insufficiency Lt

VERIFIED-Attended-27-May-2021-RA7KATEH/RA7KATEH-27-May-2021

### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Knock to the legs 2-3 months ago. Bilateral small ulcers to the gaiter region since, slowly improving.

#### LEFT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent

The sapheno-popliteal junction and the short saphenous vein were competent

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

## LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Left leg popliteal fossa varicose veins for 20 years. Intermittent left leg swelling, heaviness and throbbing, worsening over the last 5 years. Had specialist assessment in 2017 at ?Longwell green region. Unable to access any previous imaging.

## LEFT LEG DEEP VEINS

The common femoral vein and femoral vein in the upper thigh were competent and compressible with phasic flow

The femoral vein in the lower thigh and popliteal veins were INCOMPETENT (reflux of >3s) but compressible with phasic flow.

## LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and anterior thigh vein were competent.

The greater saphenous vein (GSV) in the upper and mid thigh was INCOMPETENT (reflux of 1.5s)

The GSV in the lower thigh and at knee level was competent.

The GSV throughout the calf was INCOMPETENT (reflux of >3s)

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.4cm diameter 1.3cm depth (in fascia)

Mid thigh: 0.4cm diameter 0.8cm depth (in fascia)

Lower thigh: 0.4cm diameter 0.7cm depth (in fascia)

Upper calf: 0.4cm diameter 0.7cm depth (in fascia)

Mid calf: 0.3cm diameter 0.5cm depth (in fascia)

Lower calf: 0.3cm diameter 0.4cm depth (in fascia)

The sapheno-popliteal junction and the short saphenous vein (SSV) in the upper calf were INCOMPETENT (reflux of >3s).

The SSV in the mid-distal calf was small and competent.

The SSV was predominately straight and uniform throughout with a diameter and depth of:

Upper calf: 0.7cm diameter 1.0cm depth (in fascia)

Mid calf: 0.2cm diameter 1.1cm depth (in fascia)

Lower calf: 0.2cm diameter 0.4cm depth (in fascia)

The large varicose veins seen at the popliteal fossa connect with the GSV and SSV in the upper calf.

**SUMMARY LEFT LEG VEINS: No above knee DVT or superficial thrombophlebitis. Evidence of deep and superficial venous reflux.**

Scanned by: S Bowen, Junior Clinical Vascular Scientist and K Houghton, Senior Clinical Vascular Scientist

V17,18

US Dopp Veins Leg Insufficiency Rt

VERIFIED Attended-26-May-2021 RA7KATEH/RA7KATEH-26-May-2021

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Bilateral venous intervention (RIGHT=Dec20; LEFT=Oct20); symptoms significantly improved, however itching to the thigh area bilaterally (R>L).

#### RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was competent.

The anterior thigh vein (ATV) which was previously treated with foam is only partially occluded.

The ATV and its tributaries are incompetent (reflux >3s).

The Great Saphenous Vein (GSV) is occluded in the upper thigh, consistent with Radiofrequency ablation (RFA).

The GSV is patent from mid thigh to upper calf, and the GSV is competent throughout this section.

The GSV is occluded and small throughout the calf, consistent with RFA.

There is evidence of acute occlusive superficial thrombophlebitis in GSV tributaries throughout the upper and lower leg.

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

US Dopp Veins Leg Insufficiency Lt

VERIFIED Attended-26-May-2021 RA7KATEH/RA7KATEH-26-May-2021

#### LEFT LEG DEEP VEINS

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was competent.

The anterior thigh vein (ATV) which was previously treated with foam is only partially occluded.

The ATV and its tributaries are incompetent (reflux >3s).

The Great Saphenous Vein (GSV) was competent from groin to ankle (not previously treated).

There is evidence of acute partial superficial thrombophlebitis in GSV tributaries throughout the upper and lower leg.

Below knee there is an incompetent (reflux >3s) medial superficial vein which runs slightly more posterior than the GSV. This vein is reasonably straight, and is approx. 0.3cm throughout.

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

Scanned in one-stop clinic by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart



## ARM DVT (REPORTS V19-V20)

### V19

==US Doppler Veins Arm Lt==

==VERIFIED-Attended-26-Aug-2021-HALLIWESHA/HALLIWESHA-26-Aug-2021==

UPPER LIMB VENOUS DUPLEX (DVT):

SYMPTOMS: Whole left arm swelling. CVC in situ for 3 weeks.

Patient scanned on A600.

LEFT ARM DEEP VEINS:

Internal jugular vein: normal

Subclavian vein: normal

Axillary vein: normal

Brachial veins: normal

Ulnar veins: normal

Radial veins: normal

LEFT ARM SUPERFICIAL VEINS:

Cephalic vein: occlusive superficial thrombophlebitis seen in the mid to proximal forearm (~5cm in length)

Basilic vein: normal

SUMMARY LEFT ARM: No DVT however superficial thrombophlebitis

Scanned by: S. Halliwel, Junior Clinical Vascular Scientist

K. Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

V20

US Doppler Veins Arm Rt

VERIFIED—Attended-23-Aug-2021—HALLIWESHA/HALLIWESHA-23-Aug-2021—

UPPER LIMB VENOUS DUPLEX (DVT):

SYMPTOMS: Painful and tight lower right arm for ~2 days.

RIGHT ARM DEEP VEINS:

Internal jugular vein: normal

Subclavian vein: normal

Axillary vein: normal

Brachial veins: normal

Ulnar veins: normal

Radial veins: normal

RIGHT ARM SUPERFICIAL VEINS:

Cephalic vein: normal

Basilic vein: short section of partial thrombophlebitis and chronic webbing in the prox-mid upper arm (no change from previous scan Nov 2016)

SUMMARY RIGHT ARM: No DVT however chronic partial superficial thrombophlebitis.

Scanned by: S. Halliwell, Junior Clinical Vascular Scientist

Supervised by: K. Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

Any queries please contact Vascular Science on 0117 34 27530.

LEG DVT (REPORTS 21-25)

V21

|                                                                                                                                                                                                                                                                           |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| US Doppler Veins Leg Lt                                                                                                                                                                                                                                                   | VERIFIED-Attended-26-Aug-2021-RA7KATEH/RA7KATEH-26-Aug-2021 |
| DEEP VENOUS THROMBOSIS (DVT) DUPLEX                                                                                                                                                                                                                                       |                                                             |
| SYMPTOMS: Bilateral leg swelling for 1 week, left worse than right, now resolved.                                                                                                                                                                                         |                                                             |
| LEFT LEG DEEP VEINS                                                                                                                                                                                                                                                       |                                                             |
| Common Femoral Vein: Regurgitant flow which responds to respiration indicating no significant proximal obstruction.                                                                                                                                                       |                                                             |
| Common Femoral Vein: normal                                                                                                                                                                                                                                               |                                                             |
| Profunda Vein (origin): normal                                                                                                                                                                                                                                            |                                                             |
| Femoral Vein (thigh): normal                                                                                                                                                                                                                                              |                                                             |
| Popliteal Vein: normal                                                                                                                                                                                                                                                    |                                                             |
| Anterior tibial veins: normal                                                                                                                                                                                                                                             |                                                             |
| Peroneal veins: normal                                                                                                                                                                                                                                                    |                                                             |
| Posterior tibial veins: normal                                                                                                                                                                                                                                            |                                                             |
| Gastrocnemius veins: normal                                                                                                                                                                                                                                               |                                                             |
| Soleal veins: normal                                                                                                                                                                                                                                                      |                                                             |
| LEFT LEG SUPERFICIAL VEINS                                                                                                                                                                                                                                                |                                                             |
| Greater saphenous vein: normal                                                                                                                                                                                                                                            |                                                             |
| Short saphenous vein: normal                                                                                                                                                                                                                                              |                                                             |
| SUMMARY LEFT LEG: No DVT                                                                                                                                                                                                                                                  |                                                             |
| INCIDENTAL FINDING MEDIAL POPLITEAL FOSSA: mixed echogenic fluid filled structure with internal debris.                                                                                                                                                                   |                                                             |
| Please note: this was a DVT scan carried out by a vascular specialist and therefore detailed analysis of the MSK anatomy has not been carried out. Please consult an MSK specialist sonographer if there is further clinical concern regarding the non-vascular findings. |                                                             |
| Scanned by: Kate Houghton, Senior Clinical Vascular Scientist                                                                                                                                                                                                             |                                                             |
| NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart. Any queries please contact Vascular Science on 0117 34 27530.                                                                       |                                                             |

## DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Recent radiotherapy treatment. New swelling to the right groin and upper medial thigh

## RIGHT LEG DEEP VEINS

Inferior vena cava: normal

Common Iliac vein: normal

External Iliac vein: normal

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: normal

Peroneal veins: normal

Posterior tibial veins: normal

Gastrocnemius veins: normal

Soleal veins: normal

## RIGHT LEG SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

**SUMMARY RIGHT LEG: No DVT**

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart. Any queries please contact Vascular Science on 0117 34 27530.

V23

US Doppler Veins Leg Rt

VERIFIED-Attended-25-Aug-2021-RA7KATEH/RA7KATEH-25-Aug-2021

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Right femoral access for cardiac ablation 6 days ago. Warfarin (Hx of PE/DVT) temporally stopped for op, resumed yesterday. Extensive bruising with thigh swelling. Groin very tender.

RIGHT LEG DEEP VEINS

Inferior vena cava: normal

Common Iliac vein: normal

External Iliac vein: normal

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

**Common Femoral Vein: PARTIAL THROMBUS**

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: not assessed

Peroneal veins: not assessed

Posterior tibial veins: not assessed

Gastrocnemius veins: not assessed

Soleal veins: not assessed

RIGHT LEG SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: not assessed

**SUMMARY RIGHT LEG: DVT**

vte positive

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart. Any queries please contact Vascular Science on 0117 34 27530.

V24

==US Doppler Veins Leg Rt==

==VERIFIED-Attended-24-Aug-2021-RA7KATEH/RA7KATEH-24-Aug-2021==

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: 1 month history of foot pain, unable to weight bare in the morning. Now progressing to calf pain for 2 days

RIGHT LEG DEEP VEINS

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: normal

Peroneal veins: normal

Posterior tibial veins: normal

Gastrocnemius veins: normal

Soleal veins: normal

RIGHT LEG SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

**SUMMARY RIGHT LEG: No DVT**

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart. Any queries please contact Vascular Science on 0117 34 27530.

## DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: On treatment for myeloma. 1 week history of calf pain. ? DVT or ? injury after pilates session and being on the feet all weekend. |

## RIGHT LEG DEEP VEINS

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: normal

Peroneal veins: normal

Posterior tibial veins: normal

Gastrocnemius veins: normal

Soleal veins: normal

## RIGHT LEG SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

**SUMMARY RIGHT LEG: No DVT**

Scanned by: Kate Houghton, Senior Clinical Vascular Scientist

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart. Any queries please contact Vascular Science on 0117 34 27530.