

25 scans Venous

05/07/2021	1111412073	BLLV
14/07/2021	3011752125	RLLV
15/07/2021	2810362025	LLL
15/07/2021	2704512329	RLLV
15/07/2021	501482083	RLLV
15/07/2021	1005522251	BLLV superficial only
15/07/2021	3008712258	RLLV
15/07/2021	2512522016	BLLV superficial only
15/07/2021	1007642165	RLLV
19/07/2021	80886800	LULV DVT/Phebitus
20/07/2021	307432017	LLL
20/07/2021	2206653532	RLLV
23/07/2021	606422013	BLLV
23/07/2021	0207302200	LLL
26/07/2021	2208535596	BLLV
26/07/2021	1704782228	LLL
26/07/2021	1406402028	BLLV
24/08/2021	2810555354	RLLV
07/09/2021	1110602294	LLL
26/09/2021	2609575866	LLL
27/08/2021	1912812037	LLL

The Vascular Laboratory
Aberdeen Royal Infirmary

To: Mr Mirghani
Consultant Vascular Surgeon
clinic - ARI

Date: 05/07/2021

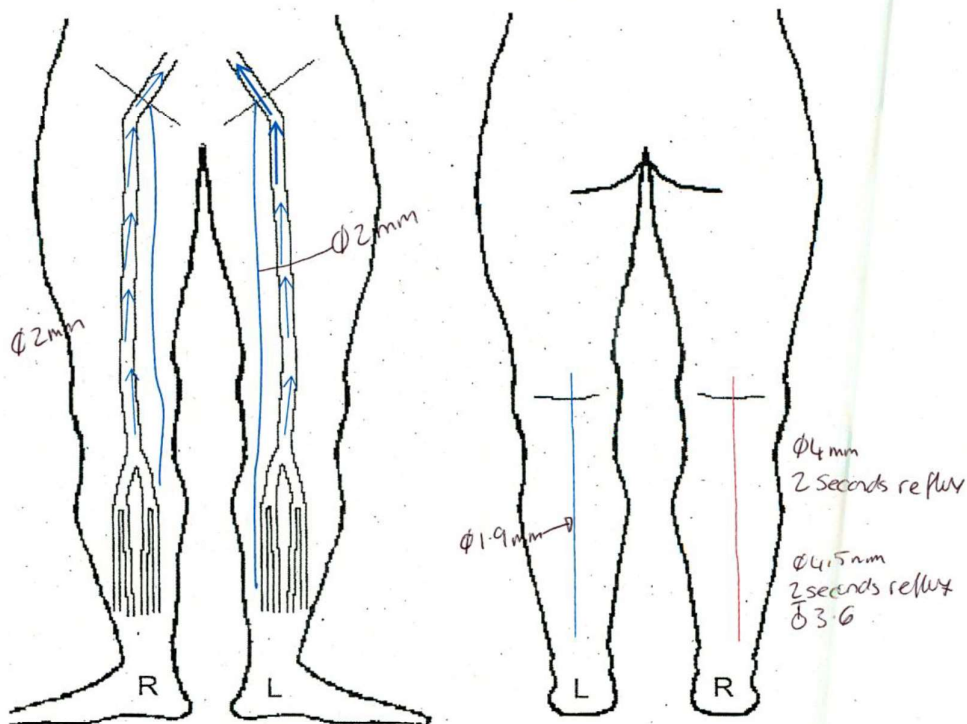
Patient: [REDACTED]

Hosp.No: 1111412073

D.O.B: 11/11/1941

Date of Test: 05/07/2021

Test: Bilateral lower limb venous



Right - has deep vein patent and competent, LSV patent and competent SSV is incompetent with ~ 2 seconds reflux, the vessel is fairly uniform in size

Left - has deep vein patent and competent, LSV and SSV patent and competent

It was noted that there are lots of thread vein and small branches but no significant reflux was seen except in right SSV

H.W.M.

**The Vascular Laboratory
Aberdeen Royal Infirmary**

Consultant: Mr M Sharp
Vascular Surgeon
Ward 215 ARI

Episode date
13/07/2021

Ward
Outpatient

Patient:

[REDACTED]

Unit Number
0570607

CHI
3011752125

Tests performed: Generic Duplex

Right - CFV and proximal SFV patent, Previous EVA on LSV, there is a 5cm patent stump remaining. This stump feeds a varicose vein that feeds into the veins at the groin crease which includes a blow out (1cm in diameter) that is thrombosed, in addition to this it feeds a varicose lateral thigh vein that is tortuous and lies deep in mid thigh at 4cm and would not be suitable for EVLT due to tortuosity

Scanned By:- Heather Lynn/LS
Trainee Clinical Scientist

13/07/2021

110767

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The Vascular Laboratory
Aberdeen Royal Infirmary

To: Mr Cooper
Specialist Vascular Nurse
Clinic

Date: 15/07/2021

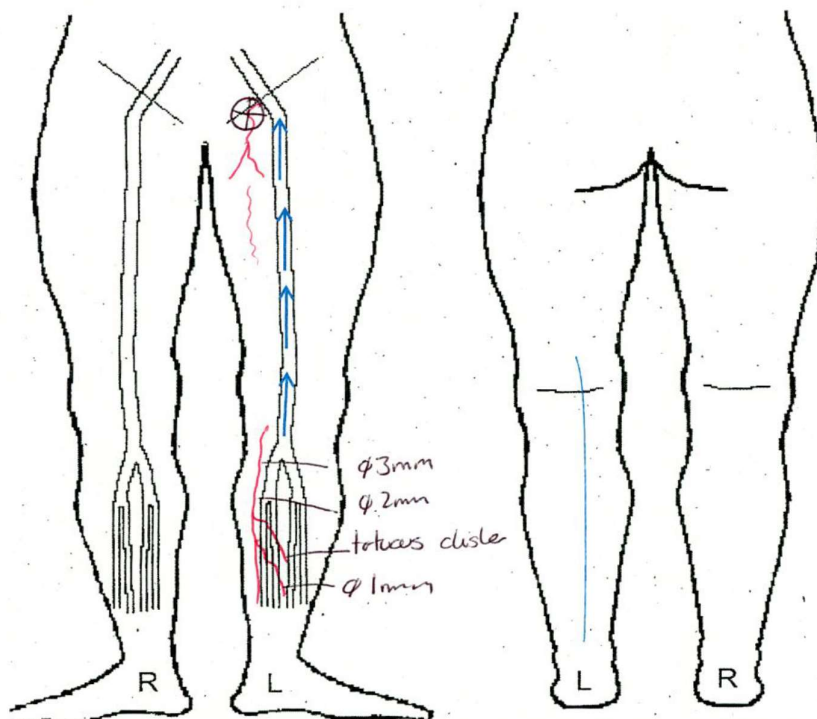
Patient: [REDACTED]

Hosp.No: 2810362025

D.O.B 28/10/1936

Date of Test:

Test: Left lower limb venous and Arterial



LLL - The deep veins are patent and competent, The LSV appears to have previous surgery, (Mrs Webster can't remember but her daughter thinks she had stripping 35 years ago. there is some evidence of revascularisation however is not seen in the fascia until the knee at this point the vein is patent but incompetent 1-2 seconds reflux and has a diameter ~ 2-3 mm, it feeds a cluster of vein in the calf, The Cluster vein are small in calibre ~ 1mm

SSV is patent and competent

LLA - The fem pop segment has minor diffuse disease with a triphasic waveform seen throughout. The calf are slightly calcified and have a sharp biphasic waveform throughout and into the foot.

Heather Lynn

The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary

To: Mr Cooper
Specialist vascular Nurse
Ward 507 - ARI

Date: 15/07/2021

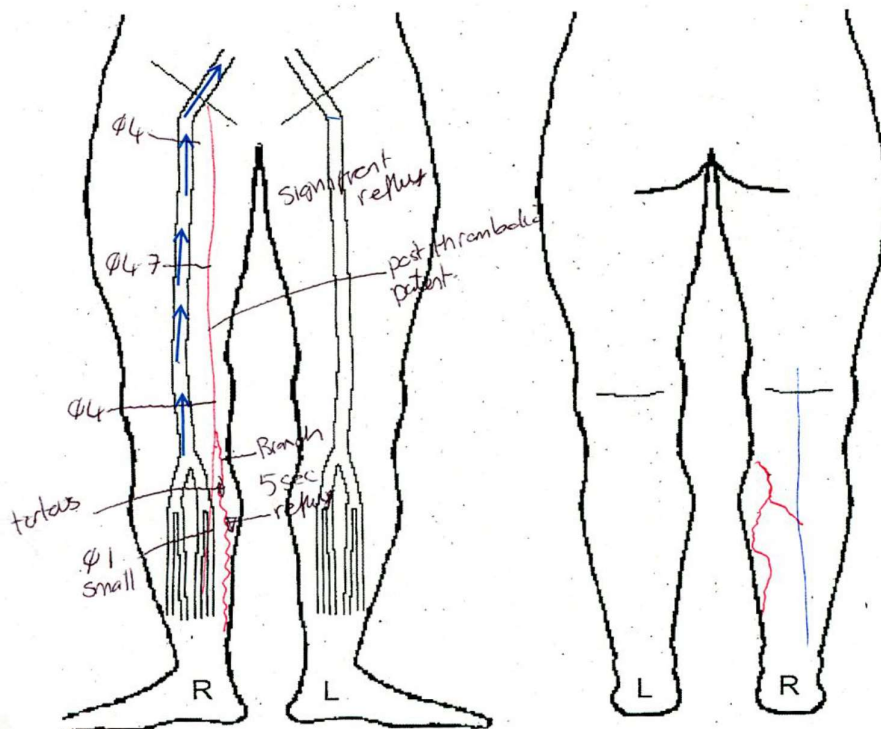
Patient: [REDACTED]

Hosp.Nc 2704512329

D.O.B: 27/04/2021

Date of Test:

Test: Right lower limb Venous



Right Deep veins are patent and competent, LSV has significant reflux ~ 5 seconds. It remains in the fascia until 5cm above the knee, the true LSV then becomes small and there is a dominate branch that feeds the varicose vein in the lower calf, there is also a connection with the SSV however no significant reflux was identified in the SSV. It was also noted the LSV appears post thrombotic but widely. (discussed with Mr Cooper) SSV is small and appears competent.

Heather Lynn

The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary

To: Mr Cooper
Specialist vascular Nurse
Ward 507 - ARI

Date: 15/07/2021

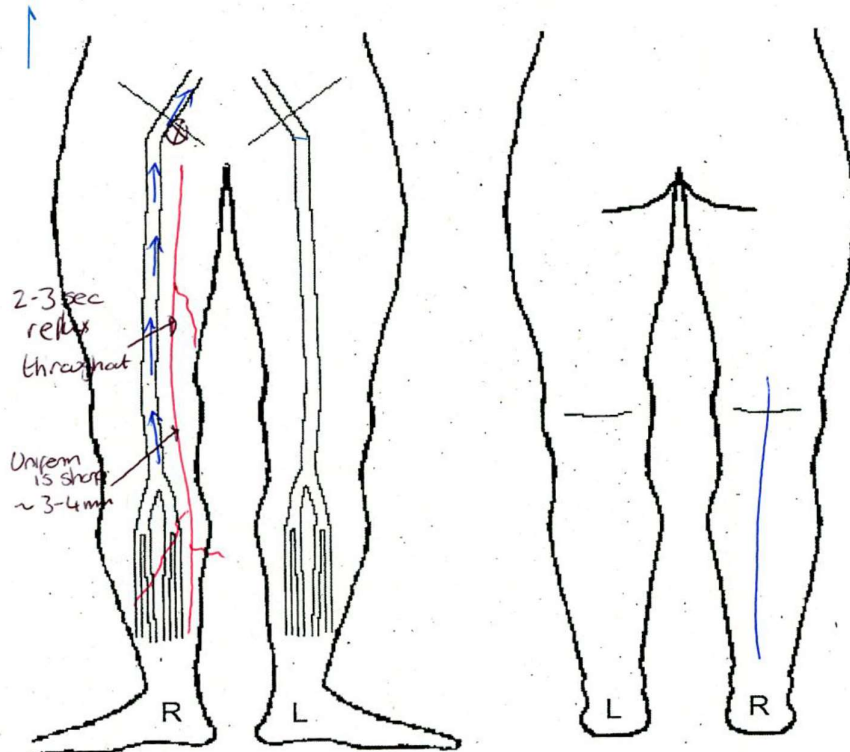
Patient: [REDACTED]

Hosp.No: 501482083

D.O.B: 05/01/1948

Date of Test:

Test: Right lower limb venous



Right The deep veins are competent and patent, previous surgery on the LSV (tightened off) the LSV was seen in the fascia ~ 5cm below SPJ and is intact until the foot however incompetent with 2 - 3 second of reflux seen, the vessel is uniform in size with ~ 3 - 4 mm diameter throughout. (suitable for EVLT The LSV fed multiple incompetent varicose vein throughout the leg. SSV patent and competent

Heather Lynn

The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary

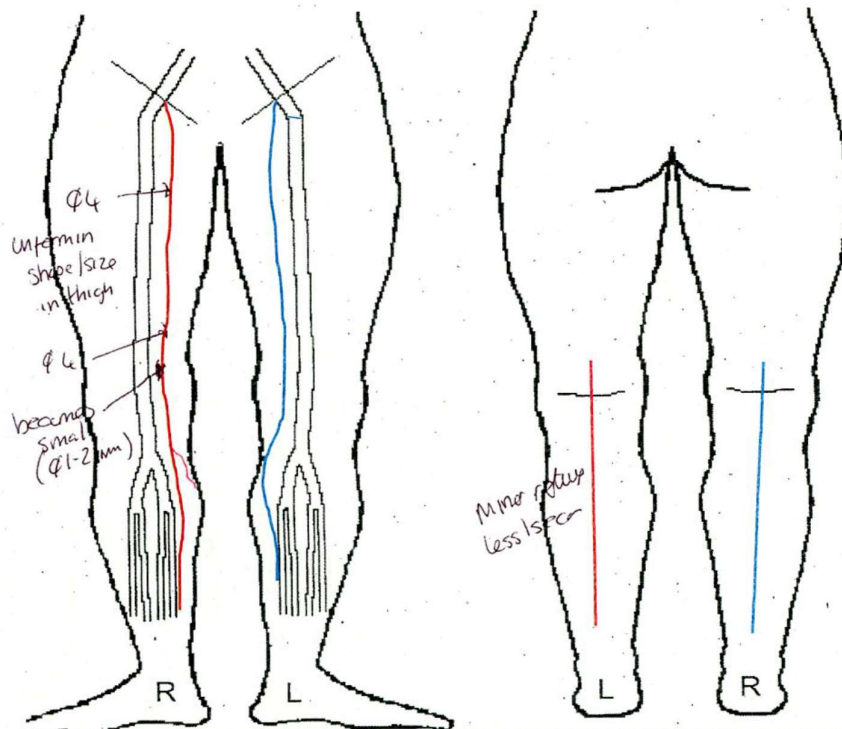
To: Mr Cooper
Specialist vascular Nurse
Ward 507 - ARI

Date: 15/07/2021

Patient: [REDACTED] Hosp.Nc 1005522251 D.O.B: 10/05/1952

Date of Test:

Test: Bilateral superficial Venous



Right deep veins not scanned. LSV is incompetent with significant reflux seen in the thigh, 5 cm above the knee the LSV becomes small (dia 1 - 2mm). SSV patent and competent.
Left - Deep veins not scanned. LSV patent and competent, SSV - minor reflux < 2 second
Heather Lynn

The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary

To: Mr Cooper
Specialist vascular Nurse
Ward 507 - ARI

Date: 15/07/2021

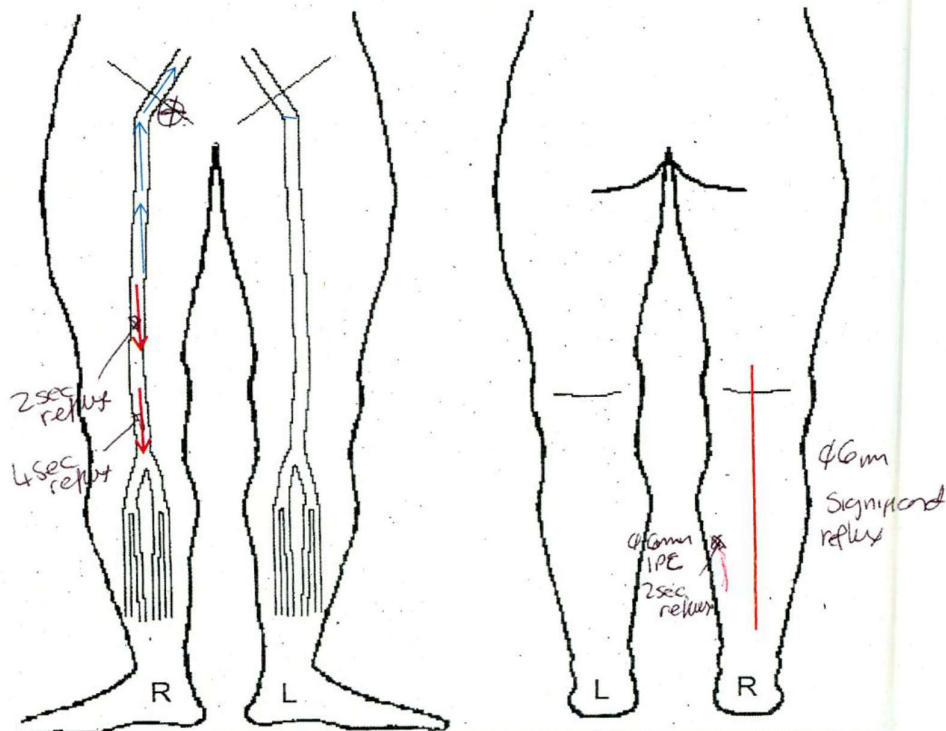
Patient: [REDACTED]

Hosp.Nc 3008712258

D.O.B: 30/08/1971

Date of Test:

Test: Right lower limb Venous



Right CFV and prox - mid SFV are patent and competent, distal SFV and popliteal are incompetent. LSV has had previous surgery. There is a IPC in mid calf feeding varicose vein cluster. SSV is incompetent throughout

**The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary**

To: Mr Cooper
Specialist vascular Nurse
Ward 507 - ARI

Date: 15/07/2021

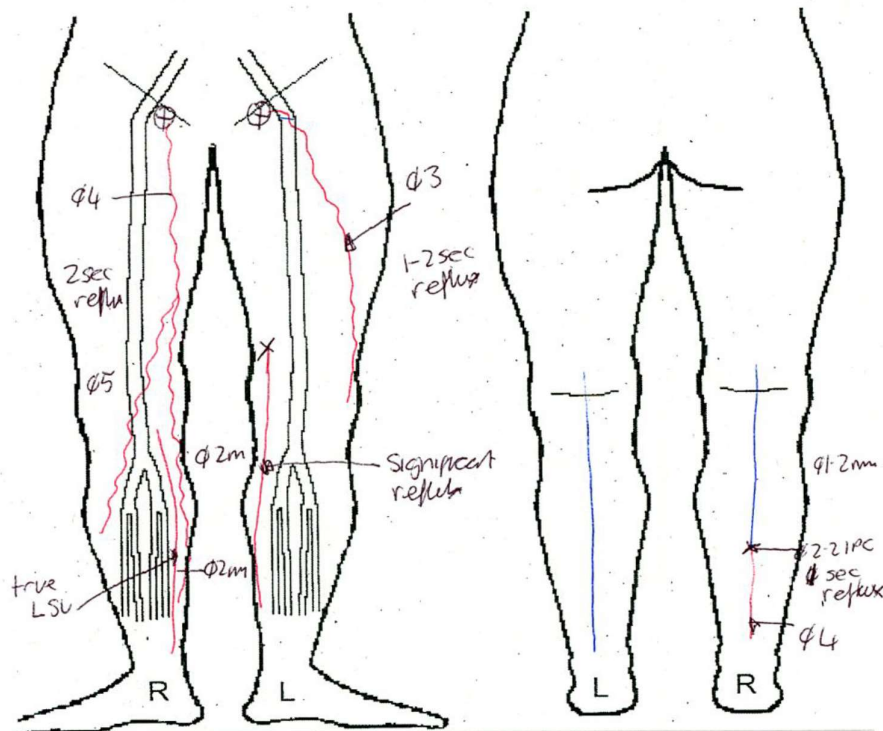
Patient: [REDACTED]

Hosp.Nc 2512522016

D.O.B: 25/12/1952

Date of Test:

Test: Bilateral lower limb Venous



Right Deep veins not scanned, LSV has evidence of previous surgery at the SPJ. It has revasculatisation that feeds a lateral thigh branch which connects anterior branch in mid thigh both these veins are slightly tortuous and incompetent. The LSV was seen at knee it is small and incompetent. SSV is incompetent distally due to a IPC.

Left Deep veins not scanned. LSV has evidence of previous surgery, revasculatisation that feeds a lateral incompetent, tortuous thigh veins. The LSV was seen at mid thigh and is incompetent. SSV patent and competent
Heather Lynn

The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary

To: Mr Cooper
Specialist vascular Nurse
Ward 507 - ARI

Date: 15/07/2021

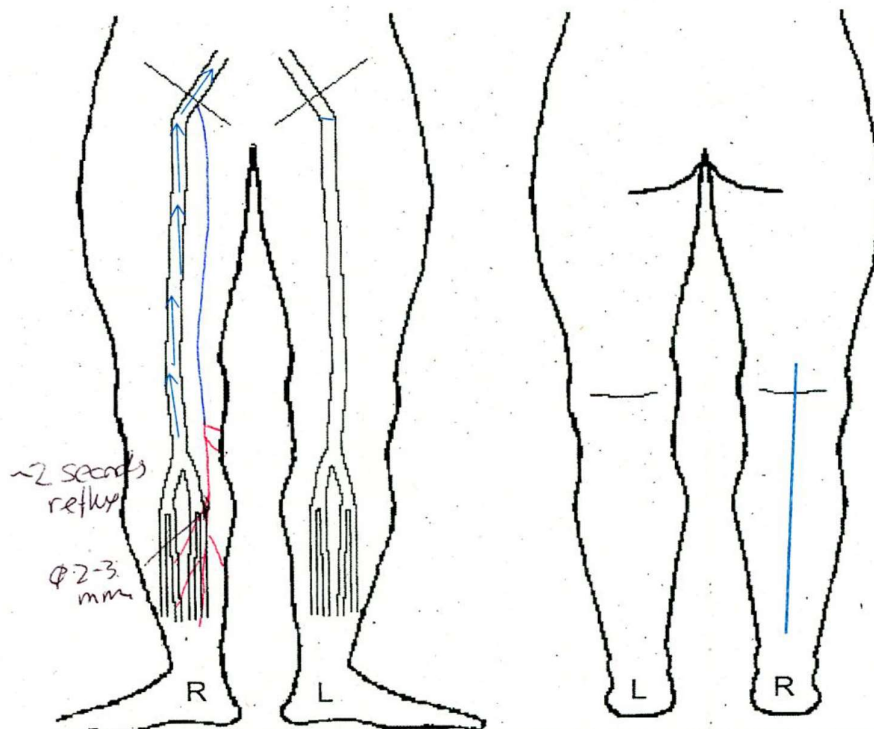
Patient: [REDACTED]

Hosp.Nc 1007662165

D.O.B: 10/07/1964

Date of Test:

Test: Right lower limb Venous



Right deep veins are patent and competent. LSV is patent until 2/3 thigh. The LSV becomes incompetent and feeds multiple incompetent branches. SSV patent and competent.

Heather Lynn

**The Vascular Laboratory
Aberdeen Royal Infirmary**

Consultant: Mr Sotiris Makris
Vascular Surgeon
Ward 215

Episode date
19/07/2021

Ward
Outpatient

Patient:

[REDACTED]

Unit Number
2175155

CHI
0808886800

Tests performed: Generic Duplex

As started in previous report the left, the Brachial vein remains patent with good flow. The small superficial vein in the medial arm still contains thrombus at the ACF for a length of approx 6cm. Could not follow up into the upper arm as the vein is too small. The subclavian (dia 1.2cm) axillary, radial and ulnar veins are also patent.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

19/07/2021

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**The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary**

To: Mr Sharp
Consultant Vascular Surgeon
Outpatient clinic - ARI

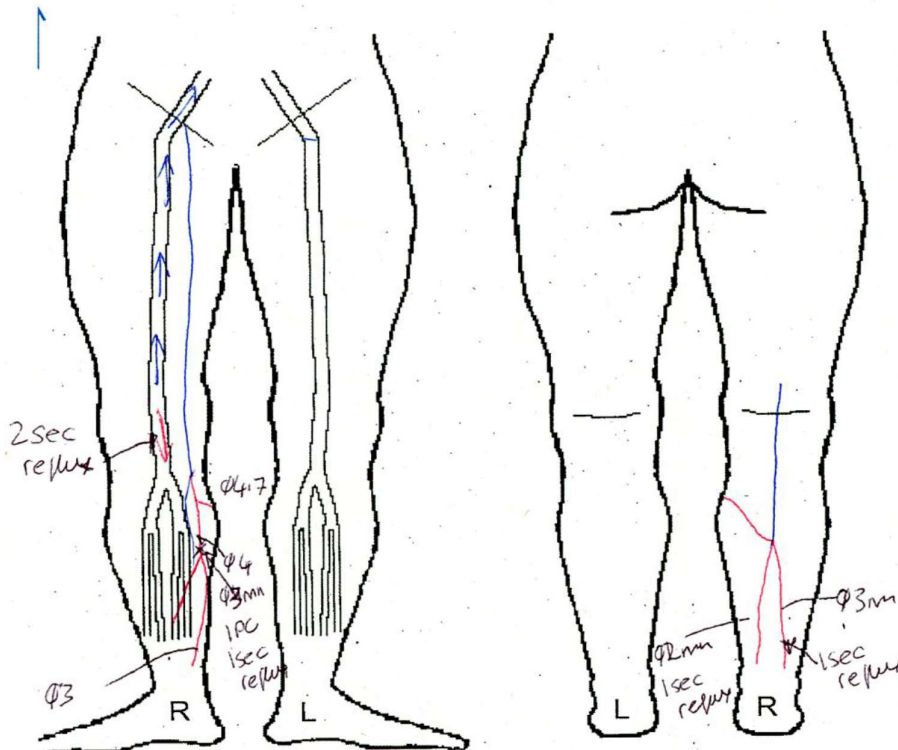
Date: 20/07/2021

Patient: [REDACTED]

Hosp.No: 307432017 **D.O.B:** 03/07/1943

Date of Test: 20/07/2021

Test: Venous



Right - The CFV and SFV are patent and competent, Popliteal has ~2 seconds reflux
LSV is competent until the knee where it becomes very small and a large incompetent
branch comes out of the fascia and runs down the calf, at 2/3 calf this branch connects to
an IPC, the branch also connects to the SSV causing incompetence in the mid - distal SSV.

Heather Lynn

The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary

To: Mr Sharp
Consultant Vascular Surgeon
Outpatient clinic - ARI

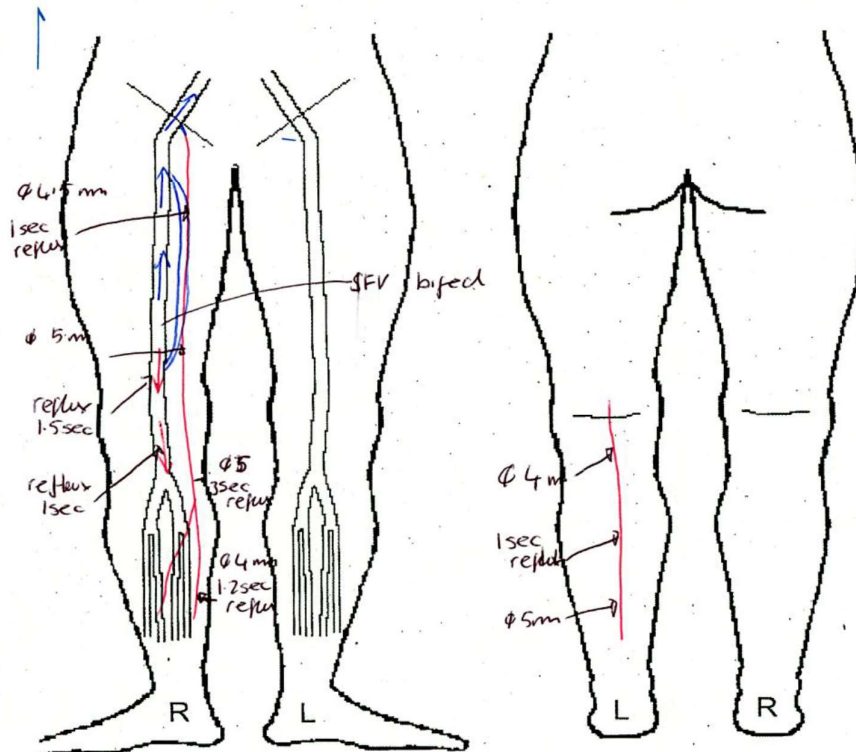
Date: 20/07/2021

Patient: [REDACTED]

Hosp.No: 2206653532 D.O.B: 22/06/1965

Date of Test: 20/07/2021

Test: Venous



Right - CFV is patent and competent, SFV is incompetent distally (1.5 second) and is bifed. The popliteal vein is incompetent (1 second)
SFJ is competent. LSV has minor reflux throughout the thigh and then it becomes more significant in the thigh and feeds incompetent branch that runs across the calf. SSV has minor incompetency throughout.

Heather Lynn

The Vascular Laboratory
Aberdeen Royal Infirmary

To: Mr Cooper
Consultant Vascular Surgeon
clinic - ARI

Date: 23/07/2021

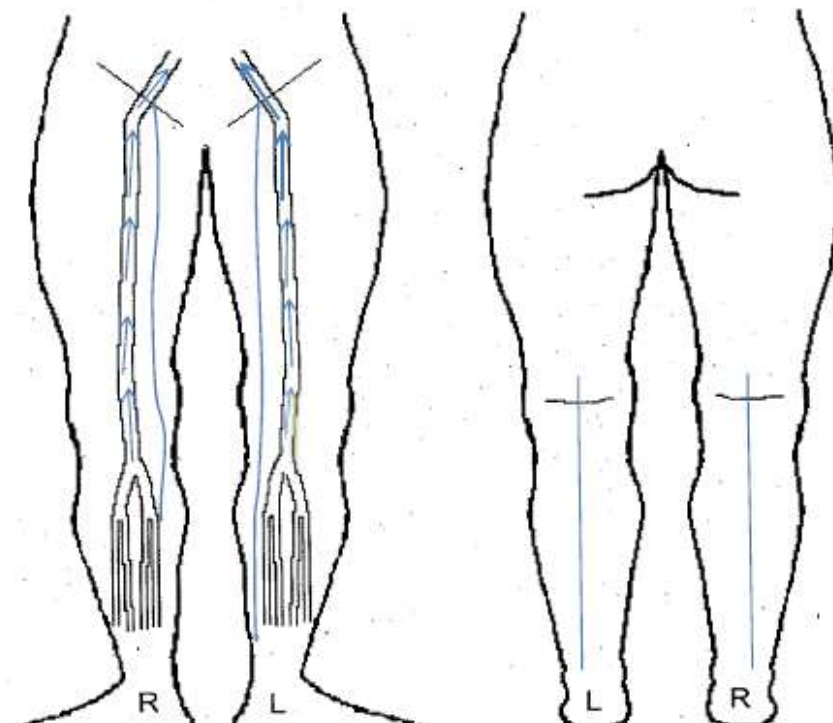
Patient: [REDACTED]

Hosp.No: 606422013

D.O.B: 06/06/1942

Date of Test: 23/07/2021

Test: Bilateral lower limb venous and arterial



Venous

Right deep veins and superficial veins are patent and competent,

Left Deep veins are patent and competent, It was noted that the proximal popliteal was post thrombotic but widely patent. Superficial veins are patent and competent.

Arterial

The aortic /iliac arteries appear to have a normal calibre, minor disease and a triphasic waveform throughout.

Right fem - pop minor disease with a triphasic waveform throughout, all calf vessel are patent with minor calcified walls. (shape triphasic waveform at the foot in PTA and DPA)

Left - fem - pop minor disease with a triphasic waveform throughout, all calf vessel are patent with minor calcified walls (shape triphasic waveform at the foot in PTA and DPA)

**The Vascular Laboratory
Aberdeen Royal Infirmary**

To: Mr Munro
Consultant Vascular Surgeon
clinic - ARI

Date: 18/08/2021

Patient: [REDACTED]

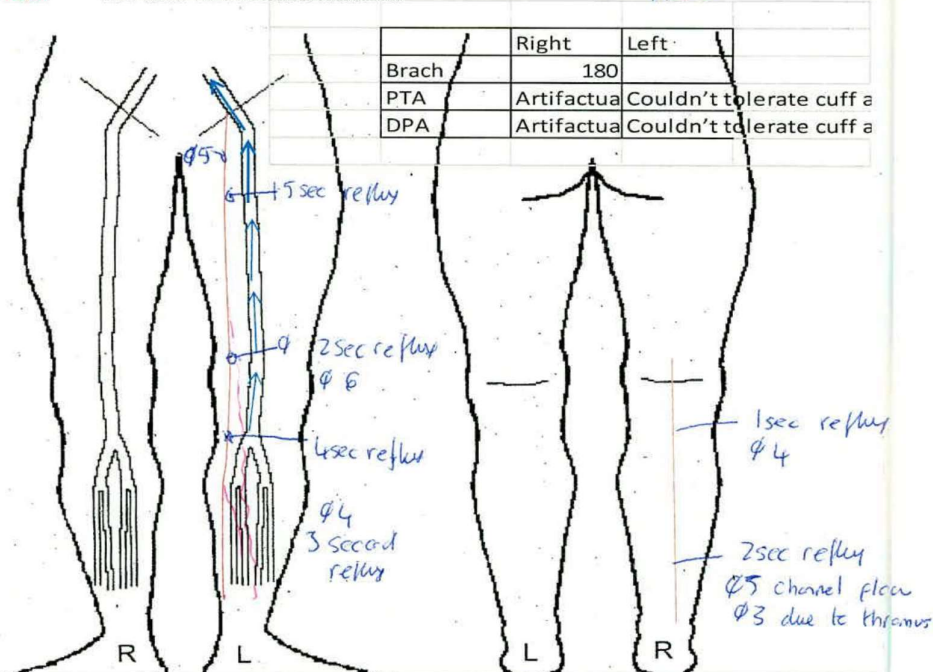
Hosp.No: 207302200

D.O.B: 02/07/2021

Date of Test: 23/07/2021

Test: Left lower limb venous and arterial

ABI's



Limitation to scan due mobility

Venous

Left Deep veins are patent and competent, The LSV has 1.5 second reflux in the thigh and 3-4 seconds reflux in the calf, the LSV remains in the fascia until 1/4 calf and there are tortuous branches seen in the calf. SSV is incompetent with 1-2 second reflux it also appears post thrombotic in the mid to distal segment however there is still a good channel of flow

Arterial

Right - DPA sharp biphasic at the foot. PTA biphasic very calcified vessel

Left - Fem - pop segment has mild calcified disease with a triphasic waveform throughout. ATA patent throughout calcified. PTA is narrow calibre ~ 1-2 mm and heavily calcified, peroneal artery has mild calcification and patent biphasic waveform seen at the ankle

Handwritten signature

**The Vascular Laboratory - Ward 507
Aberdeen Royal Infirmary**

To: Mr Makris
Consultant Vascular Surgeon
Ward 507 - ARI

Date: 26/07/2021

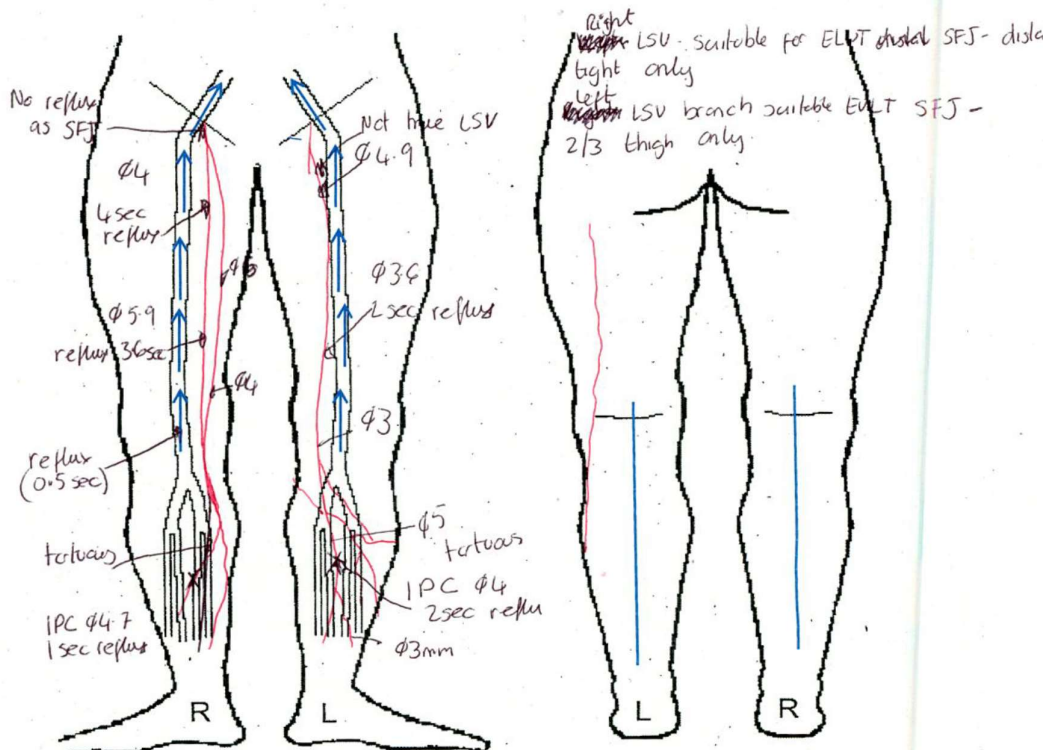
Patient: [REDACTED]

Hosp.No: 2208535596

D.O.B: 22/08/1953

Date of Test: 26/07/2021

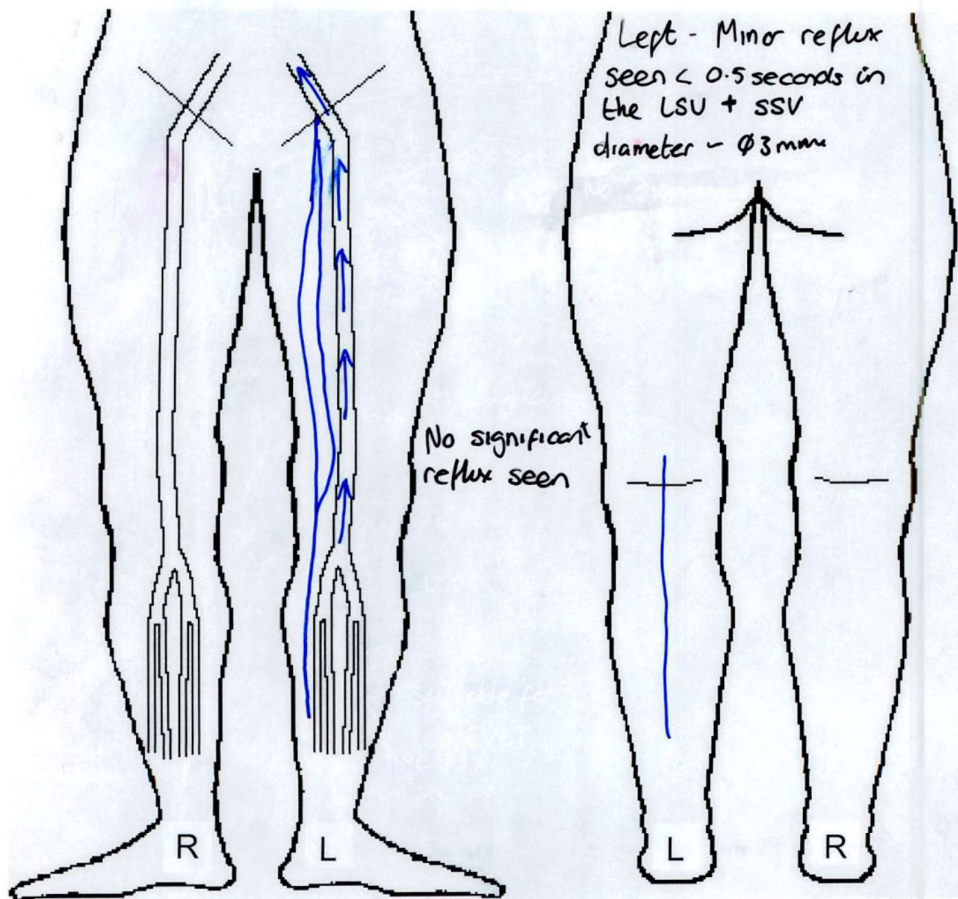
Test: Bilateral Venous duplex



Right The deep veins are patent and competent, SSV Patent and competent, LSV and a branch running parallel are incompetent, they reconnect at 2/3 thigh at this point the LSV becomes small but firstly feeds a large incompetent branch that feeds the visual veins in the calf, in addition there is an IPC in mid calf that also feeds in to the visual varicose veins.

Left The deep veins are patent and competent, SSV Patent and competent, LSV was difficult to see in fascia however there was a large branch that originates from the SFJ and runs down the lateral anterior thigh it feeds a large branches at the distal calf which appears to feed the Varicose vein in the shine. It is also connected to an IPC in mid calf. There is also a vein that runs down the posterior lateral thigh it connects to the varicose veins but could not show origin.

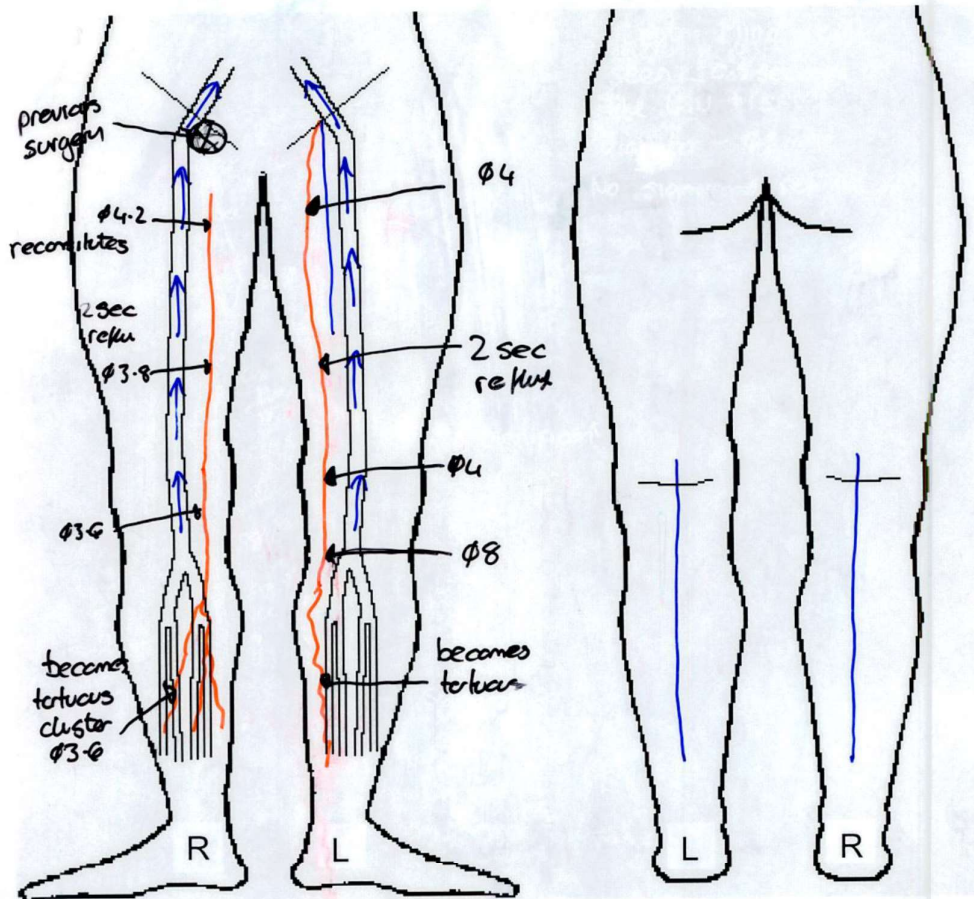
Heather Lynn



- | | | |
|----------------------------------------|---------------------------------|---------------------------------------|
| — Incompetent superficial vein | — Competent superficial vein | — Thrombus |
| × Incompetent perforator | ↓ Reflux in deep system | — Partial thrombus |
| ○ Previous surgery remnant of junction | ↑ Competent flow in deep system | — Anatomical variation in deep system |
| ⊗ Previous surgery no junction remnant | Ø Diameter (mm) | ⌋ Depth of vessel (mm) |

Name [REDACTED]
CHI 170478 2228
Cons Mr sharp
Date 27/7/21

Wallymm / LS



- | | | |
|----------------------------------------|---------------------------------|---------------------------------------|
| — Incompetent superficial vein | — Competent superficial vein | — Thrombus |
| × Incompetent perforator | ↓ Reflux in deep system | — Partial thrombus |
| ○ Previous surgery remnant of junction | ↑ Competent flow in deep system | — Anatomical variation in deep system |
| ⊗ Previous surgery no junction remnant | ∅ Diameter (mm) | δ Depth of vessel (mm) |

Name [REDACTED]
 CHI 1406402028
 Cons Mr Sharp
 Date 27/7/21

**The Vascular Laboratory
Aberdeen Royal Infirmary**

To: Mr. Sharp
Consultant Vascular Surgeon
clinic - ARI

Date: 24/08/2021

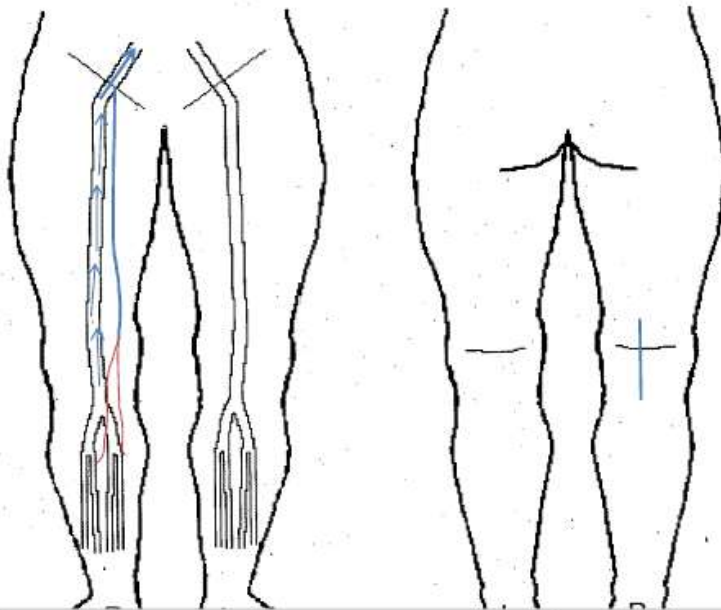
Patient: [REDACTED]

Hosp.No: 2810555354

D.O.B: 28/10/1955

Date of Test:

Test: Right lower limb venous and arterial



Right - deep veins are patent and competent, LSV is patent until 2/3 thigh where it connects with a incompetent branch and then becomes incompetent with 1 seconds reflux and a diameter of ~ 5mm, the branch is tortuous and runs down the calf. calf difficult to assess due to painful leg and wounds.

Arterial -difficult scan due to body habitus and mobility

CFA is patent with mild calcified disease and a triphasic waveform. The proximal SFA has moderate diffused disease with a 50% stenosis, at 1/4 thigh there is a 2cm occlusion/severe disease the SFA reconstitutes and then reoccludes/severe disease at mid thigh for 4cm. The distal SFA and popliteal are patent with significant calcified disease noted throughout. PT trunk could not be imaged today. There is a very damped monophasic waveform seen in the DPA with PSV's of 8cm/sec. PTA not detected

Heather Lynn/LS

**The Vascular Laboratory
Aberdeen Royal Infirmary**

To: Mr Sharp
Consultant Vascular Surgeon
clinic - ARI

Date: 07/09/2021

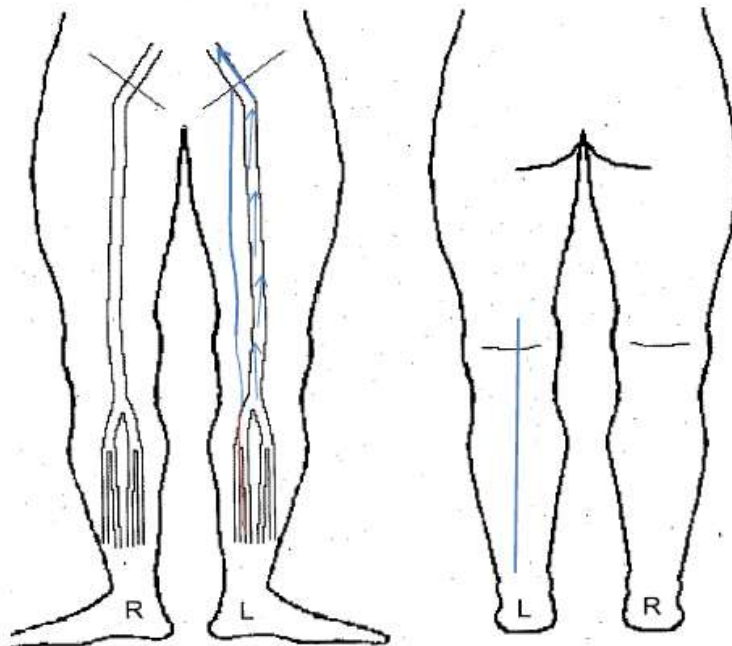
Patient: [REDACTED]

Hosp.No: 1110602294

D.O.B: 11/10/1960

Date of Test:

Test: Left lower limb venous



Left - deep veins are patent and competent, LSV is patent until distal thigh where it becomes incompetent with < 1 seconds reflux. SSV is patent and competent

Heather Lynn/LS

**The Vascular Laboratory
Aberdeen Royal Infirmary**

To: Mr Bassiou
Consultant Vascular Surgeon
Ward ... - ARI

Date: 23/08/2021

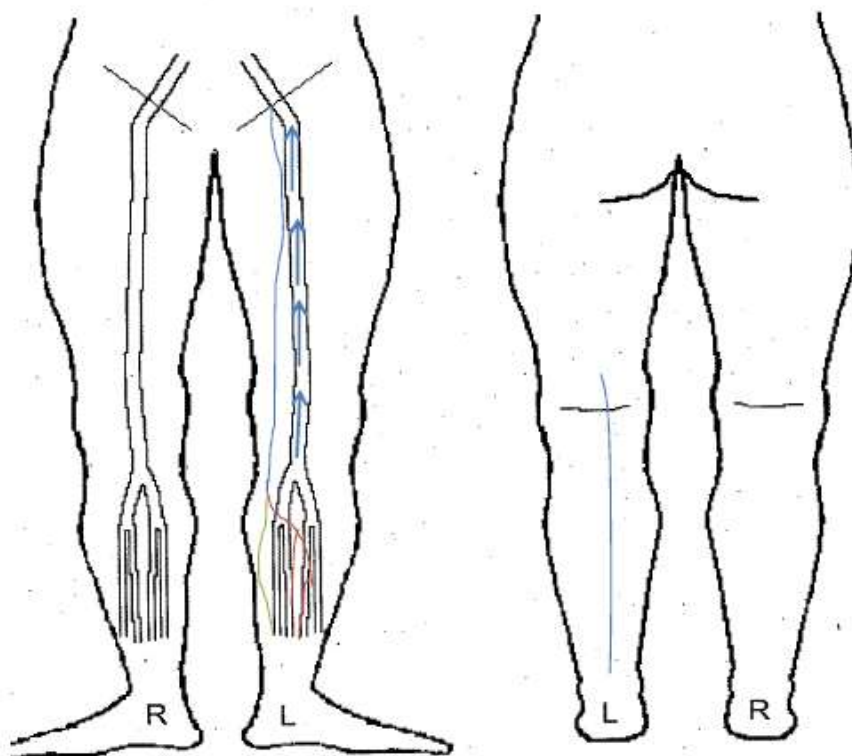
Patient: [REDACTED]

Hosp.No: 2609575866

D.O.B: 26/09/1957

Date of Test:

Test: Left lower limb venous



Left deep veins are patent and competent, LSV is competent and patent until knee where it becomes incompetent with 1 second reflux and then thrombose to the foot, at the knee the LSV has an incompetent branch with a diameter of 2.4mm and 2 - 3 seconds reflux that runs down the shine and has mutiple branches. SSV patent and competent.

Heather Lynn and LS

The Vascular Laboratory
Aberdeen Royal Infirmary

To: Mr Elhosseiny Bsassiou
Consultant Vascular Surgeon
clinic - ARI

Date: 30/08/2021

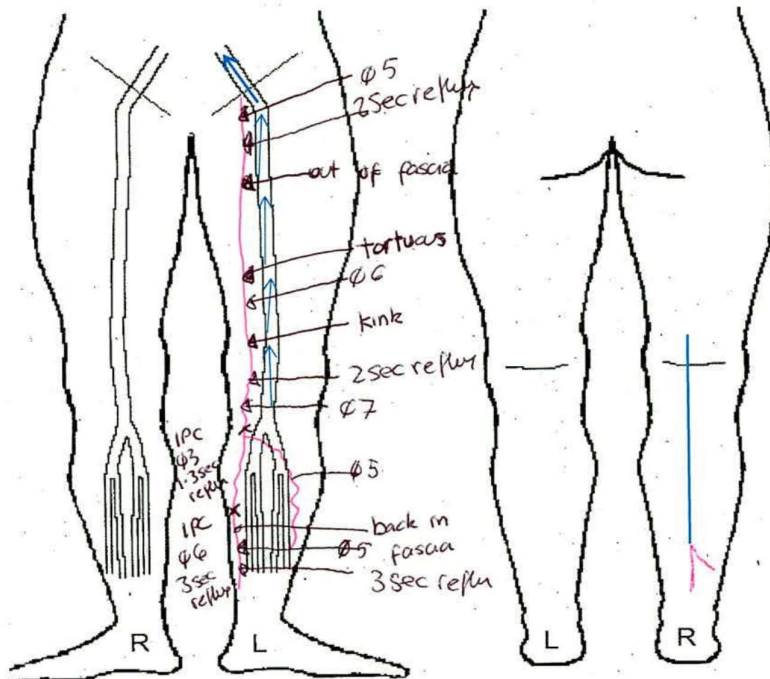
Patient: [REDACTED]

Hosp.No: 1912842037

D.O.B: 19/12/1981

Date of Test: 30/08/2021

Test: Left lower limb venous



Left - Deep veins are patent and competent, LSV is incompetent throughout, it comes out of the fascia at 1/3 thigh and becomes tortuous and superficial, there is branches in the mid thigh at the knee and in the calf. There is two IPC identified in the calf (one at the knee and one at mid calf. SSV is patent until distal calf, where it has an incompetent branch

Bilaterally PTA and DPA have triphasic waveforms, Sorry unable to carry out toe pressuer due to machine software< ABI artifactual high

Heather Lynn