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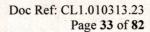
7. Lower limb venous duplex assessment

a) General

Where possible, patients are assessed whilst standing, the majority of weight on the contra-lateral limb. The ipsilateral limb should be non-weight bearing to avoid muscular contraction of the veins. The knee should be slightly flexed and the foot turned outwards. ¹² For assessment of the popliteal and calf veins, the patient may sit on the edge of the bed placing their foot in the CVS's lap, alternatively their feet may be placed on a raised stool. The thigh should slope downwards avoiding compression from the bed; the knee should be flexed with the calf muscles as relaxed as possible.²

A mid frequency linear array transducer should be used (12-3 MHz linear array) to image the proximal leg and calf veins. A lower frequency curvilinear array transducer (5-1 MHz curvilinear array) should be used if it is necessary to image the iliac veins and inferior vena cava (IVC). An appropriate venous default setting should be selected on the machine to ensure that low venous flow can be detected.

On calf augmentation all veins should fill from wall-to-wall with uniform blue colour. If the vein does not fill wall-to-wall, thrombus may be present. Investigation using different steering angles, lower colour PRF and wall filter settings should be utilised to optimise colourfilling.³ On release of the calf there should be no or very slight (<0.5s) retrograde flow, which indicates no significant reflux disease. ⁴ Vein patency or obstruction should also be confirmed by ultrasound compression.¹





b) Deep Venous Thrombosis Assessment (12-3MHz linear array)

The transducer is placed in the groin in transverse plane and the common femoral vein (CFV) is identified medial to the common femoral artery.³

The Doppler sample volume is placed in the CFV, corrected to a 60 degree angle and steered to align parallel with common femoral vein flow. The sample volume gate should span the full diameter of the lumen. Venous flow should be phasic with respiration. The patient is asked to perform a Valsalva manoeuvre, i.e. a cough. If a cough does not produce a satisfactory response, a full Valsalva manoeuvre should be performed. Ask the patient to take a breath in and hold it, then to increase the pressure in their thorax. This is achieved by asking the patient to 'bear down' – pretending to go to toilet. This should result in a temporary reversal of venous flow and indicate patency of proximal veins. With a proximal obstruction, flow in the CFV will be continuous and aphasic with respiration, with poor or no response to Valsalva manoeuvre. If this occurs then the CVS should scan the iliac veins and IVC to assess whether there is a proximal DVT and/or a mass causing external compression of the vein. 1,5,6

Following completion of the Valsalva manoeuvre, the common femoral vein should be compressed using external transducer pressure, to confirm patency. Assessment of competency (using colour/spectral Doppler) and patency (using compression) of all other deep proximal veins should be performed as follows. The distal CFV bifurcates into two deep veins. The deeper vein is the profunda femoris vein, the more superficial vein is the superficial femoral vein (SFV). The profunda femoris origin should be assessed whilst the SFV should be assessed along its length, adopting an increasingly anterio-medial approach. The popliteal vein is located within the popliteal fossa – care should be taken to scan as proximally as possible to overlap with the distal SFV.

Manual compression of the deep veins should be repeated at regular intervals (2-3cm); failure to fully compress the veins may indicate the presence of thrombus.² The echogenicity of the thrombus indicates its age. ¹¹ Thrombus becomes increasingly echogenic over time, as it becomes more organised.¹ In time, the vessel may begin to re-canalise – old residual thrombus can be seen to produce a scarred appearance, with multiple channels of flow seen.¹ Slow or partial re-canalisation can result in deep venous insufficiency.¹ Competency is assessed by calf augmentation using both colour and spectral Doppler - on release of the calf there should be no or very slight (<0.5sec) retrograde flow, which indicates no significant reflux.⁴

Deep calf veins should be assessed using manual compression, colourflow and spectral Doppler to assess competency. The transducer is placed into the popliteal fossa and the popliteal vein is identified lateral to the mid line. Up to eight gastrocnemius veins may be visualised in the proximal calf, within the gastrocnemius muscle.² The soleal veins are imbedded in the soleus muscle and are often less easily identified. Several soleal veins may be present which may have connections with other deep calf veins – often the posterior tibial or peroneal veins. Soleal veins are identified more distally than the



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gastrocnemius veins.² If gastrocnemius or soleal veins appear particularly dilated, they should be assessed for competency using colour/spectral Doppler.

The anterior tibial veins may be seen as the first deep communication with the popliteal vein. Distal to this junction the tibio-peroneal trunk veins divide to form the posterior tibial and peroneal veins. ^{1,12} It is sometimes easier to trace the deep calf veins from the ankle proximally. Placing the transducer posterior to the medial malleolus, both posterior tibial veins can be visualised adjacent to the posterior tibial artery. ² If the probe is angled slightly posteriorly the peroneal artery and veins should be visualised deep to the posterior tibial vessels. ² Placing the transducer on the anterior aspect of the ankle, the anterior tibial artery and veins can be visualised and traced. ¹⁴ Placing your thumb and first finger on the anterio-medial or anterio-lateral aspects of the ankle and applying pressure can augment flow in posterior tibial, anterior tibial and peroneal veins in order to assess competency. ^{1,2}

When a DVT scan is requested the LSV, SSV and their junctions with the deep venous system should be assessed for superficial thrombophlebitis and obvious signs of incompetence.^{1,2,11} If the LSV is incompetent within 0.5cm of the SFJ, it is assumed that the SFJ is slightly incompetent even if no reflux is seen in the CFV.

Differential diagnoses of clinical DVT include (but are not limited to): Bakers cysts, superficial oedema, cellulitis, lymphoedema, thrombophlebitis, popliteal arterial aneurysms and superficial venous incompetence. If you identify an abnormal lesion during the course of your scan, note site, dimensions and descriptive information.

Iliac Vein Scanning

We do not routinely scan the iliac veins when scanning for a DVT as the cough or Valsalva manoeuvre is usually sufficient to diagnose any proximal disease. However there are certain scenarios when we need to scan the iliac veins to be clinically certain:

- Negative or poor Valsalva response
- Obvious leg swelling in the thigh
- Evidence of collateral veins in the proximal thigh/groin/abdomen
- Evidence of thrombus in the common femoral or bifurcation
- Previous known iliac DVT
- Unable to adequately visualise the common femoral or bifurcation (eg due to scarring, infection, injection site etc).

Rescan Policy

In some situations it is difficult to be certain that a vein is patent along its length. In such cases we state that we are "unable to fully exclude a DVT". The scan is equivocal and upon the clinicians discretion usually requires a rescan 6-8 days later to check for DVT progression.² Local protocols differ slightly as below:



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Oldham/NM: The patient is brought back to have a further scan following an equivocal result. The equivocal vein and up to the popliteal vein is rescanned assessing for progression of the potential DVT.

South Manchester/Bury/Stepping Hill: The patient is brought back to have a further scan following an equivocal result. The symptomatic leg is fully rescanned from the CFV to ankle.

Bolton/Blackpool/Arrowe Park/: The patient is brought back to have a further scan following an equivocal result. The symptomatic leg is rescanned from the CFV to popliteal vein only, assessing for progression of the potential DVT in line with NICE guidelines

Stepping Hill - Additional Information

DVT referrals can be accepted from HASU (ED or A10) or the rapid access stroke clinics to aid patient flow through the ward/clinic. The patients are stent back to the ward/clinic with the result and the ward/clinician is informed of an equivocal result so that the patient can be brought back in a week for a rescan. The ward or clinician in clinic should arrange this and send us a repeat referral.

c) Varicose Vein Assessment

A full DVT scan is performed, as per the above protocol. Evidence of deep venous insufficiency and previous DVT should be clearly noted in the report. The superficial system should be assessed as below:

Long Saphenous Vein

Moving distally along the common femoral vein, the long saphenous vein (LSV) will appear as a superficial medial branch. Assessment of competency at the level of the sapheno-femoral junction (SFJ) should be performed by calf augmentation using colour/spectral Doppler.¹ If the LSV is incompetent within 0.5cm of the SFJ, it is assumed that the SFJ is slightly incompetent, even if no reflux is seen in the CFV. The (LSV) should be traced along its length in longitudinal and transverse planes, as isolated segments of incompetence may be identified. Any incompetent branches/perforators should be noted.²

Short Saphenous Vein

The short saphenous vein (SSV) is identified in the upper calf and traced distally to ensure that it remains within the fascia into the lower calf. The SSV is checked for competency and patency and then traced proximal to its junction with the popliteal vein. Any incompetent branches/perforators should be noted. In the presence of SSV incompetence, the popliteal vein must be viewed proximal and distal to the saphenopopliteal junction (SPJ) to determine whether the junction is incompetent. In some cases an SPJ may not be identified and/or the SSV may communicate with the vein of Giacomini which lies just beneath the fascia and extends into the proximal posterior thigh and may connect to the LSV. In the upper calf and traced distally to ensure that the proximal posterior thigh and may connect to the LSV.

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If the SPJ is incompetent, then its location needs to be recorded – the distance measured proximal to the knee crease and lateral/medial to the mid line.^{2,5}

The distance of any incompetent perforators from the medial malleolus should be noted and marked if the patient is undergoing superficial venous surgery.²

Table: Grading of incompetence.1

Grade	Reflux Duration	
Normal	<0.5 seconds	
Slightly Incompetent	0.5 – 1.0 seconds	
Incompetent	>1.0 seconds	

Primary Varicose Vein Protocol

The Vascular Consultant will review patient referral letters and specifically request the limited protocol outlined below. 13

The protocol should be used in conjunction with the Section 5 'Lower limb venous duplex assessment' from 'Protocols for non-invasive and minimally invasive assessments' for explanation of patient positioning probe, colourflow and Doppler settings.²

- 1. Assess common femoral vein for patency and competency.1
- 2. Comment of absence or presence of sapheno-femoral junction (SFJ) and its competency.²
- 3. Comment on absence or presence of long saphenous vein (LSV) and its competency. 13
- 4. Comment on the absence or presence of anterior or posterior veins which form junctions to the LSV within 3cm of the SFJ, measure the distance of the junction to the SFJ, and comment on the competency of the vein.^{2,13}
- 5. If an incompetent thigh vein is identified but the SFJ is absent, the position the vein reforms should be identified and measured and any incompetent thigh perforators identified and measured.¹⁷
- 6. Assess popliteal vein for patency and competency.^{2,13}
- 7. Comment of absence or presence of sapheno-popliteal junction (SPJ) and its competency.¹
- 8. Comment on absence or presence of short saphenous vein (SSV) and its competency.^{2,13}
- 9. Incompetent thigh veins and SSV should be assessed for suitability for EVLT or VNUS as per full EVLT protocol (see copy below).
- 10. All other deep veins do not need assessment unless there is evidence of thrombus in the common femoral or popliteal veins. 14
- 11. Calf perforators do not need to be assessed or measured.^{2,13}

Patient will be reviewed by the Vascular Consultant and if necessary referred for full Venous duplex protocol.

Endovenous Laser Treatment/ VNUS protocol

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The inclusion criteria are as follows:

- 1. The LSV needs to follow a relatively straight course; it will be difficult to pass the laser up a tortuous vein. If the LSV leaves the fascia or becomes tortuous state the distance from the medial malleolus and also comment on general position.
- 2.It needs to be checked whether the LSV is bifid both veins can be treated providing they are of suitable diameter.
- 3. The vein diameter (AP) needs to be measured at the junction, mid-thigh, knee level and the minimum diameter stated. If the LSV dilates make another diameter measurement and its distance from medial malleolus.
- 4. Need to ensure LSV is widely patent no evidence of recent/old thrombophlebitis.
- 5. Any incompetent branches close to the SFJ need to be measured. If there is an incompetent branch less than 1-1.5cm from the SFJ then the patient will not be suitable for EVLT. Other major branches should also be identified.
- Redo LSV's can be retreated with the laser if they are of a suitable diameter so
 provide measurements as above. State whether there is an intact/reformed SFJ or
 not.
- 7.As with all superficial venous procedures the whole deep venous system needs to be competent and patent (Except for simple varicose vein assessments, where the patency and competency of the CFV and popliteal vein only need to be checked).
- 8. Incompetent thigh accessory veins can be treated with EVLT/VNUS. Minimum and maximum diameters of these veins must be recorded, and if they exit the fascia, the approximate treatable length should be measured (from the SFJ to point at which they leave the fascia).

d) Venous marking

The patient should be asked to point out the major varicose veins or where they feel discomfort. ¹⁴ Under direction of the patient any obvious varicosities should be traced to their junctions with the major venous branches and marked. Any perforators should be marked. The sapheno-femoral and sapheno-popliteal junctions should be marked if incompetent. ¹⁵

When marking the SPJ or perforators prior to surgery you need to ensure the mark is directly above the structure of interest. In the longitudinal section, move the leading edge of the probe so the structure is just off the screen and mark either side of the leading edge. In TS, again move the leading edge so the structure is just off the screen and mark the skin on the upper edge of the probe. This should result in three marks on the skin surface and where the imaginary lines bisect marks the structure. Extend the dots towards the bisecting point but do not join up as the permanent ink has been known to tattoo the skin during surgery. The final mark should resemble an upside 'T' without a connecting section. 2,15

e) Long (LSV) and short saphenous vein (SSV) mapping, 12-3MHz probe



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In some cases of lower limb bypass surgery the saphenous veins are used as the conduits. Surgery that uses an autogenous vein can be greatly aided by a detailed preoperative venous assessment.^{2,15} Patient is assessed, when possible, in a standing position or sitting to facilitate maximum filling of veins.¹ The LSV or SSV are identified, (outlined above in "venous duplex assessment") and traced along their length in L.S. and T.S. to confirm patency and compression should be used to exclude thrombus/incompetency.¹⁴

In transverse section - A.P. diameters are measured in the proximal, mid and distal thigh for the LSV, and proximal, mid and distal calf for the LSV and SSV. In transverse section the probe is moved so the vein is just off the edge of the screen (ensuring probe is perpendicular to vessel) and marks are made along its length using the indel ble pen to map out the vein. 1,2,16

The course of the vein is marked on leg, allowing improved use of veins and better planning of the specific surgical approach. It minimises the dissection and reduces the frequency of wound complications.¹⁵

To be suitable as a bypass the vein has to be greater than 0.30cm and not varicose, thrombosed or tortuous.^{2,15}

A full length review of the LSV will be produced with the tributaries marked and specific measurements recorded;

Vessel Inner Diameter (These will be recorded at 6 specific points)
Proximal Thigh, Mid-Thigh, Distal Thigh, Proximal Calf, Mid Calf, Distal Calf

Varicosities/Tributaries (including perforators)

The location and number of tributaries and possible varicosities will be marked and recorded.

Intramural Thrombus

The presence and location of any intramural thrombus will be noted.

Total usable length

The total usable length will be recorded based on a diameter greater than 0.3 cm and is measured from the sapheno-femoral junction.

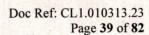
Depth from skin surface

The depth from the skin surface will be marked.

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8. Trans-vaginal ultrasound for pelvic vein incompetence (TVDU)

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed			
External Iliac Vein	Not Assessed			
nternal Iliac Vein	Not Assessed			
common Femoral Vein	Widely Patent	Competent	Widely Patent	\Box
Profunda Vein	Widely Patent	Competent	Widely Patent	司 【二】
Superficial Femoral Vein	Widely Patent	Competent	Occluded	Old Thrombus
Popliteal Vein	Widely Patent	Competent	Areas of Thrombus	Venous scarring
Posterior Tibial Vein	Widely Patent	Competent	Areas of Thrombus	Old Thrombus
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Areas of Thrombus	Old Thrombus
Soleal Vein	Not Identified		Not Identified	
	Widely Patent	Competent	Widely Patent	Competent
Sastrocnemius				
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
Saphenous Vein Above	Patent	Competent	Patent	Competent
Saphenous Vein Below	Patent	Competent	Patent	Competent
ein of Giacomini	Patent	Competent	Not Identified	
aphenopopiteal Junction			Patent	Competent
Saphenous Vein	Patent	Competent	Patent	Competent
vidence of D.V.T.				
bove the knee	No		Yes	Old
Popliteal	No		Yes	Old
selow the knee	No		Yes	Old
Notes				
ILATERAL LOWER	LIMB VENOUS DUF	PLEX ASSESSMENT		
RIGHT				
liac veins not viewed.	Flow in the commo	on femoral vein is phasic	with respiration and a norr	nal response
			alised deep veins appear	widely patent
nd competent with no	o evidence of previo	us DVT.		
Sapheno-femoral junc	ction (SFJ) is widely	patent and competent. L	ong Saphenous vein (LSV) is widely
patent and competent				
이 18 원인들은 사람이 있는 아이들은 사람이 되었다면 하는 것이 되었다면 하는 것이 없는 것이 없다면 하는데 없다면	교통 하는 경기에 가는 이 전문이 가장 전환을 가게 되었다면 하는 것 같아요. 아이지를 즐겁게 하고 있다면 하다.	(2) (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	ous vein (SSV) is compete	nt and is
continuous with a con	npetent vein of Giaco	omini.		
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Assessed by	Jack Wilson			
				PERSONAL PROPERTY OF THE PERSON OF THE PERSO

LEFT Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. Common femoral and profunda femoral veins are widely patent and competent with good colour filling and are fully compressible. Non-occlusive old thrombus identified in the proximal superficial femoral vein. Mid vessel appears chronically occluded. Non-occlusive old thrombus identified in the distal vessel. Venous scarring identified in the popliteal vein. Non-occlusive old thrombus identified in 1 x mid posterior tibial vein with isolated incompetence noted, other vessel appears patent and competent with reasonable colour filling and is fully compressible. Non-occlusive, old thrombus identified in the peroneal veins however both vessels appear competent, Anterior tibial and Gastrocnemius veins appear widely patent with good colour filling and are fully compressible. Evidence of extensive chronic left leg DVT detected from this scan. Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent and competent along length. Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. **Jack Wilson** Assessed by Printed on 16/11/2021 at 1:01 pm Checked by

Reason Varicose vein DVT negative, Widely patent, Normal, Competent Outcome Right Left **Deep Veins Patency** Competency **Patency** Competency Not Assessed Common Iliac Vein **Not Assessed** External Iliac Vein **Not Assessed** Internal Iliac Vein Widely Patent Competent Common Femoral Vein Widely Patent Competent Profunda Vein Widely Patent Competent Superficial Femoral Vein Widely Patent Competent Popliteal Vein Widely Patent Competent Posterior Tibial Vein Widely Patent Competent **Anterior Tibial Vein** Widely Patent Competent Peroneal Vein Widely Patent Competent Soleal Vein Widely Patent Competent Gastrocnemius **Superficial Veins** Patent Competent Saphenofemoral Junction Patent Competent L Saphenous Vein Above Patent Competent L Saphenous Vein Below Patent Competent Vein of Giacomini Not Identified Saphenopopiteal Junction Patent Competent S Saphenous Vein Evidence of D.V.T. No Above the knee No Popliteal No Below the knee Notes RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT All visualised superficial veins appear patent and competent.

Assessed by Jack Wilson
Printed on 16/11/2021 at 1:03 pm

Outcome I				
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Isolated Incompetence	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
	Widely Patent	Competent	Widely Patent	Competent
Gastrocnemius				
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent	Patent	Incompetent
Saphenous Vein Above	Patent	Incompetent	Patent	Incompetent
Saphenous Vein Below	Patent	Incompetent	Patent	Incompetent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Not Identified		Patent	Incompetent
S Saphenous Vein	Patent	Competent	Patent	Isolated Incompetence
de de la constanta de la const				
Evidence of D.V.T.	No		No	
Above the knee	No		No	Ħ
Popliteal	No		No	
Below the knee	INO 2		INC	
Notes				
BILATERAL LOWER	LIMB VENOUS DUF	PLEX ASSESSMENT		
lliac veins not viewed	hilaterally Flow in	the right and left common	femoral vein is phasic	with respiration
	40 - 10 M M H.	euvre, suggesting proxima		
		petent with no evidence of		
exception of the right	popliteal vein which	is widely patent but slightly	incompetent in the dis	stal vessel
All measurements are	proximal to the me	dial malleolus unless other	wise stated.	
DICUT				The state of the s
RIGHT Sanheno-femoral jung	ction (SEI) is widely	patent and incompetent. Lo	ong Sanhenous vein (I	SV) is
그 일 이번 이 아이들 때문에 가지요요 하면 하는데 되었다. 그리고 하는데 하셨다니까? 하였다.	그는 요즘 중요한 그는 이번 이렇다. 이 경험에 불렀다고 있어요? 이 이 하나지만 없었다는 일이 했다.	competent branches identific	그들은 경우 구름이 하는 것이 없는데 하는데 하면 하는데 하는데 하는데 하는데 하는데 하는데 없다.	스마 요즘 경우를 들어보는 것이 있다면 하면 그 사람들이 되었다. 이번 경우를 살아 살아 먹는 것이다는 것이다.
	3 -			
Assessed by	Jack Wilson			

calf and anterior calf varicosities.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.44cm
Mid thigh - 0.54cm
Distal thigh - 0.56cm
Proximal calf- 0.55cm
Mid calf - 0.44cm
Distal calf - 0.38cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

LEFT

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is incompetent and linear along length. Incompetent branch identified in the proximal calf forming medial calf varicosities.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.82cm
Mid thigh - 0.52cm
Distal thigh - 0.67cm
Proximal calf- 0.61cm
Mid calf - 0.42cm
Distal calf - 0.34cm

Sapheno-popliteal junction (SPJ) is widely patent and incompetent. Competent vein of Giacomini identified. Short Saphenous vein (SSV) is slightly incompetent proximally. Mid vessel appears tortuous with multiple small, tortuous ?Incompetent branches identified forming posterior calf varicosities. Incompetent per orator to a Gastrocnemius vein identified in the mid calf. Distal SSV appears competent.

Transverse (AP) dimensions of SSV:
Proximal calf- 0.32cm
Mid calf - 0.14cm
Distal calf - 0.24cm

Assessed by

Jack Wilson

Printed on 16/11/2021 at 1:02 pm

Reason \	/aricose vein			
Outcome [OVT negative, Widely	patent , Competent		
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competence
Common Iliac Vein	Not Assessed			
external Iliac Vein	Not Assessed			
nternal Iliac Vein	Not Assessed			
Common Femoral Vein	Widely Patent	Competent		
rofunda Vein	Widely Patent	Competent		70
uperficial Femoral Vein	Widely Patent	Competent		
opliteal Vein	Widely Patent	Competent		
osterior Tibial Vein	Widely Patent	Competent		
nterior Tibial Vein	Widely Patent	Competent		
eroneal Vein	Widely Patent	Competent		
oleal Vein	Widely Patent	Competent		
	Widely Patent	Competent		Y
astrocnemius				
uperficial Veins				
aphenofemoral Junction	Patent	Competent		
Saphenous Vein Above	Patent	Competent		
Saphenous Vein Below	Patent	Competent		
ein of Giacomini	Patent	Competent		
aphenopopiteal Junction	Patent	Competent		
Saphenous Vein	Patent	Competent		
idence of D.V.T.				
ove the knee	No			
ppliteal	No			
elow the knee	No			
otes				
IGHT LOWER LIMB	VENOUS DUPLEX	ASSESSMENT		
iac veins not viewed	. Flow in the commo	on femoral vein is phasic	with respiration and a	normal response
n Valsalva manoeuvi	re, suggesting proxi	mal vein patency. All visu	경기 가장 아이들은 사람이 되는 것 같아. 아이들의 이 생각이 되는 것이다. 그 사람이 되었다면 했다.	
nd competent with ne				
I measurements are	proximal to the me	dial malleolus unless othe	erwise stated.	
				Ave.
RIGHT				

Checked by

Assessed by

Jack Wilson

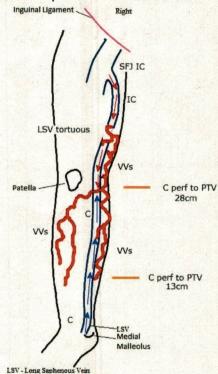
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Outcome [
	Right		Left	
eep Veins	Patency	Competency	Patency	Competency
common Iliac Vein	Not Assessed			
xternal Iliac Vein	Not Assessed			
nternal Iliac Vein	Not Assessed			
common Femoral Vein	Widely Patent	Competent		
rofunda Vein	Widely Patent	Competent		
uperficial Femoral Vein	Widely Patent	Competent		
opliteal Vein	Widely Patent	Competent		
osterior Tibial Vein	Widely Patent	Competent		
nterior Tibial Vein	Widely Patent	Competent		
eroneal Vein	Widely Patent	Competent		
oleal Vein	Widely Patent	Competent	7	
astrocnemius	Widely Patent	Competent		
as sometimes		7		
uperficial Veins			_	
aphenofemoral Junction	Patent	Incompetent	_	
Saphenous Vein Above	Patent	Incompetent		
Saphenous Vein Below	Patent	Isolated Incompetence		
in of Giacomini	Patent	Competent	4	
phenopopiteal Junction	Not Identified			
Saphenous Vein	Patent	Competent	\mathbf{J}	
ridence of D.V.T.				
bove the knee	No			
opliteal	No			
elow the knee	No			
lotes				
IGHT LOWER LIMB	VENOUS DUPLEX	ASSESSMENT		
iac veins not viewed	. Flow in the commo	on femoral vein is phasic wi	th respiration and a r	normal response
		mal vein patency. All visual		
nd competent with n				
Il measuremente ero	provimal to the man	dial malleolus unloss other	vise stated	
ii iiicasurements are	proximal to the med	dial malleolus unless other	vise stateu.	
IGHT				
		patent and incompetent. Lo		
		imal thigh. Vessel becomes nedial thigh medial calf and		
competent branches	s identified forming n	iediai triigii mediai cali and	antenor can varicosi	ues (53cm and
ssessed by	Jack Wilson			

48cm). LSV is incompetent and linear in the distal thigh. Competent perforator to the posterior tibial veins identified in the proximal calf (28cm). Proximal to mid calf LSV is competent and linear. Varicose veins communicate with the LSV in the distal thigh at the same level as a competent perforator from the posterior tibial veins (13cm). LSV remains competent to the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.58cm
Mid thigh - 0.53cm
Distal thigh - 0.29cm
Proximal calf- 0.23cm
Mid calf - 0.15cm
Distal calf - 0.38cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.



Assessed by

Jack Wilson

Printed on 16/11/2021 at 2:09 pm

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Incompetent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Isolated Incompetence	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Areas of Thrombus	Old Thrombus	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Widely Patent	一	Widely Patent	11
Superficial Veins	In the second se	11.	1	14 5 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Saphenofemoral Junction	Patent	Incompetent	Not Identified	
Saphenous Vein Above	Patent	Incompetent	Patent	Incompetent
Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Isolated Incompetence
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopiteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Yes	Old	No	
Notes				
BILATERAL LOWER L	IMB VENOUS DUPL	EX ASSESSMENT		
RIGHT				
Common femoral vein		사람들은 것이 하나의 경기를 하면 살아가 있다면 하는데 하는데 하는데 하는데 하는데 하는데 살아가지 않는데 살아가지 않는다. 것		
		competent with good color		
oroximally	n is widely patent with	n good colour filling and is	rully compressible but	tincompetent
경기는 선생님들은 하나 있는 것이 그렇게 되었다면 가는 사람이 없어 그는 것이	patent and competer	nt with good colour filling a	nd is fully compressib	ole.
	mbus identified in 1	x mid peroneal vein. Other	vessel appears widel	ly patent and
competent.				
	r deep veins are wide	ly patent and competent w	ith good colour filling	and are fully
compressible.				

Evidence of chronic right calf DVT detected from this scan.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear for ~15cm in the proximal thigh. Large incompetent branch identified in the proximal thigh forming extensive medial thigh and calf varicosities. Mid to distal thigh LSV appears competent. Varicosities communicate with the LSV in the distal thigh making the LSV incompetent and highly varicosed in the distal thigh and proximal calf. Mid calf LSV appears incompetent. Competent perforator to the posterior tibial veins identified in the distal calf, Very distal LSV appears competent.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.80cm
Mid thigh - 0.15cm
Mid calf - 0.50cm
Distal calf - 0.26cm

Sapheno-popliteal junction (SPJ) is competent Short Saphenous vein (SSV) is competent along length.

LEFT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT with the exception of the superficial femoral vein which is widely patent but slightly incompetent proximally.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) was not identified ?due to previous treatment. Area of neovascularisation identified in the left groin with small, tortuous ?Incompetent branches identified tracking to the proximal/mid thigh. LSV reforms in the mid thigh via a branch and appears incompetent and linear in the mid to distal thigh. Incompetent branch identified in the very proximal calf forming medial calf varicosities. Proximal calf LSV appears competent. Varicosities communicate with the LSV in the proximal calf making the LSV incompetent for a short section. Competent perforator to the posterior tibial veins identified in the mid calf. LSV then appears competent to the ankle.

Transverse (AP) dimensions of LSV:
Mid thigh - 0.53cm
Distal thigh - 0.53cm
Proximal calf- 0.14cm
Mid calf - 0.34cm
Distal calf - 0.26cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein.

Assessed by	Jack Wilson		
Printed on 16/11/2021	l at 2:42 pm	Checked by	

	/aricose vein ncompetence - superfic	cial		
Deep Veins	Right	Competency	Left	
	Not Assessed	Competency	Patency	Competency
Common Iliac Vein	Not Assessed			
External Iliac Vein	Not Assessed			
nternal Iliac Vein	Widely Patent	Competent		
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent			
Superficial Femoral Vein		Competent		
Popliteal Vein	Widely Patent	Competent	_	
Posterior Tibial Vein	Widely Patent	Competent		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Competent		
Soleal Vein	Not Identified			
Gastrocnemius	Widely Patent			
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent		
. Saphenous Vein Above	Patent	Incompetent		
. Saphenous Vein Below	Patent	Isolated Incompetence		
/ein of Giacomini	Not Identified			
Saphenopopiteal Junction	Not Identified			
S Saphenous Vein	Patent	Competent		
Evidence of D.V.T.				
Above the knee	No			
Popliteal	No			
Below the knee	No			
Notes				
BILATERAL LOWER	LIMB VENOUS DUP	LEX ASSESSMENT		
RIGHT				
	. Flow in the commo	n femoral vein is phasic	with respiration and a	normal response
on Valsalva manoeuv and competent with n	[10] [18] [10] [10] [10] [10] [10] [10] [10] [10	아니라 한 경우를 하면서 그 아름다면 하면 아니라 아름다면 하는데 하는데 하는데 아니라 아니라 하는데 아니라 이 아니라 하다.	ualised deep veins appo	ear widely patent
All measurements are	proximal to the med	lial malleolus unless oth	nerwise stated.	
he thigh, focal dilatat	ion noted in the mid t	thigh with LSV diameter	vein (LSV) is incompet r increasing to TS-0.81d dentified in the prox/mid	m. LSV is
Assessed by	Jack Wilson			
Printed on 16/11/2021	at 2:43 pm	Che	cked by	

calf varicosities. LSV then appears competent to the ankle.
Fransverse (AP) dimensions of LSV: Proximal thigh- 0.38cm Mid thigh - 0.44cm Distal thigh - 0.35cm Proximal calf- 0.38cm Mid calf - 0.21cm Distal calf - 0.21cm
Short saphenous vein (SSV) appears patent and competent along length. Sapheno-popliteal junction and rein of Giacomini not identified due to patient requesting scan to end.
EFT Unable to assess left leg veins as patient was unable to tolerate further scanning due to anxiety.
Ultrasound reception informed, appointment team contacted to re-book further appointment for left leg scan.
Assessed by Jack Wilson Printed on 16/11/2021 at 2:43 pm Checked by
Printed on 16/11/2021 at 2:43 pm Checked by

Outcome	DVT negative, Incomp	petence - superficial		
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein			Not Assessed	
External Iliac Vein			Not Assessed	
nternal Iliac Vein			Not Assessed	
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Not Identified	
Gastrocnemius			Widely Patent	
ous done mus				
Superficial Veins				
Saphenofemoral Junction			Patent	Incompetent
Saphenous Vein Above			Patent	Incompetent
Saphenous Vein Below			Patent	Isolated Incompetence
/ein of Giacomini			Patent	Competent
Saphenopopiteal Junction			Patent	Competent
S Saphenous Vein			Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	
Notes				
LEFT LOWER LIMB	VENOUS DUPLEX	ASSESSMENT		
	re, suggesting prox	non femoral vein is phasic timal vein patency. All vist ous DVT.	없다. 항영화가 못 했는데 있다면 하루 보이는데 되는 것이 그 얼마 보이지만 느릿하게 한 글로벌이었다. 나는	[12] [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15
All measurements are	e proxi <mark>mal</mark> to the me	edial malleolus unless oth	erwise stated.	
the thigh. 2 x Incomp	etent branches iden	petent. Long Saphenous utified in the proximal thigh ins incompetent and linea	n (59cm) forming medial a	and anterior thigh
Assessed by	Jack Wilson			
Printed on 16/11/202	1 at 2:44 pm	Chec	ked by	

Reason

Varicose vein

proximal calf (35cm forming medial calf varicosities. Mid calf LSV is incompetent and linear. Competent perforator to the posterior tibial veins identified in the distal calf (12cm). LSV appears competent at the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.60cm
Mid thigh - 0.59cm
Distal thigh - 0.66cm
Proximal calf- 0.56cm
Mid calf - 0.22cm
Distal calf - 0.27cm

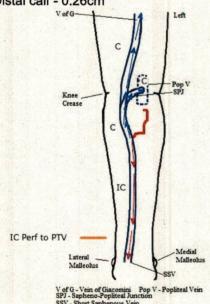
Sapheno-popliteal junction (SPJ) was not identified. Proximal Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. Varicosities communicate with the SSV in the proximal calf (37cm). SSV then appears incompetent and linear to the ankle. Incompetent perforator to the posterior tibial veins identified in the distal calf (15cm).

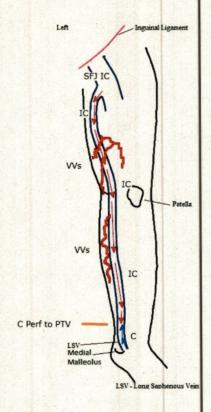
Transverse (AP) dimensions of SSV:

Proximal calf- 0.28cm

Mid calf - 0.24cm

Distal calf - 0.26cm





Assessed by

Jack Wilson

Printed on 16/11/2021 at 2:44 pm

Not Assessed Not Identified		Right		Left	
And Assessed Not Assessed No			Competency		Competency
Incompetent Not Assessed Not Ass	Common Iliac Vein				
Widely Patent Competent Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent Patent Incompetent Patent	External Iliac Vein			19370.973.7729.3400	
rofunda Vein Widely Patent Competent Widely Patent Competent Upperficial Femoral Vein Widely Patent Competent Death Vein Not Identified Not Identified Not Identified Patent Incompetent Patent Patent Patent Competent Competent Patent Competent Competent Patent Competent Compe	nternal Iliac Vein				
Widely Patent Competent Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent	Common Femoral Vein			1	
osterior Tibial Vein Osterior	Profunda Vein				
competent Widely Patent Competent Patent Incompetent Patent	Superficial Femoral Vein		Competent	Widely Patent	Competent
reconceal Vein	opliteal Vein	Widely Patent	Competent	Widely Patent	Competent
remend Vein	Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
oleal Vein oleal Vein Widely Patent Competent	Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
lastrocnemius widely Patent Competent Competent Competent Competent Competent Patent Incompetent Patent Patent Isolated Incompetent Patent Competence Patent Not Identified No	Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
sastrocnemius Widely Patent Competent Widely Patent Competent Widely Patent Competent Widely Patent Competent Competent Patent Incompetent Patent Patent Competent Patent Patent Competent Patent Not Identified No	Soleal Vein	Not Identified		Not Identified	
aphenofemoral Junction Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent Incompetent Patent Isolated Incompetent Patent Isolated Incompetence Patent Paten	Sastrocnemius	Widely Patent	Competent	Widely Patent	Competent
aphenofemoral Junction Saphenous Vein Above Saphenous Vein Below Patent Incompetent Patent Patent Incompetent Patent Not Identified Not Identifie					
Patent Incompetent Patent Patent Isolated Incompetence Patent Pat		Patent	Incompetent	Patent	Incompetent
Saphenous Vein Below ein of Giacomini aphenopopiteal Junction Saphenous Vein Saph					
ein of Giacomini aphenopojiteal Junction Saphenous Vein Patent Competent Patent Patent Competent Patent Competent No	Saphenous Vein Above				
And the second s	Saphenous Vein Below		isolated incompetence		raient
Saphenous Vein Patent Competent No No No No No No No No No N	ein of Giacomini				
vidence of D.V.T. bove the knee opliteal elow the knee No	Saphenopopiteal Junction				
bove the knee No No No No No No No No No	Saphenous Vein	Patent	Competent	Patent	Competent
opliteal elow the knee No No No No No No No No No	vidence of D.V.T.				
elow the knee No No No No No No No No No	bove the knee	No A		No	
lotes BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT iac veins not viewed, bilaterally. Flow in the right and left common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency, bilaterally. All visualised leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.	Popliteal	No		No	
BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT iac veins not viewed, bilaterally. Flow in the right and left common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency, bilaterally. All visualised leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Capheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.		No		No	
BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT iac veins not viewed, bilaterally. Flow in the right and left common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency, bilaterally. All visualised leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.					
iac veins not viewed, bilaterally. Flow in the right and left common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency, bilaterally. All visualised leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.					
leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All visualised leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.	BILATERAL LOWER I	LIMB VENOUS DU	PLEX ASSESSMENT		
leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All visualised leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.	liac voins not viowed	bilatorally Flow in	the right and left common for	omoral voin is phasic v	with respiration
leep veins appear widely patent and competent with no evidence of previous DVT., bilaterally. All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.		그렇게 그렇다면 하면 하면 하면 하는데 그렇게 되었다.	가지 않아 하는 경기를 하는 것이 없는 것이다.	[10] 10 [11] 10 [11] 11 [12] 12 [12] 11 [12] 12 [12] 12 [12] 12 [12] 12 [12] 12 [12] 12 [12] 12 [12] 12 [12] 1	[18] P. L. H.
All measurements are proximal to the medial malleolus unless otherwise stated. RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.			경제 그 사이 전 회사가 이 경기가 입지하는 사람들이 되었다면 하지 않는 아니라 아니라 내려가 되었다면 하는데 되었다.	· 사용 시간 등 시간 회사 기업 시간 시간 경기 등 기간 등 등 기업 등 시간 등 기업 등 기업	이 1년 1일 대통령 대표 전에 다 보고 있다면 하는 경우 이번 가는 사람들이 되었다고 하는데 없는데 없는데 하는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없는데 없
RIGHT Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.					Design of the second se
Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.	All measurements are	proximal to the me	dial malleolus unless otherw	rise stated.	
Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.	PICHT				
ne thigh. Incompetent branch identified in the distal thigh forming medial calf and medial thigh varicosities.		tion (SF.I) is income	petent Long Sanhenous vei	n (I SV) is incompeten	nt and linear in
	assessed by	Jack Wilson			
	Printed on 16/11/2021		Checked		

proximal calf (31cm) making the LSV incompetent for a very short section, incompetent branch noted at the same level forming medial calf varicosities. LSV then appears competent and linear to the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.93cm
Mid thigh - 1.05cm
Distal thigh - 0.27cm
Proximal calf- 0.43cm
Mid calf - 0.34cm
Distal calf - 0.37cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein.

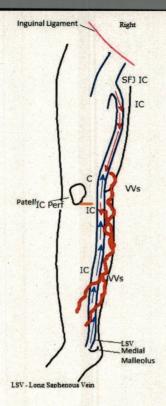
LEFT

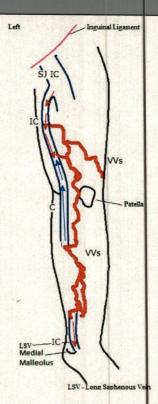
Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the very proximal thigh. Incompetent branch identified in the proximal thigh (63cm) forming medial/lateral thigh and medial calf varicosities. LSV remains incompetent for a short section. Further incompetent branch identified in the mid thigh (55cm) forming medial/lateral thigh and medial calf varicosities. LSV appears competent and linear from the mid thigh to the proximal calf. LSV leaves the fascia in the proximal calf and communicates with calf varicosities becoming tortuous and branched in the proximal to mid calf. LSV remains incompetent and returns to the fascia in the distal calf.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.62cm
Mid thigh - 0.30cm
Distal thigh - 0.25cm
Proximal calfMid calf Distal calf - 0.37cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and s continuous with a competent posterior thigh vein.

Assessed by	Jack Wilson
Printed on 16/11/2021	at 2:46 pm





Assessed by Jack Wilson Printed on 16/11/2021 at 2:46 pm

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
nternal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
rofunda Vein	Widely Patent	Competent	Widely Patent	Competent
uperficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
opliteal Vein	Widely Patent	Competent	Widely Patent	Competent
osterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
nterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
eroneal Vein	Widely Patent	Competent	Widely Patent	Competent
oleal Vein	Not Identified		Not Identified	
astrocnemius	Widely Patent	Competent	Widely Patent	Competent
uperficial Veins	Detect	10	7 6	
aphenofemoral Junction	Patent	?Incompetent	Patent	Competent
Saphenous Vein Above	Patent	Incompetent	Not Identified	
Saphenous Vein Below	Patent	Isolated Incompetence	Not Identified	
in of Giacomini		Tag In the second	Patent	Competent
aphenopopiteal Junction	Patent		Not Identified	
Saphenous Vein	Patent		Patent	Competent
idence of D.V.T.				
oove the knee	No		No	
ppliteal	No		No	
elow the knee	No		No	
otes				
	I IMP VENOUS DUE	DI EV ASSESSMENT		
liac veins not viewed	, bilaterally. Flow in se on Valsalva mano	The right and left common for euvre, suggesting proximal spetent with no evidence of p	vein patency, bilatera	lly. All visualised
All measurements are	proximal to the med	dial malleolus unless otherw	ise stated.	
RIGHT				
		competent however, proximate in (LSV) is incompetent are		

then appears compe	tent to the ankle.		-17	T	
Sapheno-popliteal ju	nction (SPJ) is comp	etent. Short Saph	enous vein (SSV) is competent alo	ng length.
Transverse (AP) dim Proximal thigh- 0.44c Mid thigh - 0.44cm Distal thigh - 0.39cm Proximal calf- 0.45cd	em ji				
Mid calf - 0.26cm Distal calf - 0.25cm					
LEFT Sapheno-femoral jun very short section. Pr					
Sapheno-popliteal juri continuous with a con			Saphenous vein (SSV) is competer	at and is
				e de la companya de l	
Assessed by	Jack Wilson				

Checked by

Printed on 16/11/2021 at 2:48 pm

	/aricose vein			
Outcome l	ncompetence - supe	erficial		
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein			Not Assessed	
External Iliac Vein			Not Assessed	
nternal Iliac Vein			Not Assessed	
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
opliteal Vein			Widely Patent	Competent
osterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	Competent
Gastrocnemius			Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Competent
Saphenous Vein Above			Patent	Competent
Saphenous Vein Below			Patent	Isolated Incompetence
ein of Giacomini			Not Identified	
Saphenopopiteal Junction			Patent	Competent
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	
Notes				
	 Flow in the com re, suggesting pre 	nmon femoral vein is phasic oximal vein patency. All visu		
All measurements ar	e proximal to the	medial malleolus unless othe	erwise stated.	
thigh. LSV becomes	incompetent in the	npetent. Long Saphenous ve e proximal calf. Incompetent s then competent to the ank	branch identified in the	nd linear in the mid/distal calf
Assessed by	Jack Wilson			
Printed on 16/11/202	1 at 2:50 pm	Chec	ked by	

Transverse (AP) dimensions of LSV: Proximal thigh- 0.50cm Mid thigh - 0.42cm Distal thigh - 0.54cm Proximal calf- 0.39cm Mid calf - 0.40cm Distal calf - 0.46cm			
Sapheno-popliteal junction (SPJ) is competen	t, Short Saphenous vein (SSV	/) is competent along lengt	h.
Assessed by Jack Wilson			
Printed on 16/11/2021 at 2:50 pm	Checked by		

		ence - deep, Incompetence	- Superficial	
	Right			
Deep Veins	Patency	Competency	Left	
Common Iliac Vein	Not Assessed	Competency	Patency Not Assessed	Competency
	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	#
Internal Iliac Vein	Widely Patent	Slight Incompetence	Widely Patent	Competent
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Slight Incompetence	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Patent	Competent	=	
Posterior Tibial Vein	Patent	Competent	=	
Anterior Tibial Vein	Patent	Competent	7	
Peroneal Vein	Not Identified		7	
Soleal Vein	Patent	=		
Gastrocnemius	ratent			
Superficial Veins				
Saphenofemoral Junction	Areas of Thrombus	Old Thrombus	Areas of Thrombus	Old Thrombus
L Saphenous Vein Above	Patent	Competent	Patent	Slight Incompetence
L Saphenous Vein Below	Patent	Competent	Patent	Slight Incompetence
Vein of Giacomini	Not Identified			
Saphenopopiteal Junction	Areas of Thrombus	Old Thrombus		
S Saphenous Vein	Patent	Competent		
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		Cannot Exclude	
Notes				
?Reliability of compet RIGHT Iliac veins not viewed	e to pulsatile flow in ve encies. . Flow in the common	ins and patients poor mo		
*Challenging scan due ?Reliability of compet RIGHT Iliac veins not viewed on Valsalva manoeuv Common femoral veir incompetent.	e to pulsatile flow in verencies. Flow in the common re, suggesting proximan appears widely paten	eins and patients poor mo femoral vein is phasic wi al vein patency. It with good colour filling a	th respiration and a norm	nal response but slightly
*Challenging scan due ?Reliability of compete RIGHT Iliac veins not viewed on Valsalva manoeuv Common femoral veir incompetent. Profunda femoral veir compressible.	e to pulsatile flow in verencies. Flow in the common re, suggesting proximal appears widely patent appears widely patent appears widely patent	eins and patients poor mo femoral vein is phasic wi al vein patency.	th respiration and a nom and is fully compressible od colour filling and is ful	nal response but slightly
*Challenging scan due ?Reliability of compete RIGHT Iliac veins not viewed on Valsalva manoeuve Common femoral veir incompetent. Profunda femoral veir compressible. Superficial femoral ve	e to pulsatile flow in verencies. Flow in the common re, suggesting proximal appears widely patent appears widely patent appears widely patent	femoral vein is phasic wi al vein patency. It with good colour filling a	th respiration and a nom and is fully compressible od colour filling and is ful	nal response but slightly

Popliteal vein appears widely patent and competent with good colour filling and is fully compressible. Calf vessels were difficult to visualise due to oedema and hostile skin however appear patent and competent with reasonable colour filling and are fully compressible.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is competent with non-occlusive old superficial thrombophlebitis identified. Long Saphenous vein (LSV) is competent along length.

Sapheno-popliteal junction (SPJ) is competent with non-occlusive old superficial thrombophlebitis identified. Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein.

LEFT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins proximal to and including the popliteal vein appear widely patent and competent with good colour filling and are fully compressible.

Calf vessels were obscured by dressings- unable to exclude calf DVT.

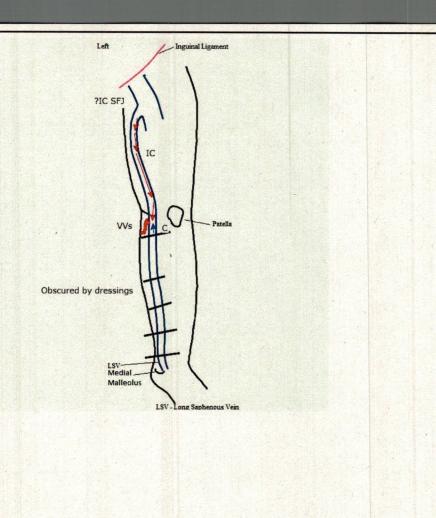
All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) appears competent with non-occlusive old superficial thrombophlebitis, however proximal Long Saphenous vein (LSV) is incompetent ?Incompetent junction. LSV appears incompetent in the thigh. Incompetent branch identified in the very proximal calf. LSV then appears competent in the proximal calf. Mid to distal calf LSV was obscured by dressings.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.69cm
Mid thigh - 0.76cm
Distal thigh - 0.65cm
Proximal calf-0.40cm

Sapheno-popliteal junction (SPJ) appears competent. Proximal Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein. Mid to distal SSV was obscured by dressings.

Assessed by	Jack Wilson		
Printed on 16/11/2021	at 2:51 pm		



Assessed by Jack Wilson Printed on 16/11/2021 at 2:51 pm

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
xternal Iliac Vein	Not Assessed		Not Assessed	
nternal Iliac Vein	Not Assessed	Manual States of the States of	Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
opliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Interior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Sastrocnemius	Widely Patent		Widely Patent	
uperficial Veins	Patent	Incompetent] Date	
aphenofemoral Junction	Patent		Patent	Incompetent
Saphenous Vein Above	Patent	Incompetent Competent	Patent	Competent
Saphenous Vein Below	ratent	Competent	Patent	
ein of Giacomini	Patent	Competent	Patent	Incompetent
aphenopopiteal Junction	Areas of Thrombus	Mixed/Old Thrombus	Areas of Thrombus	Old Thrombus
Saphenous Vein	Aleas of Thiombas	IMIXEU/OIU TITIOTIDUS	Areas of Thiombus	Old Thrombus
vidence of D.V.T.			13 13 13 13 13	
bove the knee	No		No	
opliteal	No		No	
elow the knee	No		No	
lotes				
	LIMB VENOUS DUPL	EX ASSESSMENT		
		e right and left common f		
		uvre, suggesting proximal		
sep veins appear wit	dely patent and compe	etent with no evidence of	previous DV I, bilaterally	
II measurements are	proximal to the media	al malleolus unless otherv	vise stated.	
ICUT				15-16-5
RIGHT Sapheno-femoral junc	tion (SFJ) is incompe	tent. Long Saphenous ve	in (I SV) is incompetent	and linear in
			ming medial thigh and m	
ne thigh. Incompeten	t branch lacitation in a	io diotal triigil (coolii) loll		

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.48cm
Mid thigh - 0.49cm
Distal thigh - 0.20cm
Proximal calf- 0.2cm
Mid calf - 0.14cm
Distal calf - 0.15cm

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent proximally. Non-occlusive mixed and old superficial thrombophlebitis identified in the mid to distal vessel. Incompetent branch identified in the distal calf (14cm) forming posterior, distal calf varicosities. SSV remains incompetent to the ankle.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.27cm

Mid calf - unable to measure due to superficial thrombophlebitis.

Distal calf - 0.21cm

LEFT

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent in the thigh with a tortuous section noted in the mid thigh. Incompetent branch identified in the distal thigh (47cm) forming medial thigh, medial calf and posterior calf varicosities. LSV then appears incompetent to the ankle. Transverse (AP) dimensions of LSV:

Proximal thigh- 0.46cm Mid thigh - 0.43cm Distal thigh - 0.36cm Proximal calf- 0.6cm Mid calf - 0.21cm Distal calf - 0.19cm

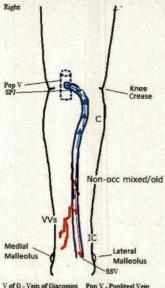
Sapheno-popliteal junction (SPJ) is incompetent. Short Saphenous vein (SSV) is competent proximally. Incompetent branch identified in the proximal calf (29cm) forming posterior calf varicosities. SSV then appears competent with non-occlusive old superficial thrombophlebitis identified. Varicosities communicate with the SSV in the distal calf (14cm) making the SSV incompetent for a short section. Further incompetent branch identified in the distal calf (12cm) forming posterior calf varicosities. Distal SSV appears competent. Proximal calf- 0.30cm

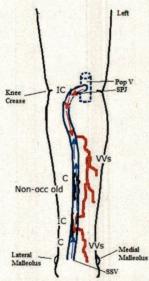
Mid calf - 0.17cm Distal calf - 0.22cm

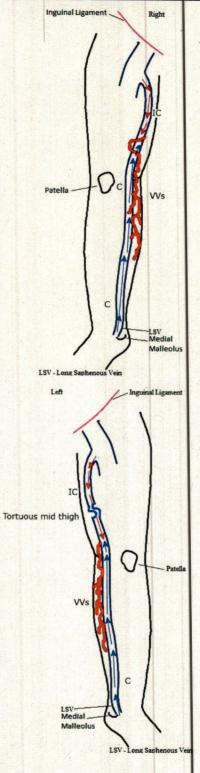
Assessed by

Jack Wilson

Printed on 16/11/2021 at 2:53 pm







	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
external Iliac Vein	Not Assessed		Not Assessed	
nternal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
opliteal Vein	Widely Patent	Competent	Widely Patent	Competent
osterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Interior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
eroneal Vein	Widely Patent	Competent	Widely Patent	Competent
oleal Vein	Widely Patent	Competent	Widely Patent	Competent
Sastrocnemius	Widely Patent	Competent	Widely Patent	Competent
	5-101			
uperficial Veins	<u> </u>	11.	1 6	The state of the s
aphenofemoral Junction	Patent	Incompetent	Patent	Incompetent
Saphenous Vein Above	Patent	Isolated Incompetence	Patent	Incompetent
Saphenous Vein Below	Patent	Competent	Patent	Isolated Incompetence
ein of Giacomini	Not Identified		Patent	Incompetent
aphenopopiteal Junction	Not Identified		Patent	
Saphenous Vein	Patent	Competent	Patent	
vidence of D.V.T.				
bove the knee	No		No	
opliteal	No		No	
elow the knee	No		No	
lotes				
BILATERAL LOWER I	IMB VENOUS DUF	PLEX ASSESSMENT		
iac vains not viewed	hilatorally Flow in	the right and left common fe	moral voin is phasia v	with respiration
		euvre, suggesting proximal		: HENGE : BUCKY : 1: HENGE : HE CHARLES : HENGE : HEN
		petent with no evidence of p		15 : [1] 12 : (1)
ui measurements are	proximal to the med	dial malleolus unless otherw	ise stated.	
RIGHT				
. (1) (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	현실 등이 많아지다 가게 없었다면 가장 가장 있다. 그런 사람들이 다른 사람들은 가장 하는 것이다.	th the Sapheno-femoral junc		[22] [12] [12] [13] [14] [14] [14] [14] [15] [15] [15] [15] [15] [15] [15] [15
	그리아 교육하다 아이를 살아왔다면 되는 내가 있다. 수 있는 이번에 가지하는 것이 없는데 없다.	Saphenous vein (LSV) is inc mal thigh (69cm) forming me		[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]

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Printed on 16/11/2021 at 2:55 pm

calf varicosities. LSV appears competent and linear in the distal thigh. Vessel then becomes incompetent in the proximal calf and remains incompetent and linear to the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.84cm
Mid thigh - 0.46cm
Distal thigh - 0.33cm
Proximal calf- 0.41cm
Mid calf - 0.38cm
Distal calf - 0.35cm

Sapheno-popliteal junction (SPJ) and vein of Giacomini were not identified due to very small calibre proximal Short Saphenous vein (SSV) ?Origin of SSV. SSV is competent along length.

LEFT

Large, tortuous branch communicating with the Sapheno-femoral junction (SFJ), tracking proximally ?Pelvic incompetence. SFJ is incompetent. Long Saphenous vein (LSV) is incompetent but linear from the proximal thigh to the proximal calf. Vein of Giacomini communicates with the LSV in the mid thigh (59cm). Incompetent branch identified in the proximal calf (32cm) forming posterior/medial calf varicosities. LSV then appears competent to the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.45cm
Mid thigh - 0.63cm
Distal thigh - 0.59cm
Proximal calf- 0.62cm
Mid calf - 0.31cm
Distal calf - 0.32cm

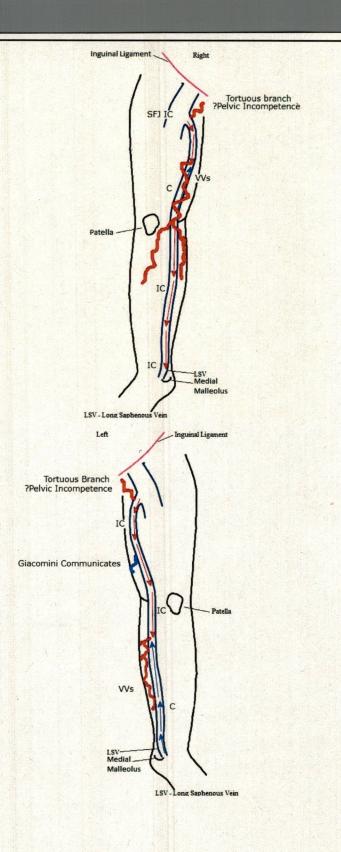
Sapheno-popliteal junction (SPJ) is incompetent and very tortuous. Vein of Giacomini appears tortuous with continuous orthograde flow identified after augmentation of the calf ?Siphon. Short Saphenous Vein (SSV) is patent and competent from the proximal to distal calf. Varicose veins communicate with the SSV in the distal calf (20cm) making the SSV incompetent for a short section. Incompetent branch identified in the distal calf (15cm) forming posterior calf varicosities.

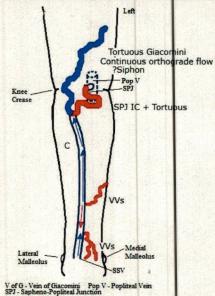
Transverse (AP) dimensions of SSV: Proximal calf- 0.39cm Mid calf - 0.23cm Distal calf - 0.29cm

Assessed by

Jack Wilson

Printed on 16/11/2021 at 2:55 pm





Jack Wilson Assessed by Printed on 16/11/2021 at 2:55 pm

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
ommon Iliac Vein			Not Assessed	
xternal Iliac Vein			Not Assessed	
nternal Iliac Vein			Not Assessed	
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
opliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Interior Tibial Vein			Widely Patent	Competent
eroneal Vein			Widely Patent	Competent
oleal Vein			Not Identified	
			Widely Patent	Competent
Sastrocnemius				
uperficial Veins				
aphenofemoral Junction			Not Identified	
Saphenous Vein Above			Patent	Incompetent
Saphenous Vein Below			Patent	Incompetent
ein of Giacomini			Not Identified	
aphenopopiteal Junction			Patent	
Saphenous Vein			Patent	
vidence of D.V.T.				
bove the knee			No	
			No	
opliteal			No	
elow the knee		10.7		
lotes				
EFT LOWER LIMB	VENOUS DUPLE	X ASSESSMENT		
	vre, suggesting pro	mon femoral vein is phasic oximal vein patency. All visu vious DVT.		
All measurements a	re proximal to the n	nedial malleolus unless othe	erwise stated.	
EFT				
Sapheno-femoral jui ncompetent branch	es noted in the left	ot identified due to previous groin ?Neovascularisation. etent and linear in the thigh	Long Saphenous vein ref	forms in the groin

Checked by

Printed on 16/11/2021 at 2:56 pm

identified in the mid thigh (50cm). Incompetent branch identified at the level of the knee crease forming medial calf varicosities. LSV leaves the fascia in the very proximal calf and becomes tortuous, forming medial/anterior calf varicosities. LSV reforms in the proximal calf (28cm) via an incompetent perforator and appears incompetent in the proximal to mid calf. LSV becomes highly tortuous and branched in the distal calf (11cm) forming medial calf varicosities.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.65cm Mid thigh - 0.62cm Distal thigh - 0.77cm Proximal calf- 0.43cm Mid calf - 0.51cm

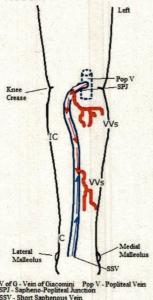
Sapheno-popliteal junction (SPJ) is incompetent. The proximal to mid Short Saphenous vein (SSV) is incompetent with incompetent branches at the proximal calf (37cm) and mid calf (24cm) forming medial calf varicosities. Distal SSV appears competent.

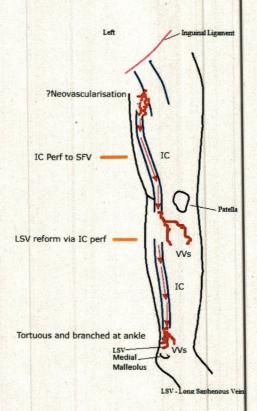
Transverse (AP) dimensions of SSV:

Proximal calf- 0.69cm

Mid calf - .35cm

Distal calf -0.39cm





Assessed by

Jack Wilson

Printed on 16/11/2021 at 2:56 pm

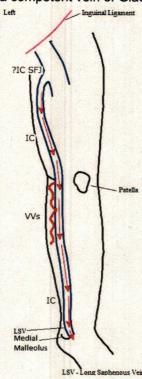
Outcome [etence - superficial		
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins	Patriot	10	1 6	
Saphenofemoral Junction	Patent	Competent	Patent	?Incompetent
Saphenous Vein Above	Patent	Competent	Patent	Incompetent
Saphenous Vein Below	Patent	Competent	Patent	Incompetent
ein of Giacomini	Patent	Competent	Patent	Competent
saphenopopiteal Junction	Not Identified		Not Identified	1 6
Saphenous Vein	Patent	Competent	Patent	Competent
vidence of D.V.T.				
bove the knee	No	A Part of	No	
Popliteal	No		No	
selow the knee	No		No	
				TT HALL
Notes				
BILATERAL LOWER	LIMB VENOUS DUP	PLEX ASSESSMENT		
liac veins not viewed	hilaterally Flow in	the right and left commo	on femoral vein is phasic	with respiration
			nal vein patency, bilatera	
			of previous DVT, bilatera	
.				
All measurements are	proximal to the med	dial malleolus unless oth	erwise stated.	
RIGHT	tion (SEI) is some	tent Long Sanhenous v	ein (LSV) is competent al	ong length.
Sapheno-femoral junc				
Sapheno-femoral junc	ction (SPJ) was not	identified. Short Sapher	ous vein (SSV) is compe	

LEFT

Sapheno-femoral junction (SFJ) appears competent, however, proximal Long Saphenous vein (LSV) is incompetent ?Incompetent SFJ. LSV appears incompetent along length. Incompetent branch noted at the level of the knee crease forming small medial calf varicosities.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.41cm
Mid thigh - 0.31cm
Distal thigh - 0.31cm
Proximal calf- 0.27cm
Mid calf - 0.22cm
Distal calf - 0.28cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.



Assessed by

Jack Wilson

Printed on 16/11/2021 at 2:58 pm

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Widely Patent	Competent	Widely Patent	Competent
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins Saphenofemoral Junction	Patent	Competent	Patent	Incompetent
Saphenous Vein Above	Patent	Competent	Patent	Isolated Incompetence
Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Not Identified		Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Competent
a caphonoac voiii				
Evidence of D.V.T.	No.		No	
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	
Notes				
BILATERAL LOWER	LIMB VENOUS DUF	PLEX ASSESSMENT		
			n femoral vein is phasic	아이들이 많아 보고는 점을 하지 않아요. 그렇게 하면 가는 것 같아 하는 것 같아.
		사용된 1980년의 [전화] [전화] [전화] [전화] [전화] [전화] [전화] [전화]	nal vein patency, bilatera	그렇게 불통하게 하면 역사들에 모르게 되었어요? 그런 경기는 그가게 아름다고 하셨다.
deep veins appear wid	dely patent and com	petent with no evidence	of previous DVT, bilatera	ally.
All measurements are	proximal to the med	dial malleolus unless oth	erwise stated.	
RIGHT				
	ction (SFJ) is compe	tent. Long Saphenous v	ein (LSV) is competent al	ong length.
Sanheno-ponliteal iun	ction (SP.I) was not	identified Short Sanhan	ous vein (SSV) is compe	stent and is
- Sapriolio popilicai juli	Stoff (Of 0) Was flot	identified. Offort Gapfier		nem and is
Assessed by	Jack Wilson			
rinted on 16/11/2021		Chec	ked by	

DVT

Reason

continuous with a competent vein of Giacomini. Incompetent branch identified at the distal ankle forming lateral ankle/foot varicosities.

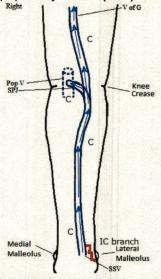
Transverse (AP) dimensions of SSV: Proximal calf- 0.32cm Mid calf - 0.21cm Distal calf - 0.21cm

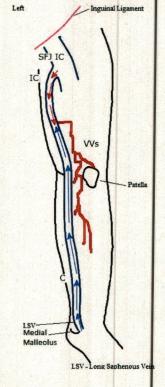
LEFT

Sapheno-femoral junction (SFJ) is incompetent. Proximal Long Saphenous vein (LSV) is incompetent and linear. Incompetent branch identified in the proximal/mid thigh (60cm) forming medial/anterior thigh and medial calf varicosities. LSV then remains competent to the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.47cm
Mid thigh - 0.32cm
Distal thigh - 0.19cm
Proximal calf- 0.18cm
Mid calf - 0.24cm
Distal calf - 0.28cm

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent along length.



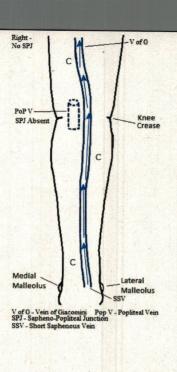


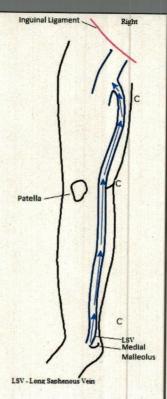
Assessed by

Jack Wilson

Printed on 16/11/2021 at 3:41 pm

	Right		Left	
ep Veins	Patency	Competency	Patency	Competency
ommon Iliac Vein	Not Assessed			
ternal Iliac Vein	Not Assessed			
ernal Iliac Vein	Not Assessed			
mmon Femoral Vein	Widely Patent	Competent		
ofunda Vein	Widely Patent	Competent		
perficial Femoral Vein	Widely Patent	Competent		
pliteal Vein	Widely Patent	Competent		
sterior Tibial Vein	Widely Patent	Competent		
terior Tibial Vein	Widely Patent	Competent		
roneal Vein	Widely Patent	Competent		
leal Vein	Widely Patent	Competent		
estrocnemius	Widely Patent	Competent		
Suochernius				
perficial Veins				
ohenofemoral Junction	Patent			
aphenous Vein Above	Patent			See and the see an
aphenous Vein Below	Patent			
n of Giacomini	Patent			
phenopopiteal Junction	Not Identified			
aphenous Vein	Patent			
dence of D.V.T.				
eve the knee	No			
oliteal	No			
ow the knee	No			
ites				
SHT LOWER LIMB	VENOUS DUPLEX	ASSESSMENT		
ac veins not viewed	. Flow in the commo	on femoral vein is phasic	with respiration and a	normal response
		mal vein patency. All visi	BROS 스탠드 NEW TOURS NEW METERS IN THE POST OF THE PROPERTY OF THE POST OF THE	
	o evidence of previo	사람들 등 보이지 않는 사람들이 하셨다면 그들을 보는 것이 되는 것이 없었다면 하는 것이 없는 것이 없는 것이 없는 것이 없다면 없다.		
measurements are	proximal to the med	dial malleolus unless oth	erwise stated.	
GHT	ction (SFJ) is compe	tent. Long Saphenous ve	ein (LSV) is competent	t along length.
GHT apheno-femoral junc				
pheno-femoral junc pheno-popliteal jun		identified. Short Saphen	ous vein (SSV) is com	petent along length





Assessed by

Jack Wilson

Printed on 16/11/2021 at 3:02 pm

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Widely Patent	Competent	Widely Patent	Competent
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
		917 (1974) 1970 (1974)		
Superficial Veins	Not Identified		Patent	Incompetent
Saphenofemoral Junction	Patent	Isolated Incompetence	Patent	Competent
Saphenous Vein Above				Competent
Saphenous Vein Below	Patent	Incompetent	Patent	
/ein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Patent	Incompetent	Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	
Notes				
BILATERAL LOWER	LIMB VENOUS DU	PLEX ASSESSMENT		
III	hilatarally Flavyia	the right and left common for	meral voia la abasia :	with respiration
		the right and left common fe euvre, suggesting proximal		
		petent with no evidence of		
All measurements are	proximal to the me	dial malleolus unless otherw	rise stated.	
RIGHT				
	ction (SF.I) was not i	dentified due to previous tre	atment. Area of small	tortuous
		ularisation. Long Saphenou		
		t until the vein of Giacomini		

Checked by

Jack Wilson

Assessed by

Printed on 23/11/2021 at 10:43 am

proximal/mid thigh (55cm prox to MM). LSV then appears incompetent and linear to the proximal calf. Incompetent branch identified in the proximal calf forming medial calf varicosities. LSV then appears competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.27cm Mid thigh - 0.50cm Distal thigh - 0.38cm Proximal calf- 0.41cm Mid calf - 0.21cm

Distal calf - 0.19cm

Sapheno-popliteal junction (SPJ) appears tortuous and incompetent. Short Saphenous vein (SSV) is competent along length and is continuous with a competent vein of Giacomini (TS-0.53cm). Continuous, orthograde flow identified in the vein of Giacomini after calf augmentation ?Siphon.

Transverse (AP) dimensions of SSV: Proximal calf- 0.15cm Mid calf - 0.21cm Distal calf - 0.25cm

LEFT

Sapheno-femoral junction (SFJ) is incompetent. Incompetent, tortuous anterior thigh vein identified arising from the junction. Anterior thigh vein appears dilated proximally (TS-1.81cm) and forms anterior/medial thigh varicosities. Long Saphenous vein (LSV) is competent along length. Varicosities communicate with the LSV in the distal thigh (48cm) however, LSV remains competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.32cm Mid thigh - 0.35cm Distal thigh - 0.43cm Proximal calf- 0.28cm Mid calf - 0.22cm Distal calf - 0.21cm

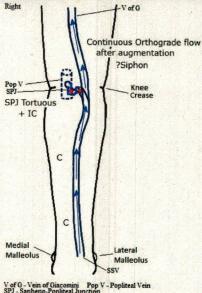
Sapheno-popliteal junction (SPJ) is competent. Proximal Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. Varicosities communicate with the SSV in the proximal/mid calf (21cm). Incompetent branch noted in the mid calf (18cm) forming medial/posterior calf varicosities. Varicosities communicate with the SSV again in the distal calf (13cm). SSV remains incompetent to the ankle.

Transverse (AP) dimensions of SSV: Proximal calf- 0.29cm

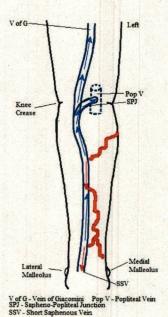
Mid calf - 0.35cm

Distal calf - 0.27cm

Assessed by	Jack Wilson
Printed on 16/11/2021	at 3:03 pm



V of G - Vein of Giacomini Pop V - Popliteal Vein SPJ - Sapheno-Popliteal Junction SSV - Short Saphenous Vein



Inguinal Ligament SFJ Not identified ?Neovascularisation LSV reforms via branch ini Communicates Giacon IC Patella LSV Medial Malleolus LSV - Long Sar Inguinal Ligament IC Tortuous + Dilated Anterior thigh vein TS-1.81cm LSV-Medial Malleolus LSV-

Assessed by Jack Wilson Printed on 16/11/2021 at 3:03 pm

Reason	Varicose vein			
Outcome	Superficial thrombop	phlebitis, Incompetence - deep,	Incompetence - superficia	
1 100	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein			Not Assessed	
xternal Iliac Vein			Not Assessed	
nternal Iliac Vein			Not Assessed	
Common Femoral Vein			Widely Patent	Competent
rofunda Vein			Widely Patent	Competent
Superficial Femoral Vein		r.,	Widely Patent	Incompetent
opliteal Vein			Widely Patent	Competent
osterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein	, X-		Widely Patent	Competent
eroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	Competent
Gastrocnemius			Widely Patent	Competent
uperficial Veins				
Saphenofemoral Junction			Patent	Competent
Saphenous Vein Above			Patent	Isolated Incompetence
Saphenous Vein Below			Patent	Incompetent
ein of Giacomini			Patent	Competent
aphenopopiteal Junction			Patent	Incompetent
Saphenous Vein			Occluded	Fresh Thrombus
vidence of D.V.T.				1-1
bove the knee			No	
Popliteal .			No	
Below the knee			No	
Notes				
EFT LOWER LIM	B VENOUS DUPLE	X ASSESSMENT		
on Valsalva manoe and competent with	euvre, suggesting pro	nmon femoral vein is phasic oximal vein patency. All visu vious DVT. With the excepti along its length.	alised deep veins appea	ar widely patent
All measurements	are proximal to the r	medial malleolus unless othe	erwise stated.	
		npetent. Long Saphenous ve al femoral vein identified in t		
Assessed by	Jack Wilson			
Printed on 23/11/20		Chec	ked by	

incompetent to the ankle with multiple small incompetent branches noted forming anterior and posterior calf varicosities.

Transverse (AP) dimensions of LSV:

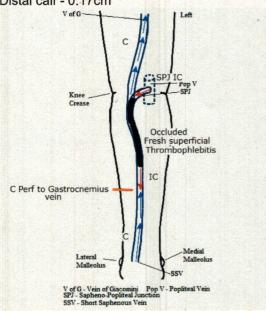
Proximal thigh- 0.42cm
Mid thigh - 0.27cm
Distal thigh - 0.29cm
Proximal calf- 0.35cm
Mid calf - 0.30cm
Distal calf - 0.16cm

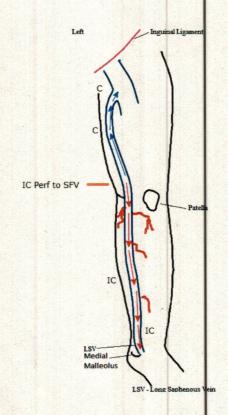
Sapheno-popliteal junction (SPJ) is incompetent. Competent vein of Giacomini identified. Proximal Short Saphenous vein (SSV) is occluded with fresh superficial thrombophlebitis. Mid SSV appears incompetent. Competent perforator to a Gastrocnemius vein identified in the mid calf (17cm). SSV then appears competent to the ankle.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.13cm Mid calf - 0.18cm

Distal calf - 0.17cm





Assessed by

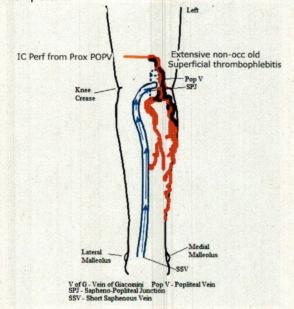
Jack Wilson

Printed on 23/11/2021 at 10:51 am

	/aricose vein			
Outcome I	ncompetence - deep	p, Chronic Superficial thrombop	hlebitis, Incompetence - s	uperficial
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein			Not Assessed	
External Iliac Vein			Not Assessed	=
nternal Iliac Vein			Not Assessed	
Common Femoral Vein			Widely Patent	Competent
rofunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Isolated Incompetence
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	Competent
Sastrocnemius			Widely Patent	Competent
uperficial Veins				
Saphenofemoral Junction			Patent	Competent
Saphenous Vein Above			Patent	Competent
Saphenous Vein Below			Patent	Competent
ein of Giacomini			Not Identified	
aphenopopiteal Junction			Patent	Competent
Saphenous Vein			Patent	Competent
vidence of D.V.T.				
bove the knee			No	
opliteal			No	
elow the knee			No	
Notes				
EFT LOWER LIMB	VENOUS DUPLEX	X ASSESSMENT		
on Valsalva manoeuv and competent with n widely patent but inco	re, suggesting pro to evidence of pre- competent proximal	mon femoral vein is phasic voximal vein patency. All visua vious DVT. With the exception and slightly incompetent in medial malleolus unless othe	alised deep veins appea on of the superficial femo on the mid vessel.	r widely patent
_EFT S <mark>a</mark> pheno-femoral jund ength.	ction (SFJ) is com	petent. Long Saphenous vei	n (LSV) is competent ar	nd linear along
Assessed by	Jack Wilson			

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent along length.

Incompetent, tortuous perforator (LS-1.04cm) identified arising from the very proximal popliteal vein with extensive non-occlusive old superficial thrombophlebitis forming posterior thigh and posterior/med al calf varicosities. Varicosities communicate with the SSV in the mid calf (23cm) however SSV remains competent.



Assessed by

Jack Wilson

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Reason	Varicose vein			
	DVT negative, Poor imag superficial	es, patient habitus, Chro	nic Superficial thrombophle	bitis, Incompetence -
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified	200	Not Identified	
Gastrocnemius	Patent		Patent	
dastrochemius				
Superficial Veins	5 4.	1.		
Saphenofemoral Junction	Patent	Incompetent	Patent	Incompetent
L Saphenous Vein Above	Areas of Thrombus	Old Thrombus	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopiteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	
Notes				
	LIMB VENOUS DUPL ue to patient bodily hab		s obtained	
Challenging scan di	ue to patient bodily hap	itus. Some poor image	s obtained.	
			with respiration and a no ualised deep veins appea	용하를 위한 1일 경기 하는 10일 등 10일 대한 10일 등 10일
competent with no e	vidence of previous DV	Т.		
All measurements a	re proximal to the media	al malleolus unless oth	erwise stated.	
RIGHT				
	nction (SFJ) is incompe	tent. Long Saphenous	vein (LSV) is incompeter	nt in the thigh
		The second second		
Assessed by	Jack Wilson			
Printed on 23/11/202	21 at 10:55 am	Chec	ked by	

with non-occlusive, old superficial thrombophlebitis identified from 2.24cm distal to the junction to the mid thigh. Branch identified in the mid thigh (54cm) forming medial thigh and calf varicosities, non-occlusive old superficial thrombophlebitis identified in the varicosities in the thigh. LSV appears competent and linear in the distal thigh and proximal calf. Varicosities communicate with the LSV in the proximal/mid calf (20cm), competent perforator to the posterior tibial veins identified at the same level. LSV then appears competent to the ankle.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.89cm
Mid thigh - 0.48cm
Distal thigh - 0.20cm
Proximal calf- 0.25cm
Mid calf - 0.18cm
Distal calf - 0.15cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein.

LEFT

Sapheno-femoral junction (SFJ) is incompetent. Incompetent anterior thigh vein identified (TS-0.47cm) arising ~0.43cm distal to the junction. Anterior thigh vein appears linear for a short section in the very proximal thigh before becoming tortuous and branched forming anterior thigh varicosities. Non-occlusive, old superficial thrombophlebitis identified in the anterior thigh varicosities. Long Saphenous vein (LSV) is competent along length.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.32cm
Mid thigh - 0.16cm
Distal thigh - 0.14cm
Proximal calf- 0.25cm
Mid calf - 0.23cm
Distal calf - 0.13cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein.

Assessed by	Jack Wilson
Printed on 23/11/2021	at 10:55 am

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	1
External Iliac Vein	Not Assessed		Not Assessed	
nternal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
opliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
eroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Sastrocnemius	Widely Patent		Widely Patent	
uperficial Veins	Patent	Incompetent	Patent	Incompetent
aphenofemoral Junction	Patent	Incompetent	Patent	Competent
Saphenous Vein Above	Patent	Incompetent	Patent	Incompetent
Saphenous Vein Below	Not Identified		Patent	Competent
ein of Giacomini	Patent	Incompetent	Patent	Competent
aphenopopiteal Junction	Areas of Thrombus	Old Thrombus	Areas of Thrombus	Old Thrombus
Saphenous Vein		10 mm		
vidence of D.V.T.				
bove the knee	No		No	
opliteal	No		No	
elow the knee	No		No	
lotes				
BILATERAL LOWER	LIMB VENOUS DUPL	EX ASSESSMENT		
	그는 사람들은 그들이 가게 되는 사람들이 살아왔다면 하는 것이 없는 것이 없는 것이 없는 것이 없다면 하는데 없었다.	엄마가 되었다. 이번 이 가는 사회 이번 아름이 없어지지 않아 있다면 하지만 하지만 하는 것이 되었다. 그런 그렇게 되었다.	n femoral vein is phasic w	[24] 2012 - C.
			nal vein patency, bilaterall of previous DVT, bilaterall	
oop vome appear w				
All measurements are	proximal to the media	al malleolus unless othe	erwise stated.	
RIGHT				
	ction (SFJ) is incompe	tent and tortuous with r	multiple incompetent tortu	ous branches
불통하는 아프램을 보내면 하는 것 같아요? 그는 사내 생각하지 않아 하지만 하다 사람이 되고 있었다.	선생님 경우 아들은 사람들은 살아보고 있다면 하는데 이 사람들이 되었다면 하는데 없었다면 하지 않았다.		(LSV) is incompetent in the	경기 물레이 마니 하다 없었다. [1] 이 나를 하는 것이 없는 것이 없었다면 하다 하다 하다 하다 하는데 하는데 하는데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른
[2] (A. B.			edial thigh and anterior cal	

LSV remains incompetent to the ankle with another incompetent branch identified in the mid calf (22cm) forming medial calf varicosities.

Transverse (AP) dimensions of LSV:
Proximal thigh- 0.89cm
Mid thigh - 0.81cm
Distal thigh - 0.45cm
Proximal calf- 0.67cm
Mid calf - 0.56cm
Distal calf - 0.46cm

Sapheno-popliteal junction (SPJ) is incompetent. Short Saphenous vein (SSV) is incompetent and is continuous with a competent posterior thigh vein with non-occlusive old superficial thrombophlebitis in the proximal to mid vessel. Mid SSV appears tortuous and highly branched forming posterior and medial calf varicosities. Incompetent perforator to a Gastrocnemius vein identified in the mid calf (18cm). Distal SSV appears competent and linear.

Transverse (AP) dimensions of SSV: Proximal calf- 0.70cm Distal calf - 0.37cm

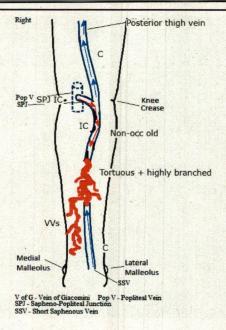
LEFT

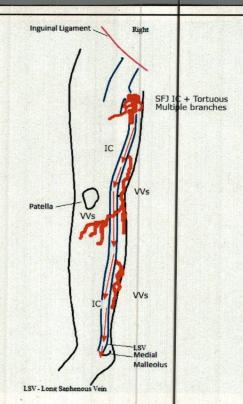
Sapheno-femoral junction (SFJ) is incompetent. Incompetent anterior thigh vein identified (TS-0.92cm), arising ~0.69cm distal to the junction, forming anterior, medial and lateral thigh/knee varicosities. Non-occlusive, old superficial thrombophlebitis identified in the proximal anterior thigh vein. LSV appears competent and linear in the thigh. Varicosities communicate with the LSV in the proximal calf (29cm). Proximal to mid calf LSV is incompetent and linear. Incompetent branch identified in the mid/distal calf (15cm) forming medial calf varicosities. Distal LSV appears competent.

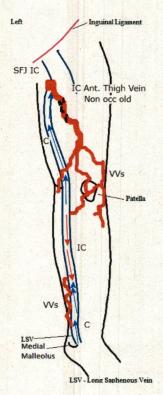
Transverse (AP) dimensions of LSV:
Proximal thigh- 0.39cm
Mid thigh - 0.37cm
Distal thigh - 0.36cm
Proximal calf- 0.62cm
Mid calf - 0.61cm
Distal calf - 0.39cm

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is incompetent and is continuous with a competent posterior thigh vein with non-occlusive old superficial thrombophlebitis in the proximal to mid vessel.

Assessed by Jack Wilson		
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Reason Outcome	Varicose vein Incompetence - supe	rficial		
	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein			Not Assessed	
External Iliac Vein			Not Assessed	
Internal Iliac Vein			Not Assessed	
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	Competent
Gastrocnemius			Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junctio	n		Not Identified	
L Saphenous Vein Above	e		Not Identified	
L Saphenous Vein Below	•		Patent	Incompetent
Vein of Giacomini			Not Identified	
Saphenopopiteal Junction	on		Patent	Competent
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	
Notes				
LEFT LOWER LIN	MB VENOUS DUPLEX	ASSESSMENT		
on Valsalva mano		mon femoral vein is phasic ximal vein patency. All visu ious DVT.	사진 원교를 내려가 되었다면서 사용하는 하나 보고 있다. 그렇게 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	HTMB : A : [2012] 사용하다. 이번, 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
All measurements	s are proximal to the m	edial malleolus unless oth	erwise stated.	
LEFT				
tortuous branches	identified in the groin	t identified due to previous ?Neovascularisation. Tort stal thigh. Incompetent bra	uous branches track alor	ng the medial

Checked by

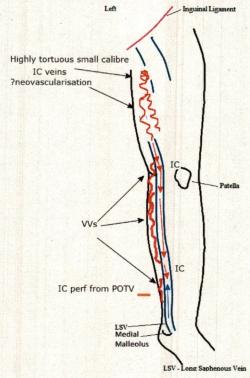
Assessed by Jack Wilson

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forming medial calf varicosities. Mid calf LSV remains incompetent. Further incompetent branch identified in the distal calf (15cm) forming medial calf varicosities. LSV appears competent distally with an incompetent perforator to the posterior tibial veins identified in the distal calf (11cm).

Transverse (AP) dimensions of LSV: Proximal calf- 0.28cm Mid calf - 0.24cm Distal calf - 0.28cm

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent.



Assessed by Jack Wilson Printed on 23/11/2021 at 10:57 am

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein	Not Assessed		Not Assessed	
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins	Patent ?Reformed	Incompetent	Patent	Competent
Saphenofemoral Junction	Patent	Isolated Incompetence	Patent	Competent
Saphenous Vein Above	Patent	Competent	Patent	Competent
Saphenous Vein Below	Not Identified	Composition	_ raisin	Competent
ein of Giacomini			Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein				
vidence of D.V.T.				
bove the knee	No		No	
Popliteal	No		No	441
Below the knee	No		No	
Notes				
BILATERAL LOWER I	IMB VENOUS DUPL	EX ASSESSMENT		
	e, suggesting proxim	n femoral vein is phasic wit al vein patency. All visualis s DVT.		
All measurements are	proximal to the medi	al malleolus unless otherw	ise stated.	
RIGHT Sapheno-femoral junc	20 전 10 보다 된 사람들 기업 전략 1 전환 2 시간 10 전 10	roximal LSV is patent, tortu	uous and incompetent	[1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4

thigh. Incompetent branch identified in the mid thigh (59cm) forming medial thigh and calf varicosities. Competent perforator to the SFV noted in the mid thigh (58cm). LSV then appears competent and linear to the ankle.

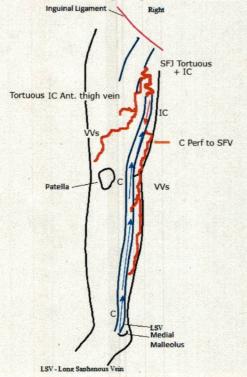
Transverse (AP) dimensions of LSV:
Proximal thigh- 0.30cm
Mid thigh - 0.38cm
Distal thigh - 0.38cm
Proximal calf- 0.33cm
Mid calf - 0.16cm
Distal calf - 0.24cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent posterior thigh vein

LEFT

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent and competent along length.

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent along length.



Assessed by

Jack Wilson

Printed on 23/11/2021 at 10:57 am