

Date: 16/11/21

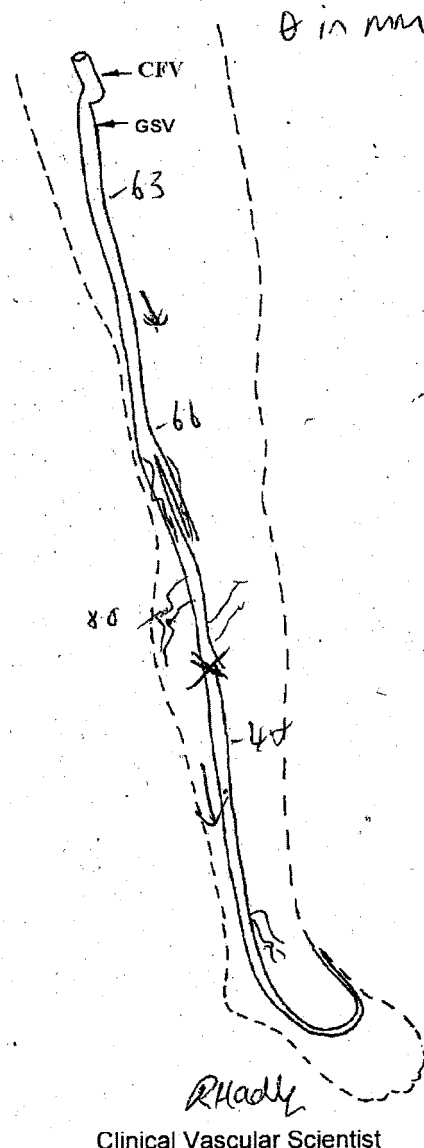
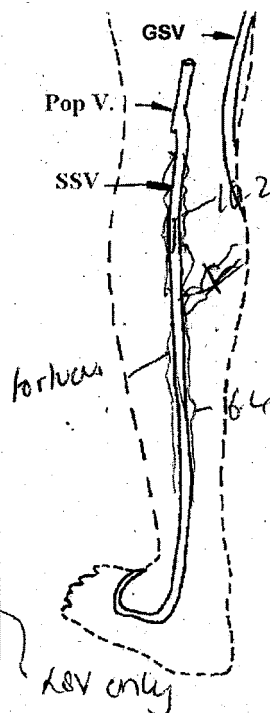
Consultant:

SLH

CFV: } phasic
FV: } patent
PopV: } NO DVT

SFJn: }
GSV: } Incompetent
calf WS.

SPJn: }
SSV: } Incompetent
dilated
thrombotic
scarring



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency	<input checked="" type="radio"/> Y / N
Ablation?	<input checked="" type="radio"/> Y / N
FOAM?	<input checked="" type="radio"/> Y / N

RHaddy
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Right Leg Venous Duplex Report

Date: 30/11/2021

Consultant:

AOO

(M)

post-RFA

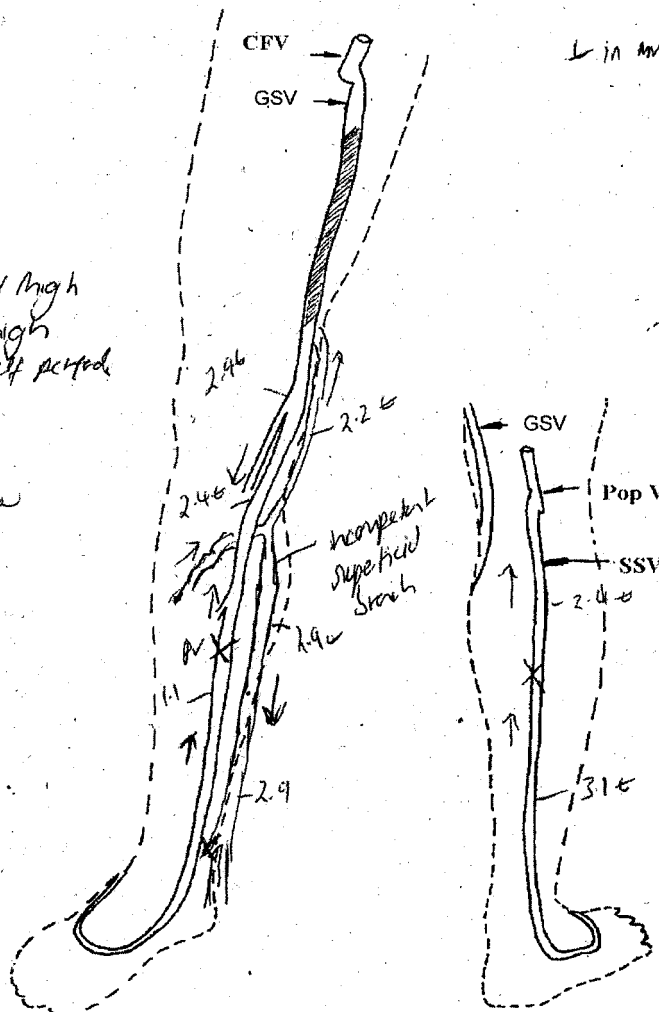
CFV: } competent
FV: } patent
PopV: } no RVT

SFJn:

GSV: treated prox-mid thigh
incompetent distal thigh
competent distal to calf perforator

SPJn:

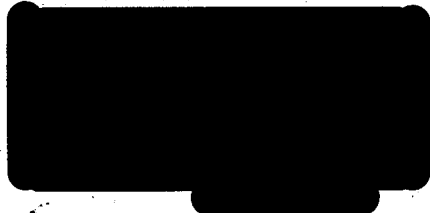
SSV: } competent
dilated slightly below
perforator
with minor reflux
in 400 cm/s
(not significant)



Recurrent?	Y / N
Radiofrequency	Y / N
Ablation?	Y / N
FOAM?	(Y) / N

R Hadley
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

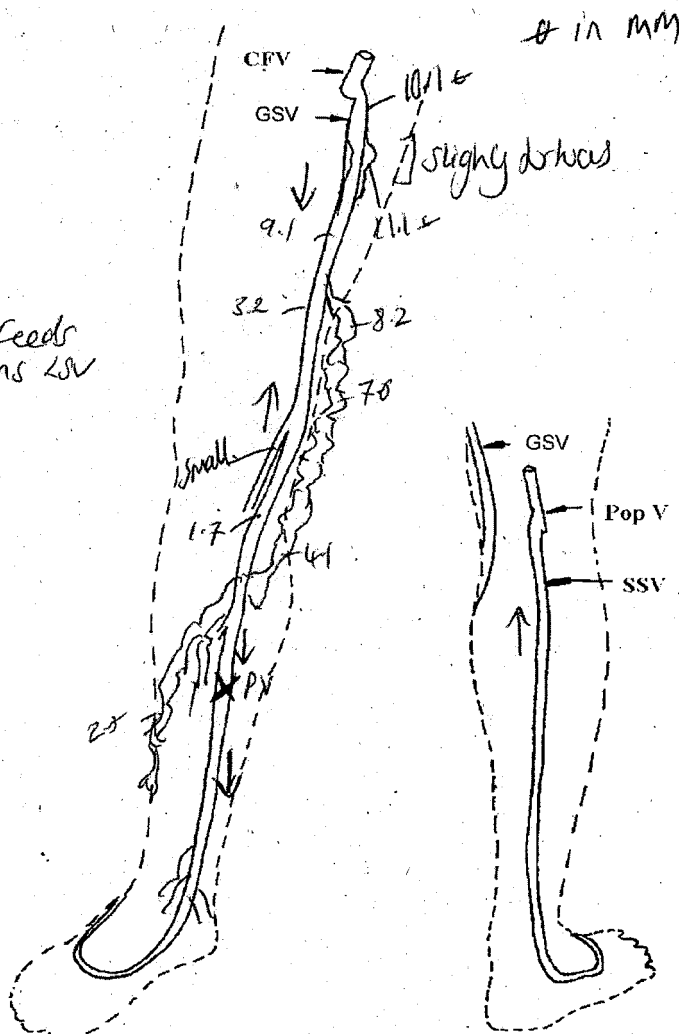


Date:	07/10/21
Consultant:	FAB

CFV:
FV:
PopV: } phasic
competent
NO DVT

SFJn: incompetent
GSV: incompetent
pne mid thigh. Feeds
high WS which refluxes LSV
proximal calf

SPJn:
SSV: competent



Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	<u>Y</u> / N
FOAM?	Y / N

? large veins prox

pne mid thigh.

R Hadley
Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

Date: 16/11/21

Consultant:

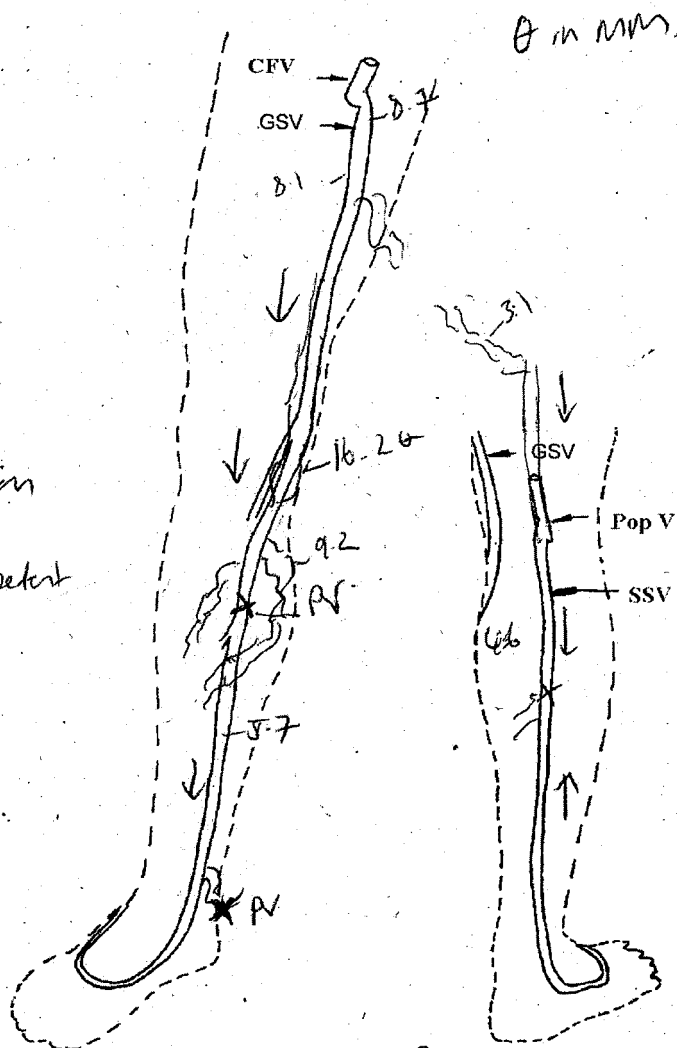
SLK.

CFV:
FV: } phasic
PopV: } patent
 } NO DVT
 } competent

SFJn:
GSV: } incompetent
 } feeds calf W

SPJn: - incompetent
SSV: } gives mi from
 } SSV w
 } feeds incompetent
 } SSV.

triphasic flow at ankle



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> Y / N
FOAM?	<input checked="" type="radio"/> Y / N

R. H. H. H.
Clinical Vascular Scientist

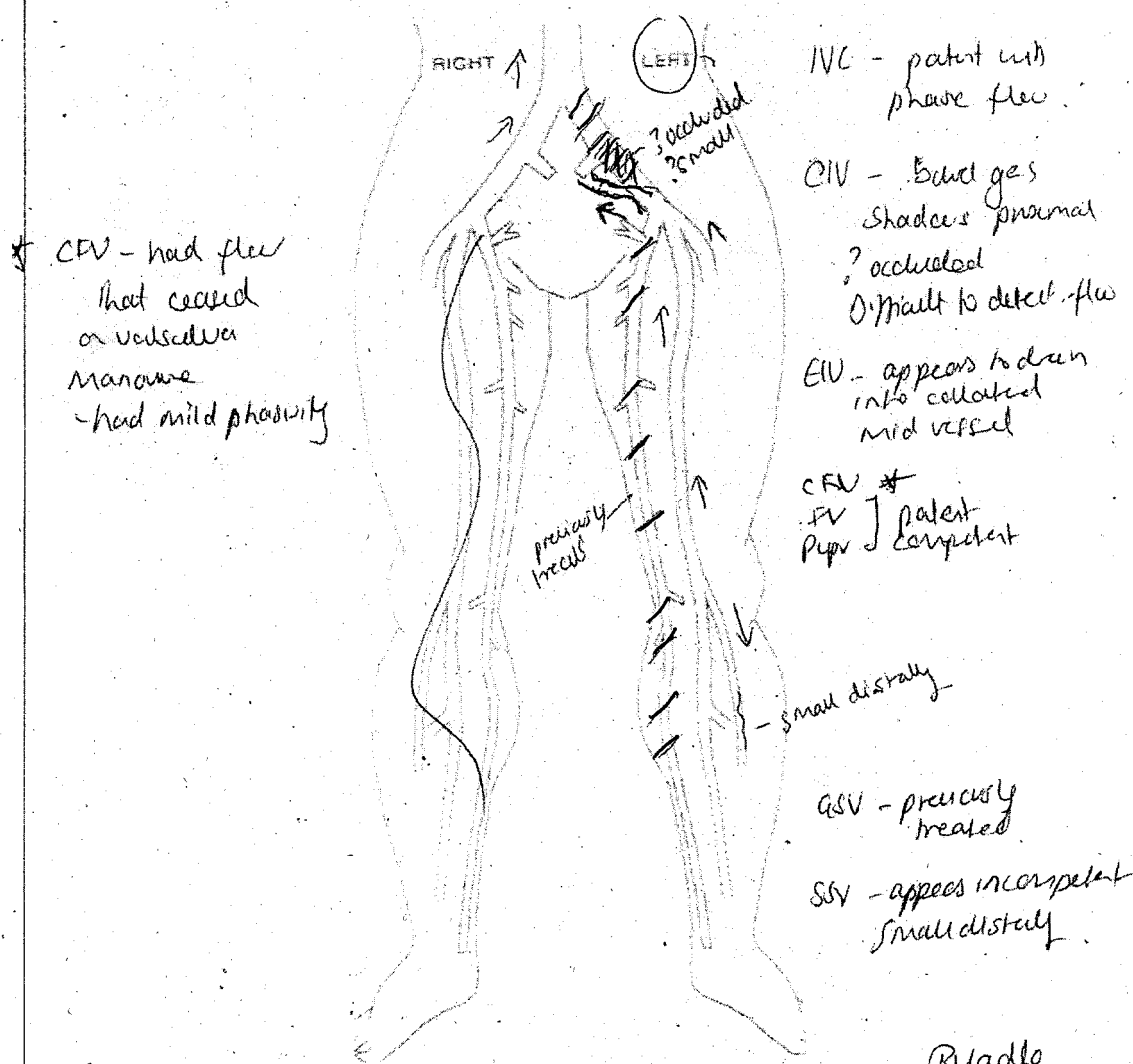
Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)



Date: 05/10/21

Consultant:

BDB



Rhade

Clinical Vascular Scientist

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

Date: 07/10/21

Consultant:

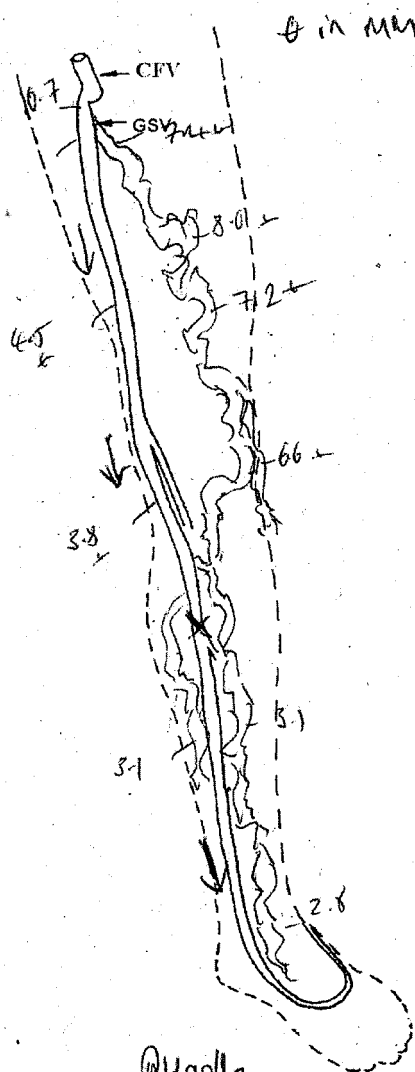
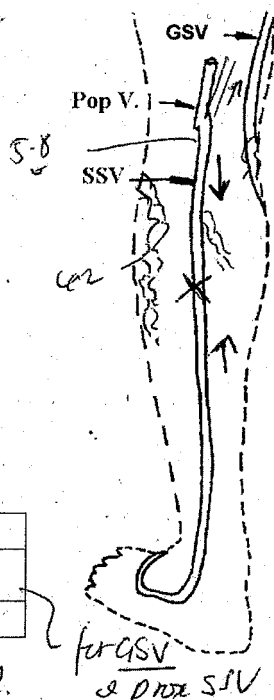
FAB

CFV: Incompetent NO DVT
 FV: Incompetent NO DVT
 PopV: incompetent proximally
 NO DVT

SFJn: incompetent
 GSV: incompetent

+ incompetent anterior branch
 that feeds large thigh W's

SPJn: Incompetent
 SSV: Incompetent



Recurrent?	Y / N
Radiofrequency Ablation?	Y / N
FOAM?	Y / N

? large proximally

for GSV
 & prox SSV

Dr Hadley
 Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

Date: 05/10/21

Consultant: BDB

- Was difficult to see due to presence of overlying shell gas -

IVC ? absent (large collaterals)

RIGHT

CIV - not seen
EIV - patent with continuous flow

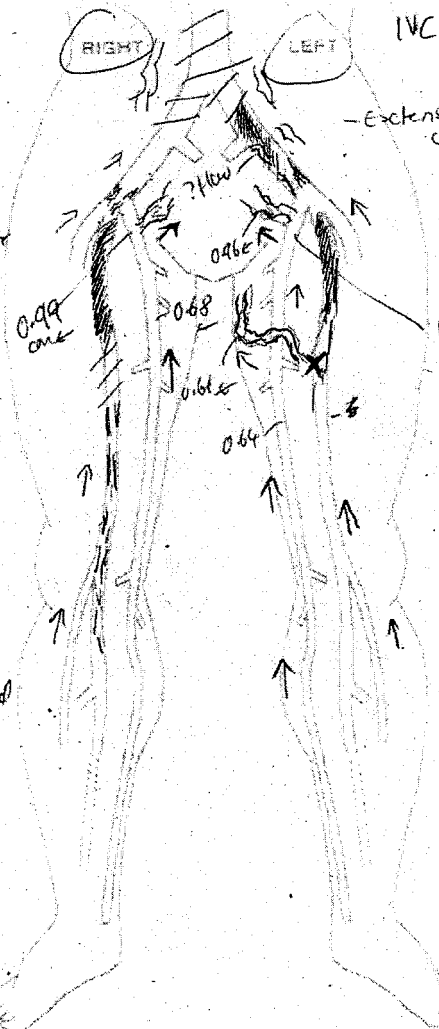
CFV - partially compressible chronic thrombosis

scarring appears to drain via collaterals from CIV junction

PFV - patent

FV - appears occluded proximally chronic scarring / partially recanalised distally - appears competent

Popv - partially recanalised appears competent



LEFT

CIV - not seen
EIV - not seen with flow - 1.2cm ? ? occluded

CFV - distally patent chronic scarring

PFV - patent drains via large collaterals from PFV

FV - appears occluded prox - large perforating mid. to superficial veins flow from distal FV towards IVC's distal FV is patent

Popv - patent & competent

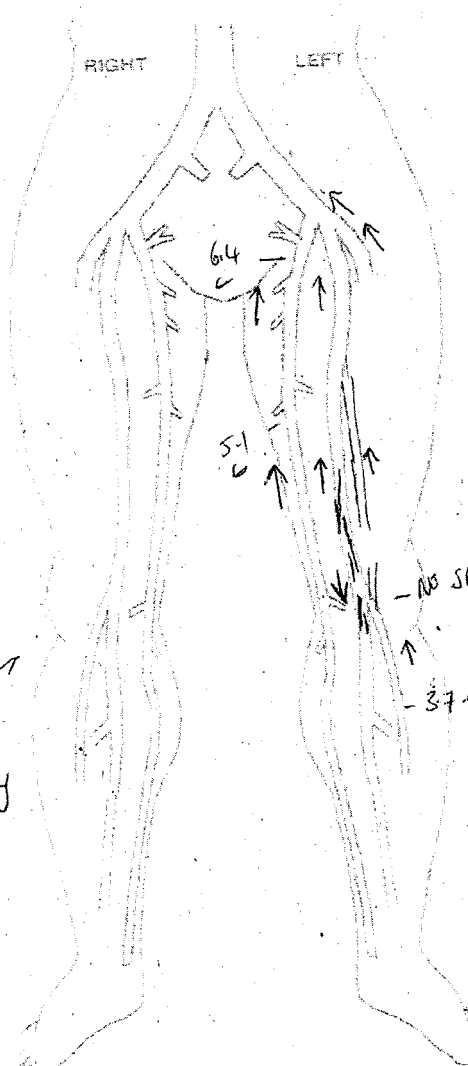
RHaddley

Clinical Vascular Scientist

Date: 29/09/21

Consultant:

BDR



6 in mm

CFV - patent, phasic
NO DVT
competent

FV - prox mid
patent
competent

Mid-distal - difficult
to see
due to depth

9 vessels (unilateral
probe used)

The anterior FV is
patent & competent

The 2nd FV has
evidence of thrombotic
scarring & chronic
non-occlusive DVT
but appears competent

Spontaneous
HE

LSV
SSV } competent

Left Popv

- thrombotic scarring
non-occlusive chronic DVT
incompetent

(\approx 940 ms reflux)
Difficult to see distally

PTA at ankle

= 34 cm/s
Triphasic

ATA at ankle

= 61 cm/s
Triphasic

RHadd

Clinical Vascular Scientist

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

Date: 29/09/2021

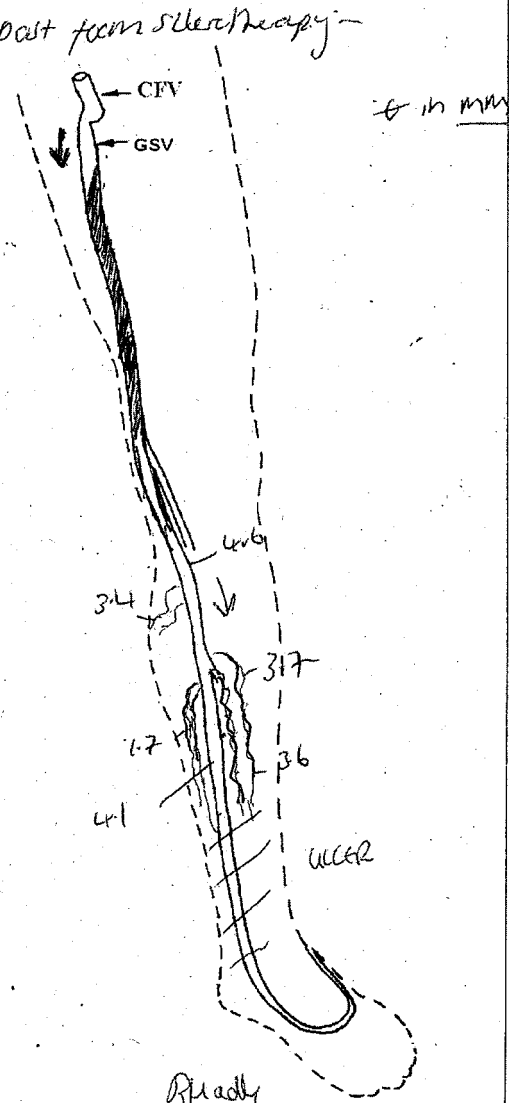
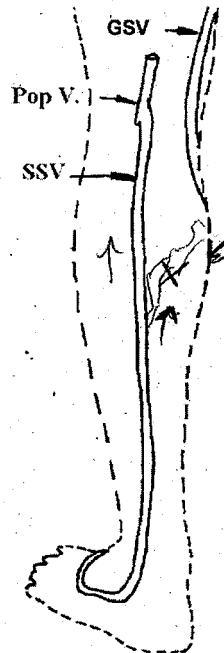
Consultant:

AOO

CFV: } phasic
FV: } competent
PopV: } no rev.

SFJn: patent proximally
GSV: mostly occluded in thigh
patent & incompetent in calf
feeding varicose

SPJn: Incompetent
SSV: Incompetent



Recurrent?	<input checked="" type="radio"/> Y / <input type="radio"/> N
Radiofrequency Ablation?	<input type="radio"/> Y / <input type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y / <input type="radio"/> N

Ready
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Date: 29/09/21

Consultant:

A00

CFV:

FV:

PopV:

phasic
patent
NO DVT

unlined
probe used
due to pt
history

SFJn:

GSV:

competent

large incompetent anterior
tributary feeds thigh reflux WS.

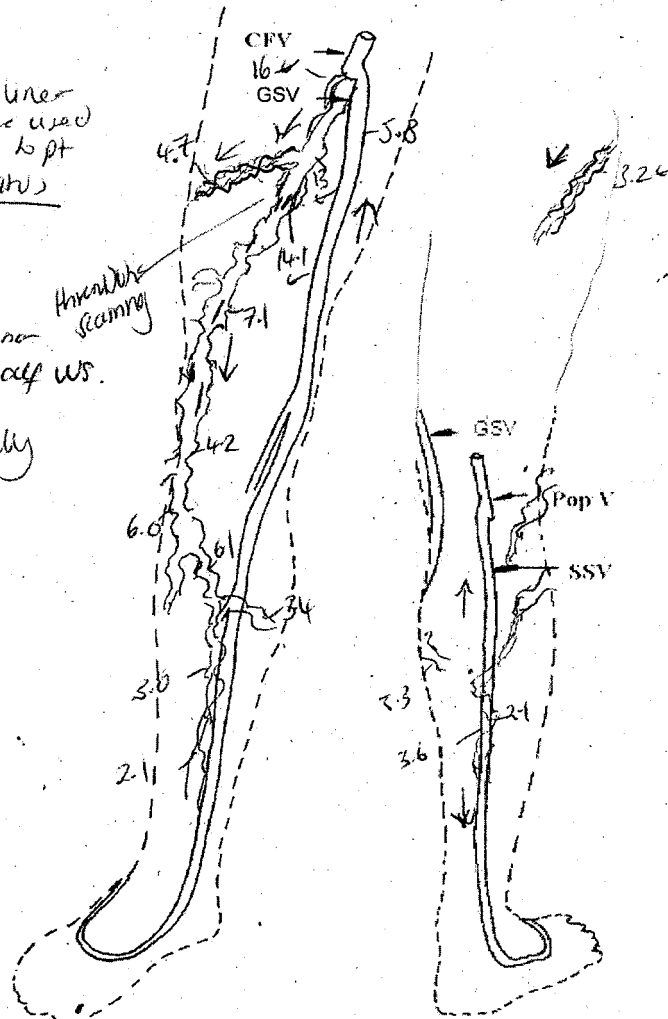
SPJn:

SSV:

competent proximally
incompetent mid

Recurrent?	Y / <u>N</u>
Radiofrequency	Y / <u>N</u>
Ablation?	Y / <u>N</u>
FOAM?	<u>Y</u> / N

? large at top



Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

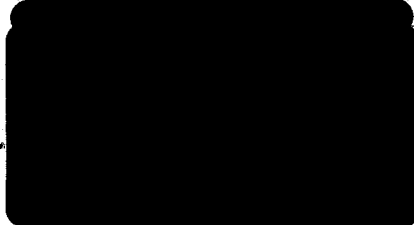
Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

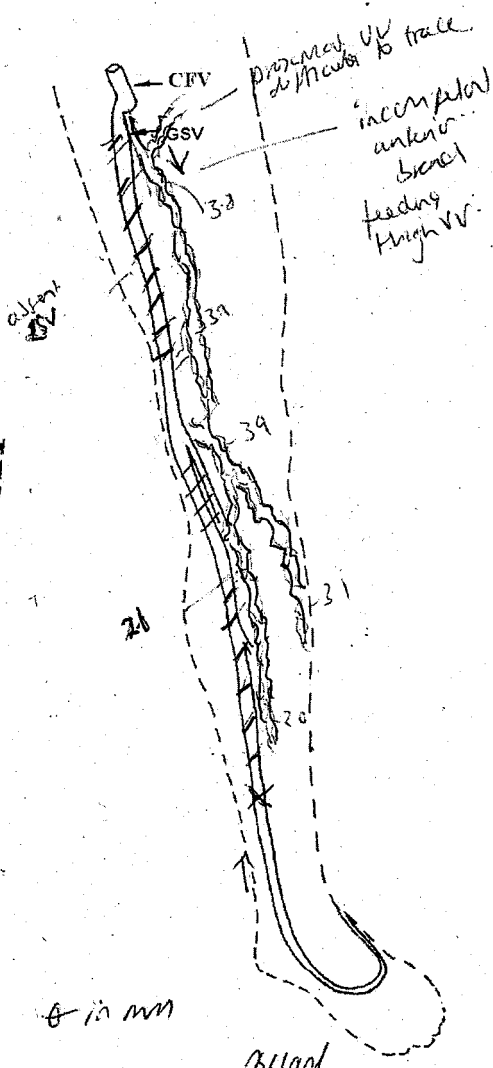
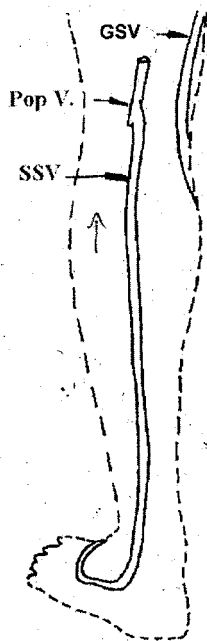


Date:	09/12/21
Consultant:	AB

CFV: } competent
 FV: } Patent
 PopV: } NO ROT

SFJn:
 GSV: - mostly absent (prone RFA)

SPJn:
 SSV: competent



Recurrent?	<input checked="" type="radio"/> Y	<input checked="" type="radio"/> Y	<input type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input checked="" type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> N

AMac
 Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

Date: 28/09/21

Consultant:

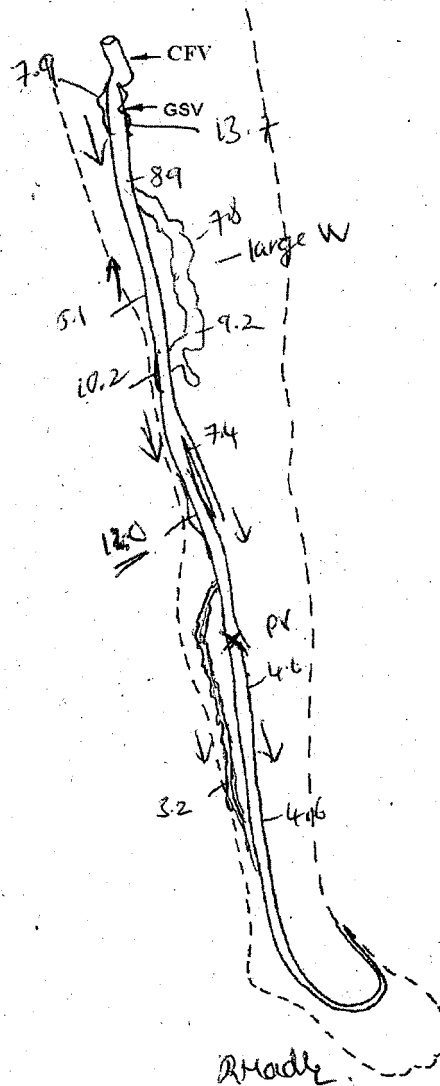
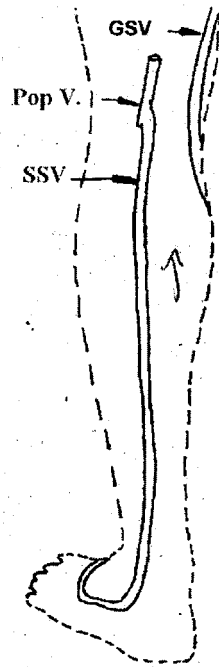
SLU

Ø in mm

CFV:] *phasic*
 FV:] *competent*
 PopV:] *NO DVT*

SFJn:] *incompetent, dilated*
 GSV:] *large w mid thigh*

SPJn:] *competent*
 SSV:]



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> Y / N
FOAM?	Y / N

large rh areas

Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Date: 20/10/21

Consultant:

BDB.

RIGHT

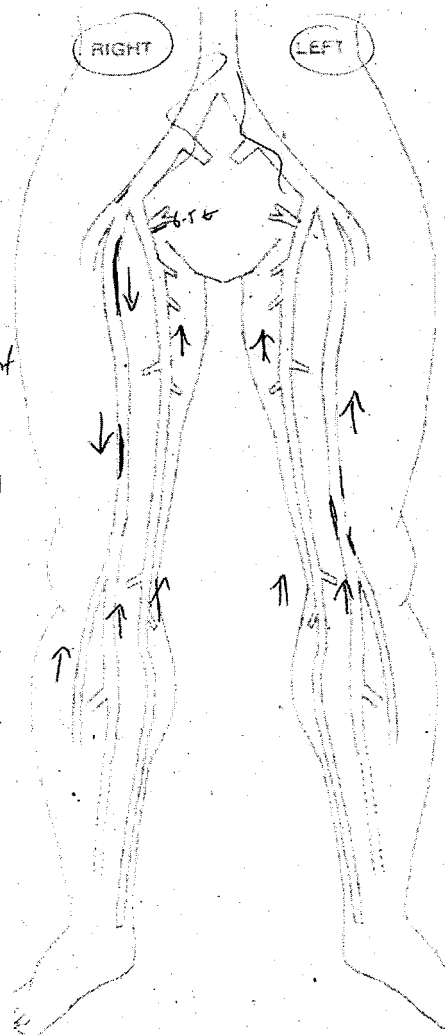
LEFT

CFV - Very minor
thrombotic scarring
phasic flow
competent

FV - patent & competent
reflux - 850ms
thrombotic scarring
proximally & distally

PopV - competent

GSV } appear
SSV } competent



CFV - phasic flow
competent

FV - minor scarring,
distally
appears competent

PopV - competent

GSV } appear
SSV } competent

RHaddy

Clinical Vascular Scientist

Date: 20/10/21

Consultant:

BDR

Right

CEV - patent
competent
phasic flow

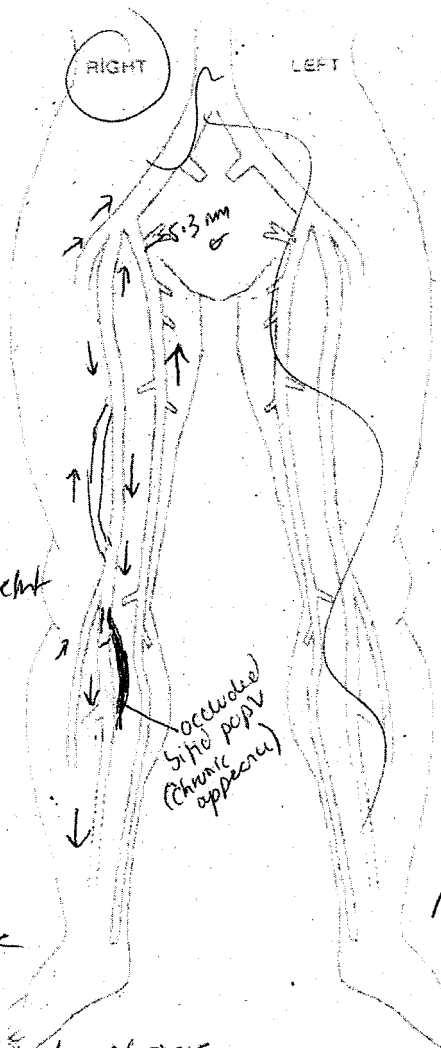
PEV - patent
competent
at origin

FV - patent
throughout
proximal FV appears
competent
mid thigh - bithid
accessory vein is competent
FV mid-distal is
incompetent
= 800ms reflux

PopV - probably
incompetent
= 1000ms reflux

and popV chronic
appearance of thrombotic
scarring.

distal - bithid
accessory appears occluded - chronic
pop at - incompetent. (1200ms reflux)



RIGHT

GSV
SSV } competent

- also noted
PTV's are incompetent

RHAdle

Clinical Vascular Scientist

Nottingham University Hospitals **NHS**

NHS-Trust

The Vascular Laboratory
Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

Date: 27/10/21

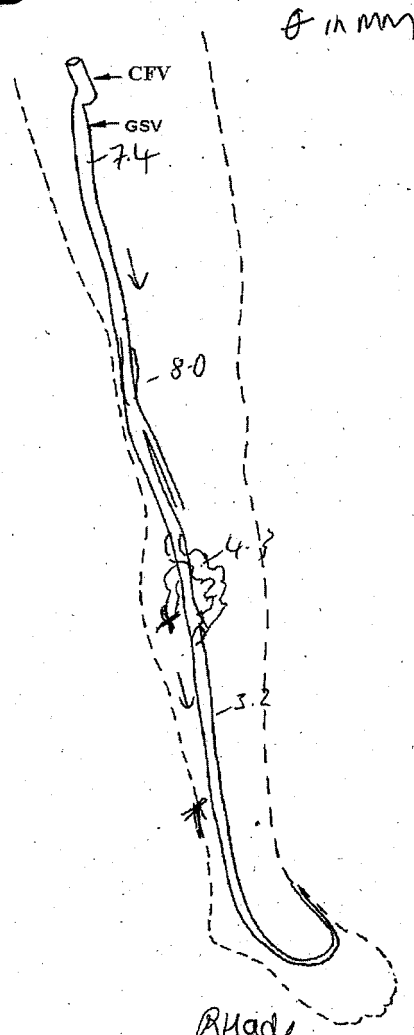
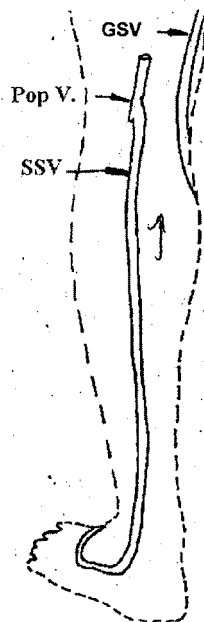
Consultant:

STM.

CFV:
FV:
PopV: } phasic
patent
competent

SFJn:
GSV: } incompetent
keds calf w/

SPJn:
SSV: } competent



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> / N
FOAM?	<input checked="" type="radio"/> / N

RHady
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great

	Date: 20/10/21
	Consultant: BDB

RIGHT

IVC - patent, phasic

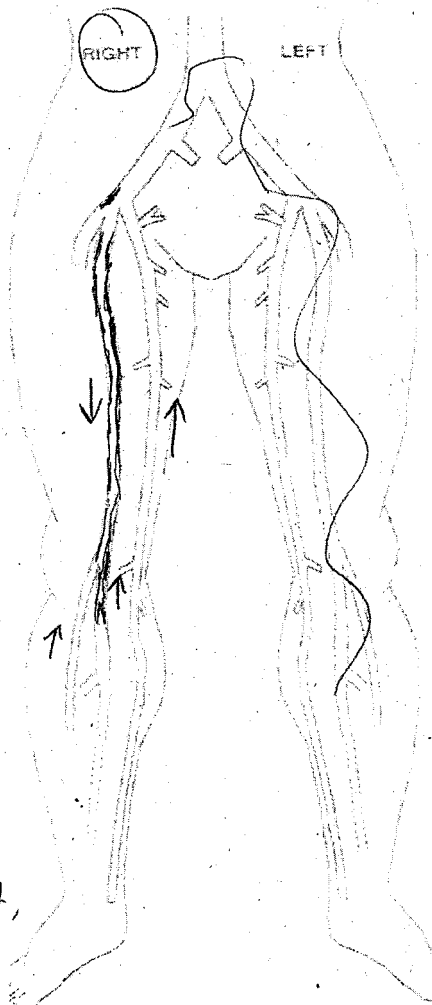
CFV -
patent, phasic
chronic scarring

FV - narrow
channel throughout
chronic DVT / scarring
incompetent
(-800 ms reflux)

Popv

- partially compressible
- channels of reflux
flow appear
competent
- chronic DVT

ASV } competent,
SV }



RHady

Clinical Vascular Scientist

Date: 08/11/2021

Consultant: STM

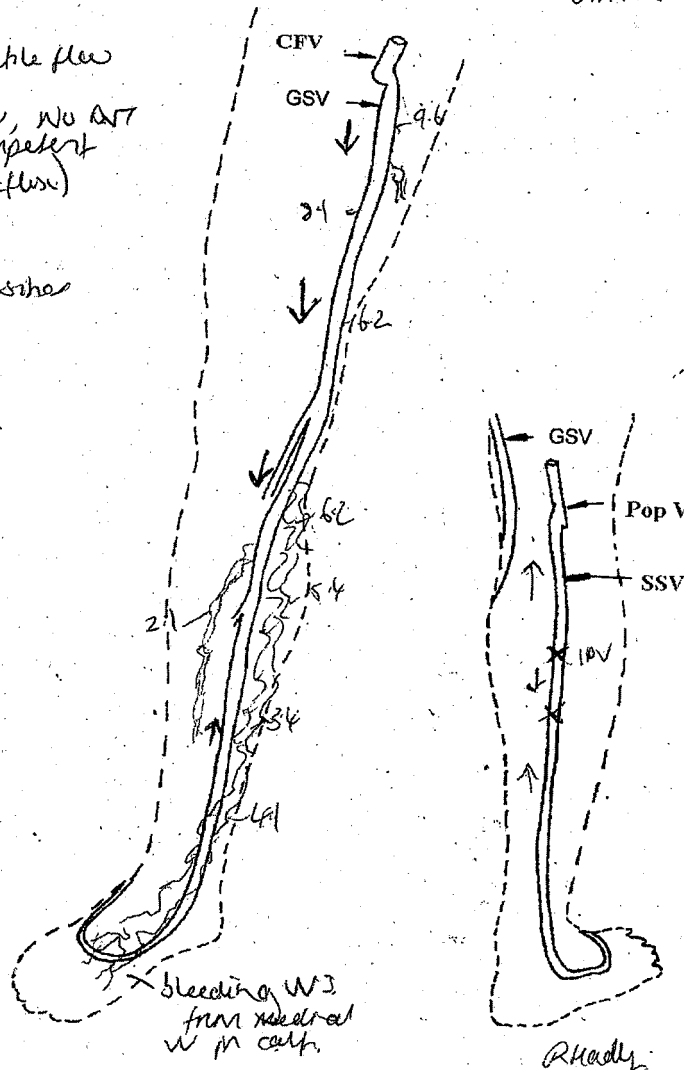
- Bleeding W3 in foot -

6m m

CFV: -NO DVT, pulsatile flow
 FV:] pulsatile flow, NO DVT
 PopV:] appears incompetent
 (w/ 200ms reflux)

SFJn:] incompetent
 GSV:] feeling varicose

SPJn: competent
 SSV: mostly competent



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> Y / N
FOAM?	<input checked="" type="radio"/> Y / N

Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

Nottingham University Hospitals **NHS**

The Vascular Laboratory

NHS Trust

Department of Vascular and Endovascular Surgery

Right Leg Venous Duplex Report

Date: 28/10/21

Consultant:

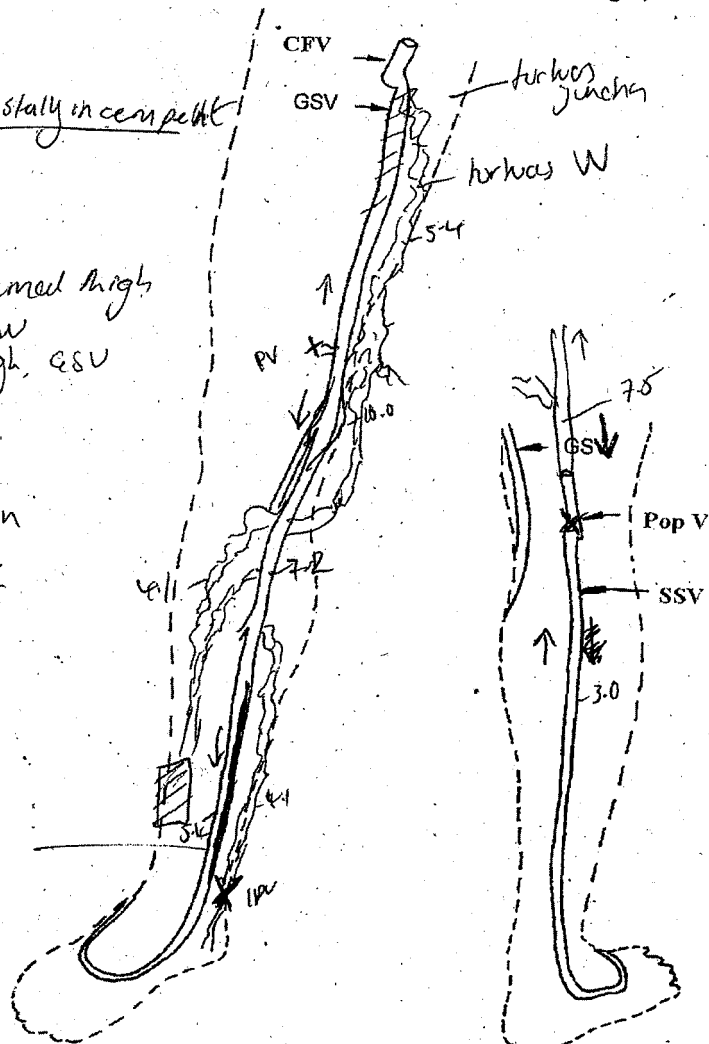
A00

CFV: patent, phasic
FV: patent, competent, distally incompetent
PopV: competent
no DVT

SFJn: tortuous
GSV: not seen proximal thigh
incompetent tortuous w
+ + joins distal thigh, GSV
incompetent in calf
SPJn:
SSV:

W joins gluteal vein
posterior distal thigh
seems incompetent
SSV - competent

chronic
thrombosis
of GSV



Recurrent?	<input checked="" type="radio"/> Y / <input type="radio"/> N
Radiofrequency	<input type="radio"/> Y / <input type="radio"/> N
Ablation?	<input type="radio"/> Y / <input type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y / <input type="radio"/> N

? calf only

Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Date: 06/12/2021

Consultant:

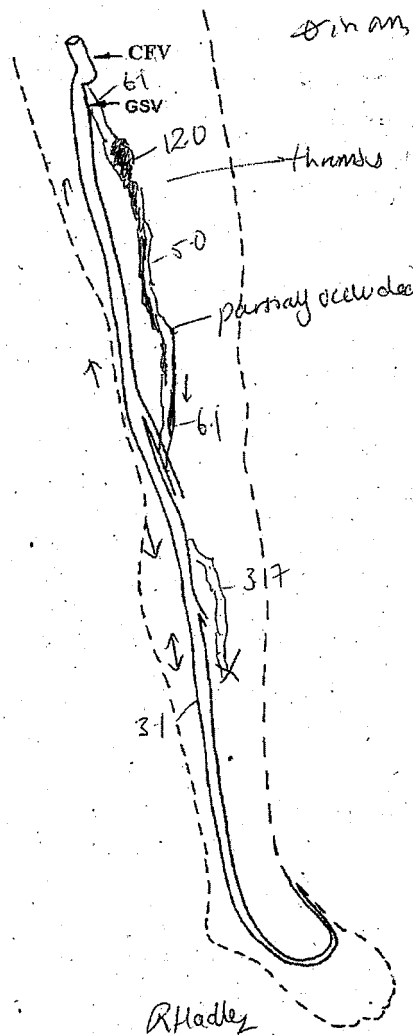
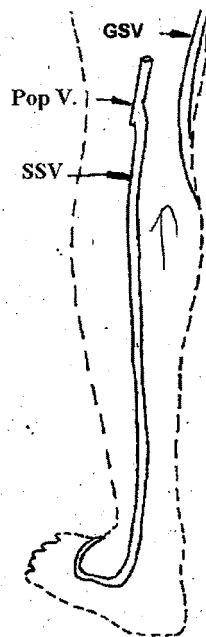
BOB. /AT

CFV: }
 FV: } patent
 PopV: } phasic
 NO DVT.

SFJn: competent
 GSV: competent in thigh

Incompetent anterior branch
 with evidence of phlebotomy proximal
 thigh which correlates with 'leaky'

SPJn:
 SSV: incompetent



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	Y / <input checked="" type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y / N

R Hadley

Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Date: 24/11/2021

Consultant:

A00

CFV: ☒ patent, NO DVT

FV:

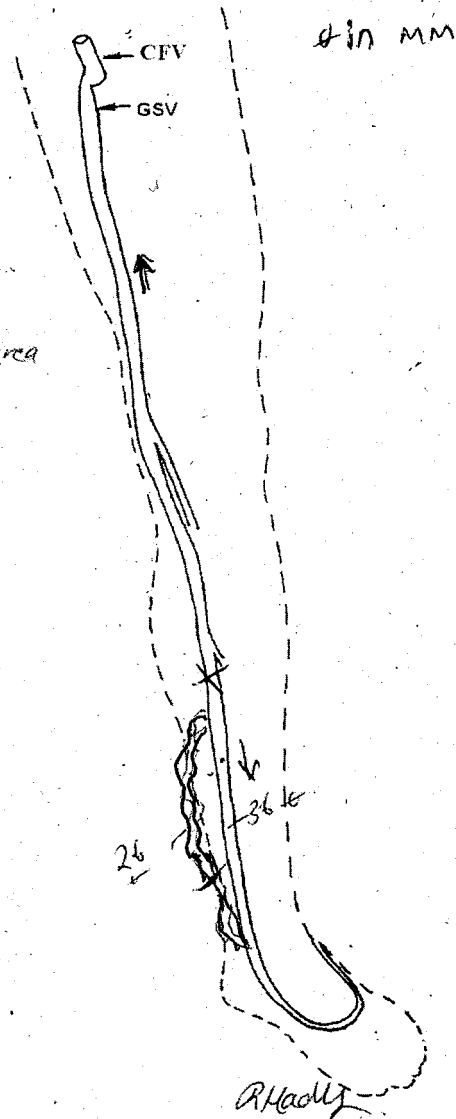
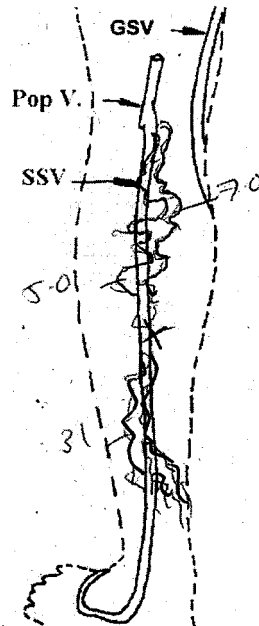
PopV: Bilateral 1x incompetent
1x competent

SFJn:

GSV: competent in thigh
IPV in calf, GSV then incompetent
feeds medial vv that tracks to area
of skin discoloration

SPJn:

SSV: ?? treated
W from popv
tracks down posterior
calf



Recurrent?	<input checked="" type="radio"/> Y / <input type="radio"/> N
Radiofrequency	<input type="radio"/> Y / <input type="radio"/> N
Ablation?	<input type="radio"/> Y / <input type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y / <input type="radio"/> N

? calf LSV only

R Hadley
Clinical Vascular Scientist

Date: 30/11/2021

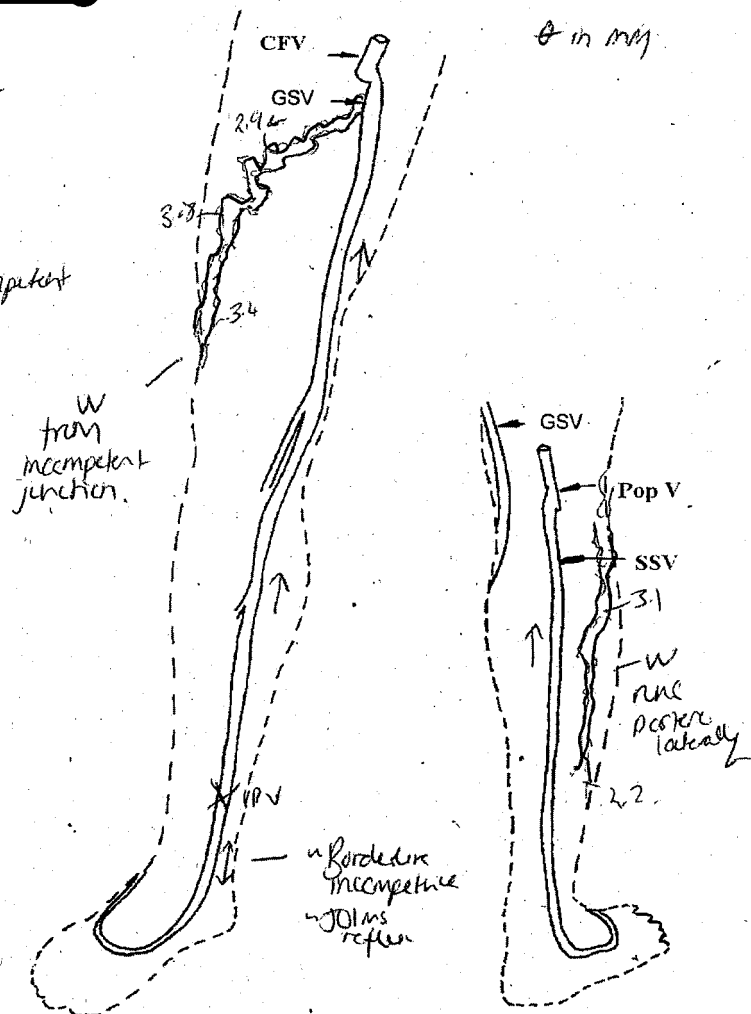
Consultant:

AOO

CFV: } appear competent
FV: } patent & phasic
PopV: }

SFJn: incompetent
GSV: appears mostly competent
IPV distal calf

SPJn:
SSV: competent



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	Y / <input checked="" type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y N

R. Hadley
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Right Leg Venous Duplex Report

Date: 24/11/2021

Consultant:

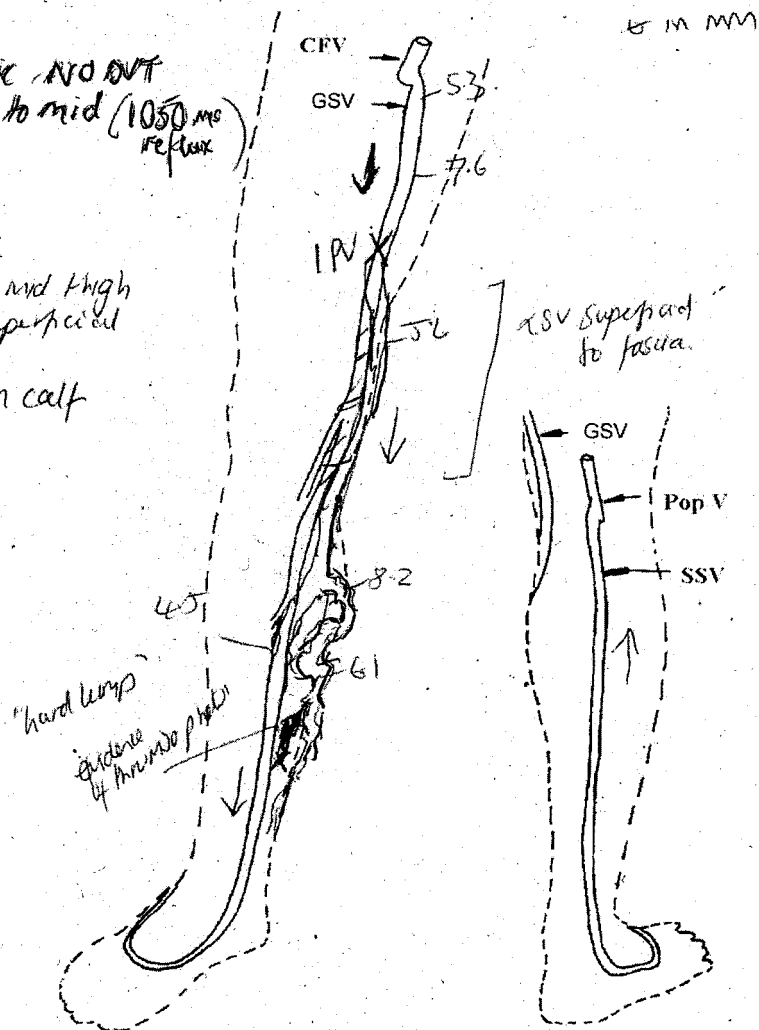
AOO

CFV: - competent phasic, NO DVT
 FV: incompetent prox to mid (1050 ms reflux)
 PopV: competent

SFJn: incompetent
 GSV: 1PV from FV mid thigh
 then GSV is superficial
 to fascia.
 Gies w's in calf

SPJn:

SSV: competent



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> Y / N
FOAM?	<input checked="" type="radio"/> Y / N

for proximal GSV

R Hadley

Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great

Consultant:

STM - PP

IVC - not seen.
Difficult to view
due to dense
bowel gas
- body habitus.
Collateral ~~not~~ noted

CIV - appears patent
with thru hole
scanning &
reduced porosity in
flow.

EIV - appears patent
with thoracic
scarring & slightly
reduced phrasing the

Ch - flow did not cease on
valve ^{prime} ^{SSW} ^{adjust}
Maneuver
Hirvich's scary
nosed
appeared competent

FU - patent proximally
small + thick etc
Scarring

Rufid and Ruth

1x Suprapat. fv is patent & competent
1x fv has partially occlusive stenosis
but mild dilated high. Difficult to see
due to depth

INC not
seen clearly

DEUSE
- BOWEL CAPS

POST IMAGES

Right
ASV] appear
SSV] competent

Pope
- appeared
patent with
evidence of
wild merchandise
stealing
+ incompetent
6:00pm

Rhadey

Clinical Vascular Scientist

Nottingham University Hospitals

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

Date: 09/12/21

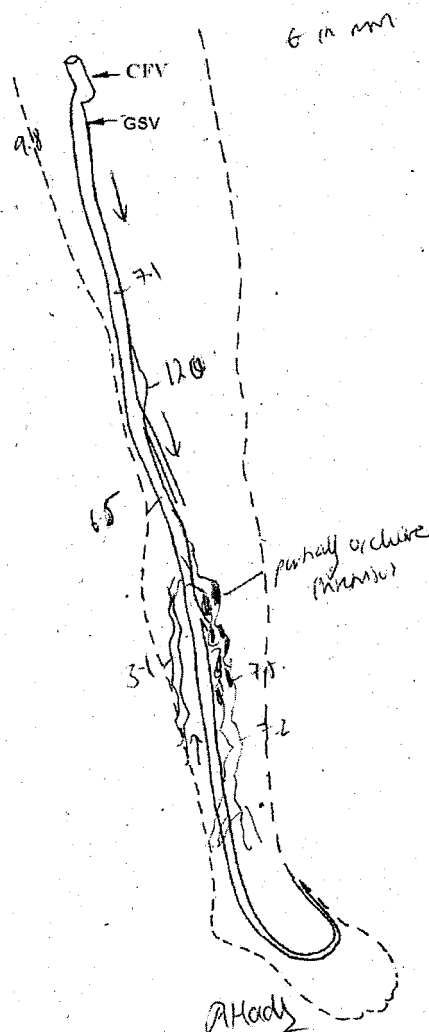
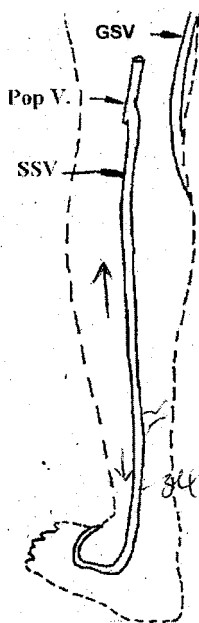
Consultant:

AB

CFV:] patent
FV:] competent
PopV:] No DVT

SFJn:] incompetent
GSV:] feeding calf WS

SPJn:] incompetent
SSV:] w popl SV
feeds SSV
distally then
incompetent



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency	<input checked="" type="radio"/> / N
Ablation?	<input checked="" type="radio"/> / N
FOAM?	<input checked="" type="radio"/> / N

Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Left Leg Venous Duplex Report

Date: 30/11/2021

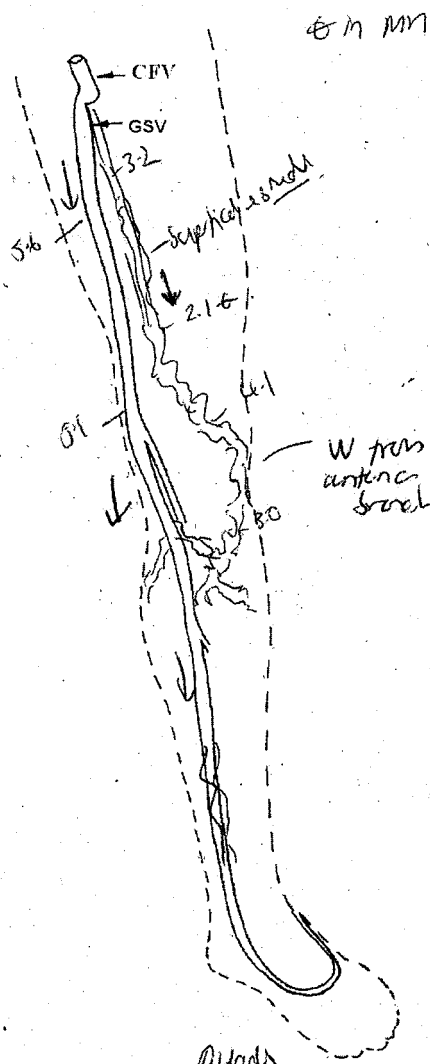
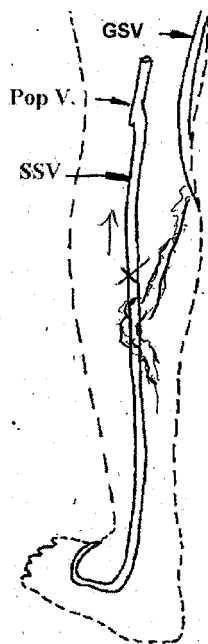
Consultant:

A00

CFV: } patent
 FV: } competent
 PopV: } NO DVT

SFJn: } dilated & incompetent
 GSV: } forwds distal calf

SPJn: appears
 SSV: competent



Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	<u>Y</u> / N
FOAM?	<u>Y</u> / N

for GSV

Atchley
 Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)