

Department of Vascular Ultrasound



4 North, Charing Cross Hospital

Imperial College Healthcare

Ext 17360 / 17322 Email: imperial.cvhvascularstudies@nhs.net

NHS Trust

Indications:

② Leg swelling.
Previous foam sclerotherapy ~10 years (approx) ago
Previous DVT ^{thigh/calf} _{~15 years ago} yes ~~no~~

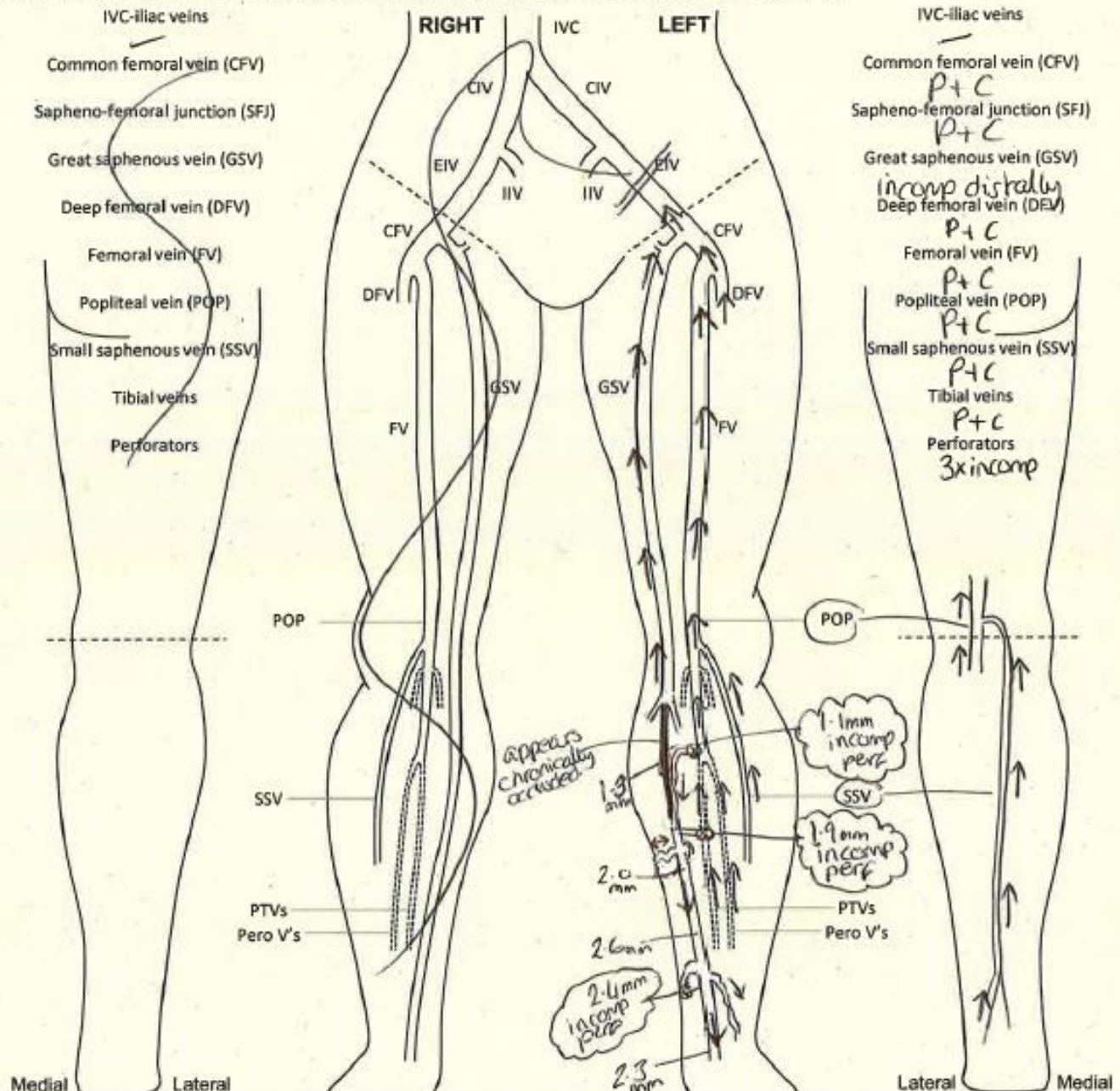
Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Jaffer

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Left 3x incomp pers → mid-distal GSV incomp + uv's.
GSV appears chronically occluded in prox calf.

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes No Date: 29/04/2022

VAS-DF-18 V1.2 Page 1 of 1

CVS second opinion:

AVS: Yes / No Date:

Indications:

Recurrent vv's.

R > L

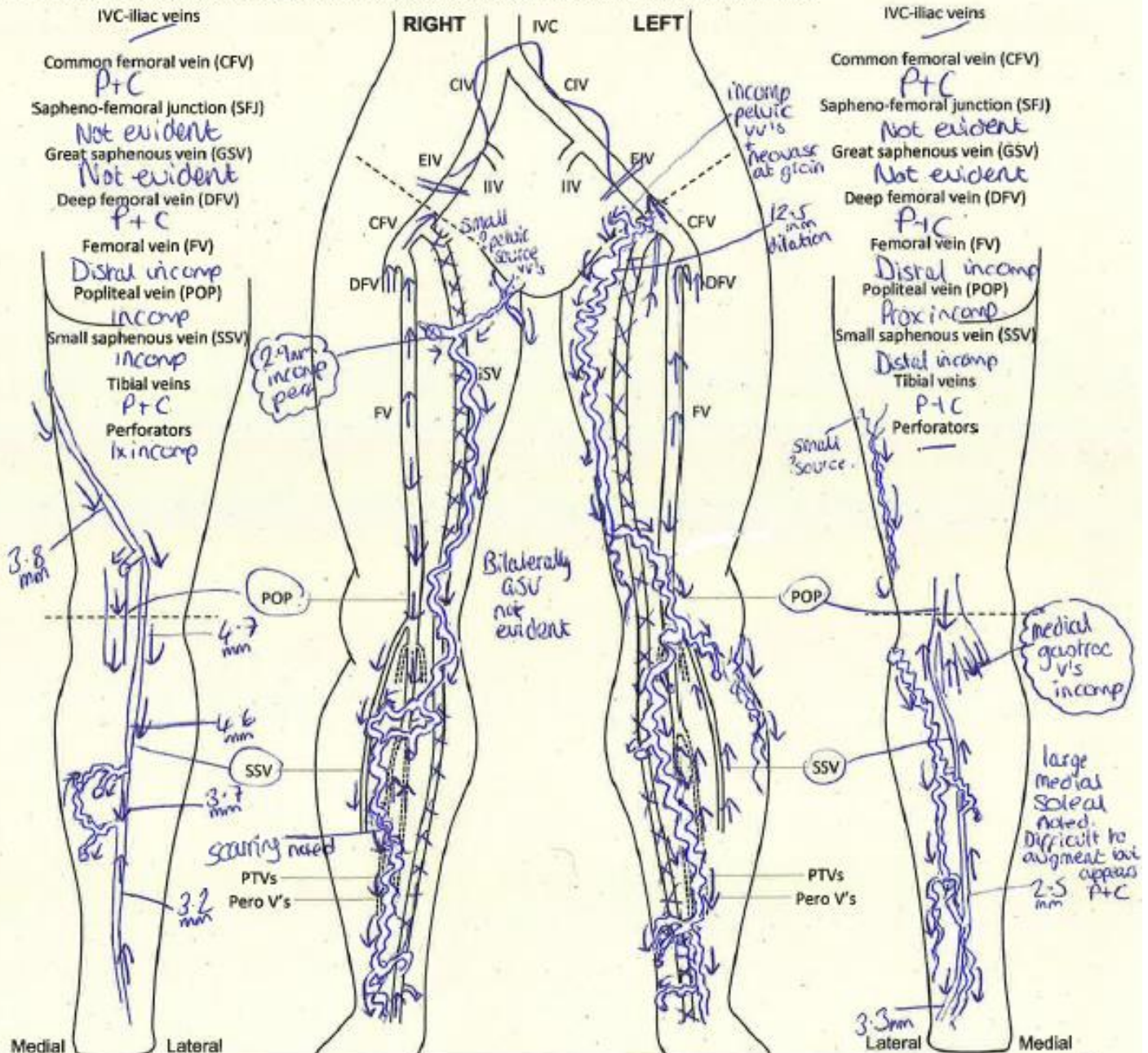
Previous DVT: yes ☒ no ☐

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: Davies

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTVs; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Right - ?pelvic source incomp vv's + prox thigh incomp perf → thigh + calf vv's
 → posterior thigh incomp vv → SSV incomp.
 - incomp distal FV + pop vein

Left - incomp ?pelvic source + neovasc. at groin → thigh + calf vv's → distal SSV incomp.
 - Small incomp posterior thigh vv's → calf vv's
 - incomp distal FV + pop v + medial gastroc v's

Clinical Vascular Scientist (CVS): *Janie Weston*

AVS: Yes ☒ No ☐ Date: 28/04/2022

Indications:

Symptomatic VU's (L) swelling > (R) swelling

Previous DVT: yes / no

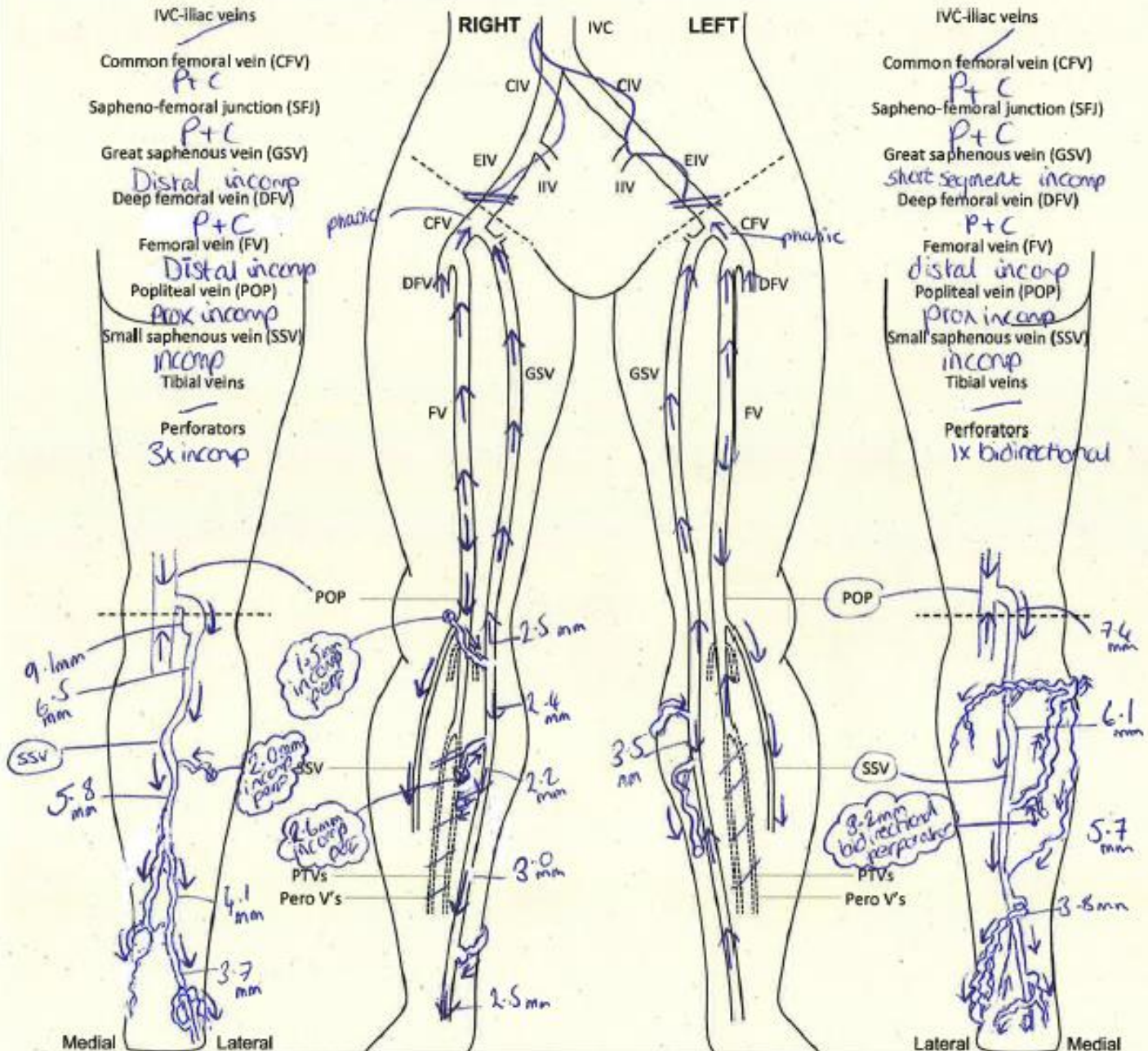
Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Davies

Outer to inner measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Right Incomp distal FV/prox pop v → incomp SFJ → incomp SSV + VU's
1x incomp perf → SSV
2x incomp perf → distal GSV incomp

Left incomp distal FV/prox pop v → incomp SFJ → incomp SSV → VU's + short segment GSV incomp

Clinical Vascular Scientist (CVS): *dodie Weston*

AVS: Yes/No Date: 28/1/2022

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Indications:

for ① arterial bypass.
① leg vein mapping. Proceed to ② leg if no ① leg vein.
Previous DVT: yes/no? unsure

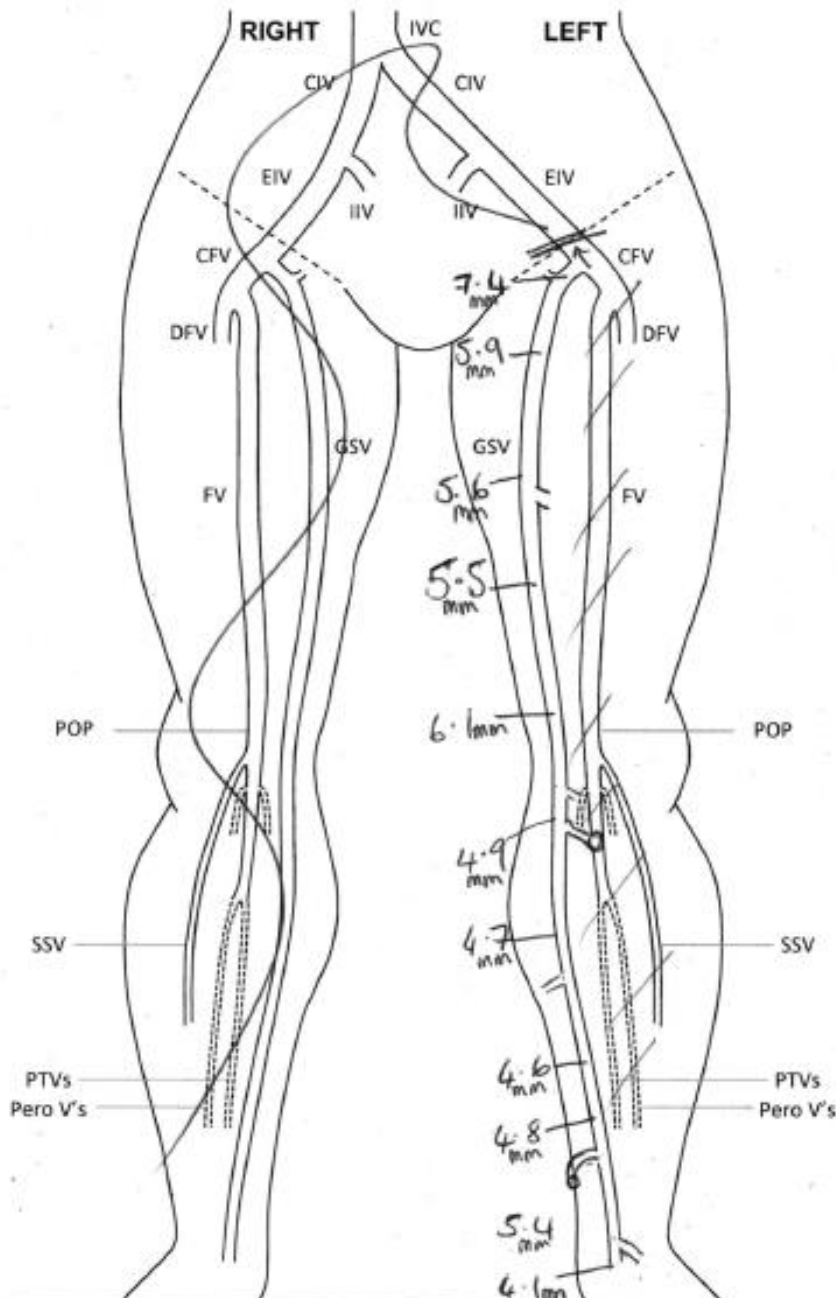
Duplex Ultrasound: Lower Limb Vein Mapping

Consultant: *Mussa*

Patent and competent = P + C

Outer to outer measurements recorded for all vein diameters, EXCEPT cardiac mapping where inner to inner is recorded (mm)

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Popliteal vein = POP; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great Saphenous Vein = GSV; Short saphenous vein (SSV)



Summary:

① GSV patent with vessel diameters as shown.

R leg vein mapping not indicated - all ① GSV segments >4mm.

Clinical Vascular Scientist (CVS): *Julie Weston*

AVS: Yes/No Date: 27/4/2022

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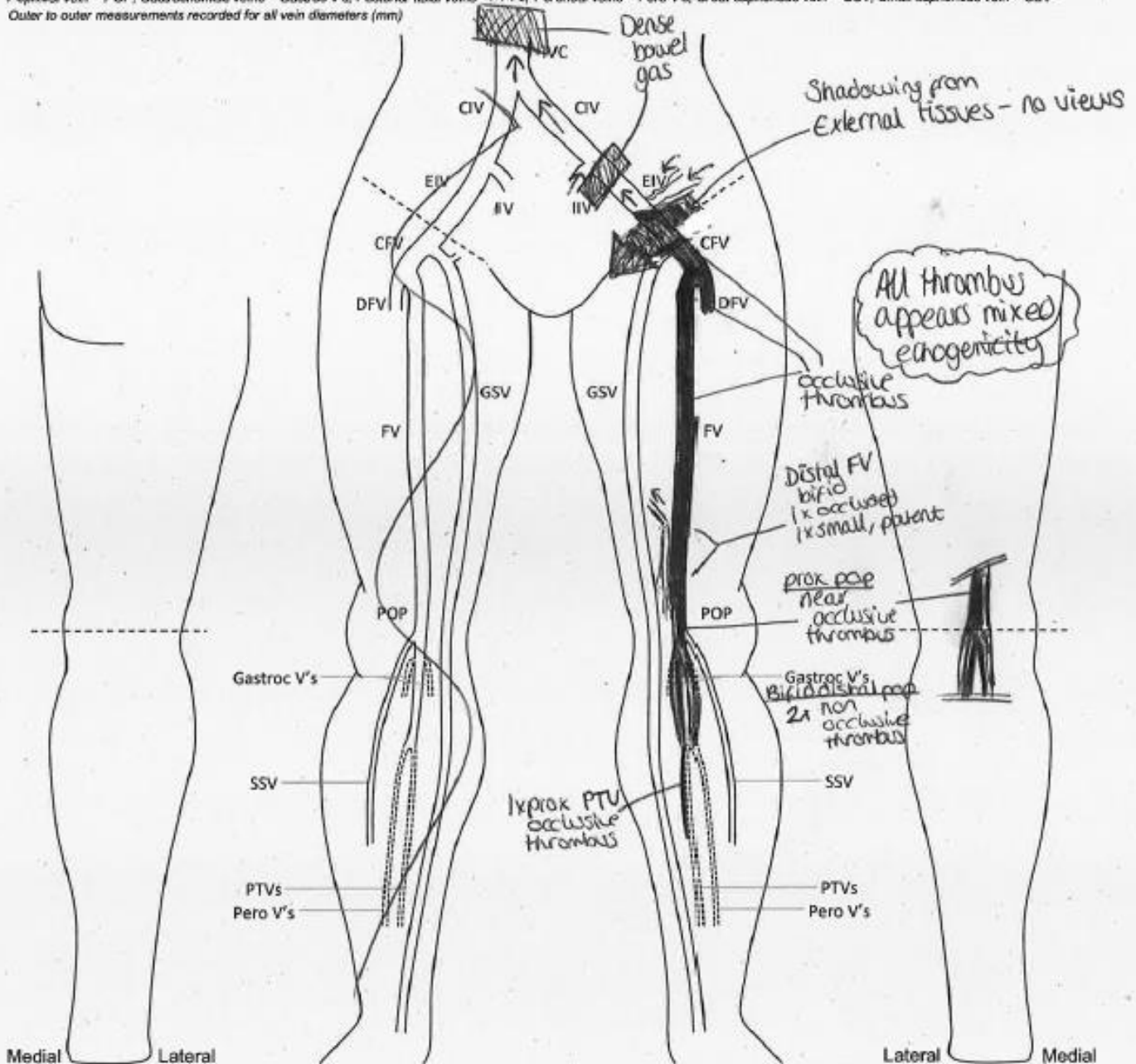
Indications: INDU, known @ leg DVT. Worsening swelling
? Thrombus extension.

Duplex Ultrasound: Lower Limb Deep Veins

Consultant: Parks / Nott

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV
Outer to outer measurements recorded for all vein diameters (mm)



Summary:

Extensive DVT including CFV, FV, DFA, pop V's + 1x proximal PTV.
Short extension of thrombus (non-occlusive) into distal EIV as shown.
All thrombus appears mixed echogenicity.

Clinical Vascular Scientist (CVS): *Joie Weston*

AVS: ☒ Yes ☐ No Date: 27/04/2022

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N/A

AVS: Yes / No Date:

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Indications:

Tender 'lump' in (L) calf.

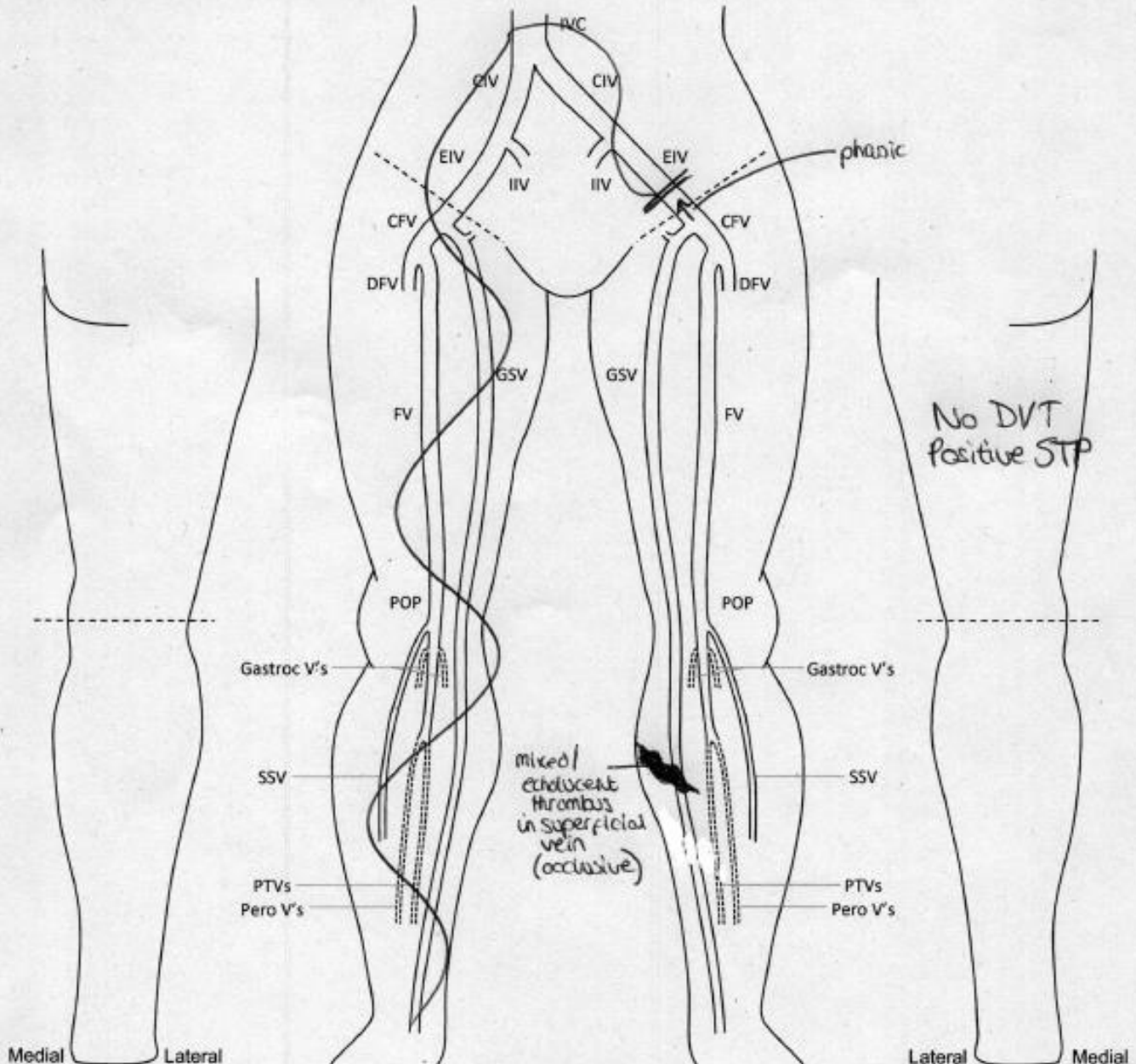
Duplex Ultrasound: Lower Limb Deep Veins

Consultant: Shalhoub.

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV

Outer to outer measurements recorded for all vein diameters (mm)



Summary:

- * No evidence of DVT
- * STP identified in medial calf - mixed/echolucent occlusive thrombus. Appears in continuity with very small ^{posterior} superficial veins only

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes ☒ No ☐ Date: 27/04/2022

VAS-DF-49 V1.1 Page 1 of 1 CVS second opinion: N/A

AVS: Yes / No Date:

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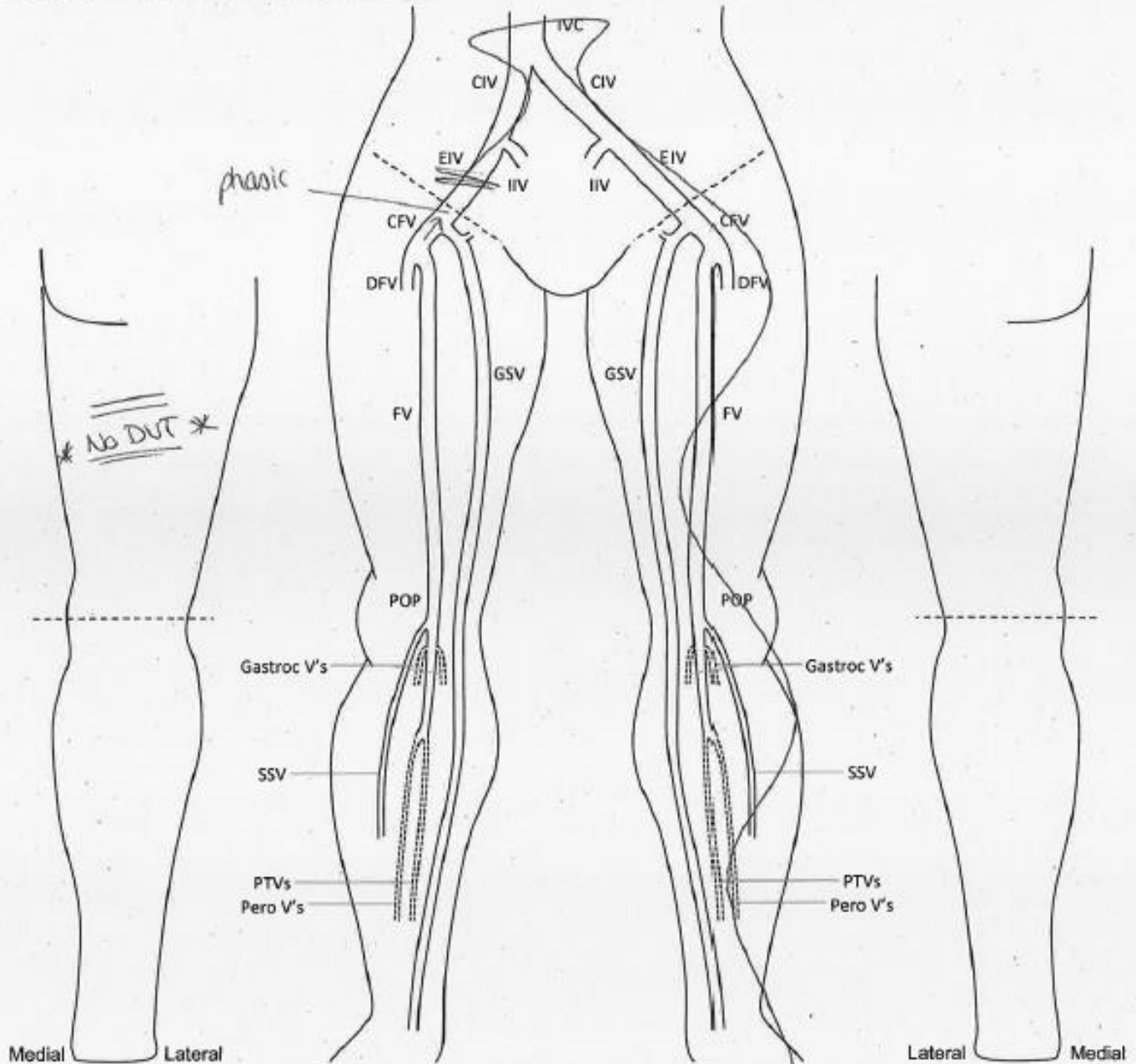
Indications: (R) knee replacement 3/04/2022,
(R) leg (predominantly calf) pain + swelling

Duplex Ultrasound: Lower Limb Deep Veins

Consultant: Bingham

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV
Outer to outer measurements recorded for all vein diameters (mm)



Summary:

No evidence of DVT or STP

Clinical Vascular Scientist (CVS): *Stodie Weston* AVS: ☒ No Date: 27/04/2022

VAS-DF-49 V1.1 Page 1 of 1 CVS second opinion: AVS: Yes / No Date:

Indications:

Bilateral leg swelling. Variable (L) & (R)

left calf
DNT 5

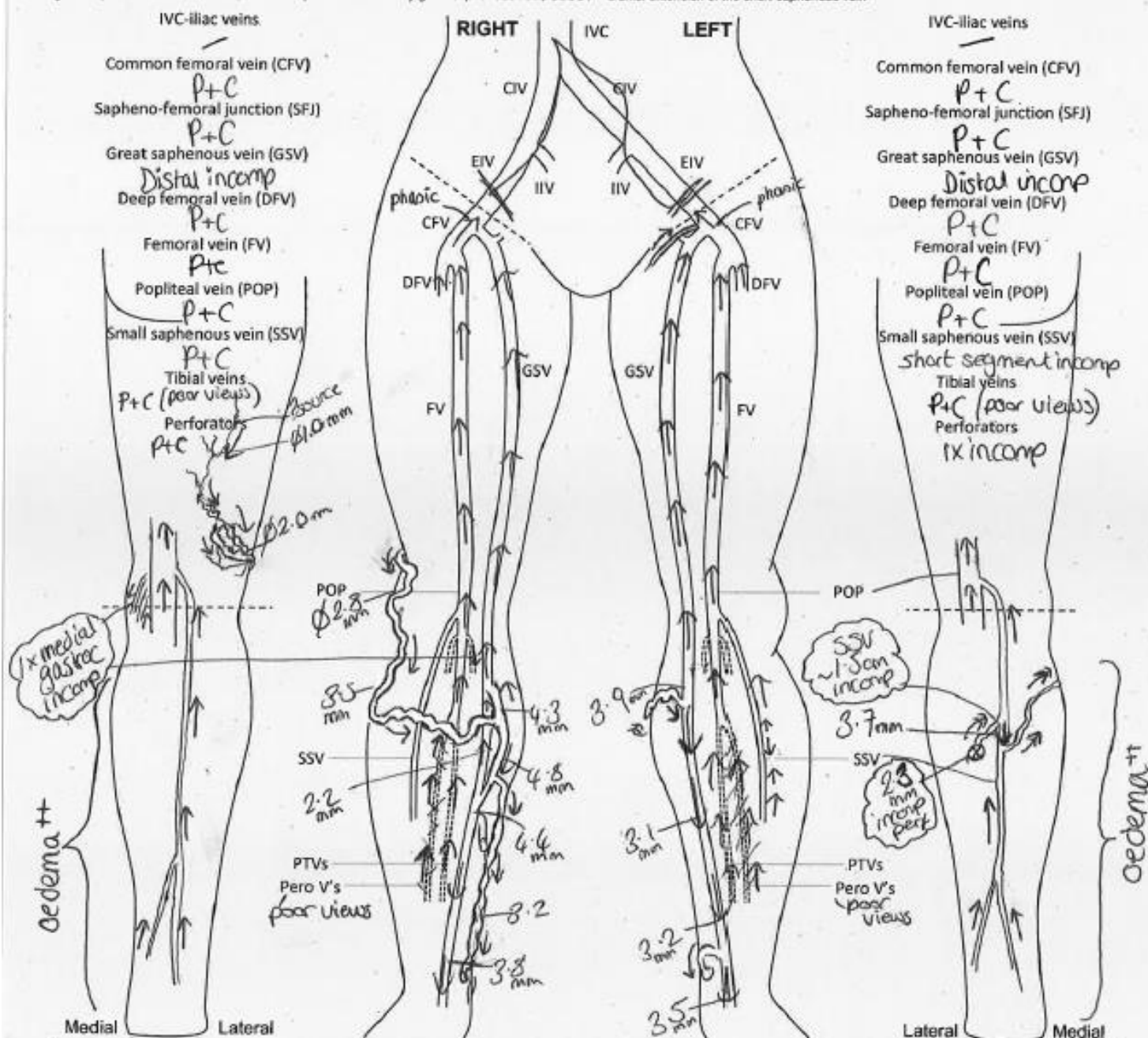
Previous DVT: (yes) / no

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Outlet to outlet measurements recorded for all vein diameters (mm); Patent and competent = P + C


Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

(R): Posterior thigh small vv's → uncomp vv's around knee + shin → distal GSV uncomp + calf vv
1x medial gastrocnemius vein incompetent

④: Incomp calf perforator → short segment SSU incomp (~1.5cm length) → VV → calf
LSV
incomp

Clinical Vascular Scientist (CVS): Jodie Weston 

AVS: Yes ☒ No ☐ Date: 22/04/2022

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CVS second opinion: N/A

AVS: Yes / No Date: _____

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Indications:

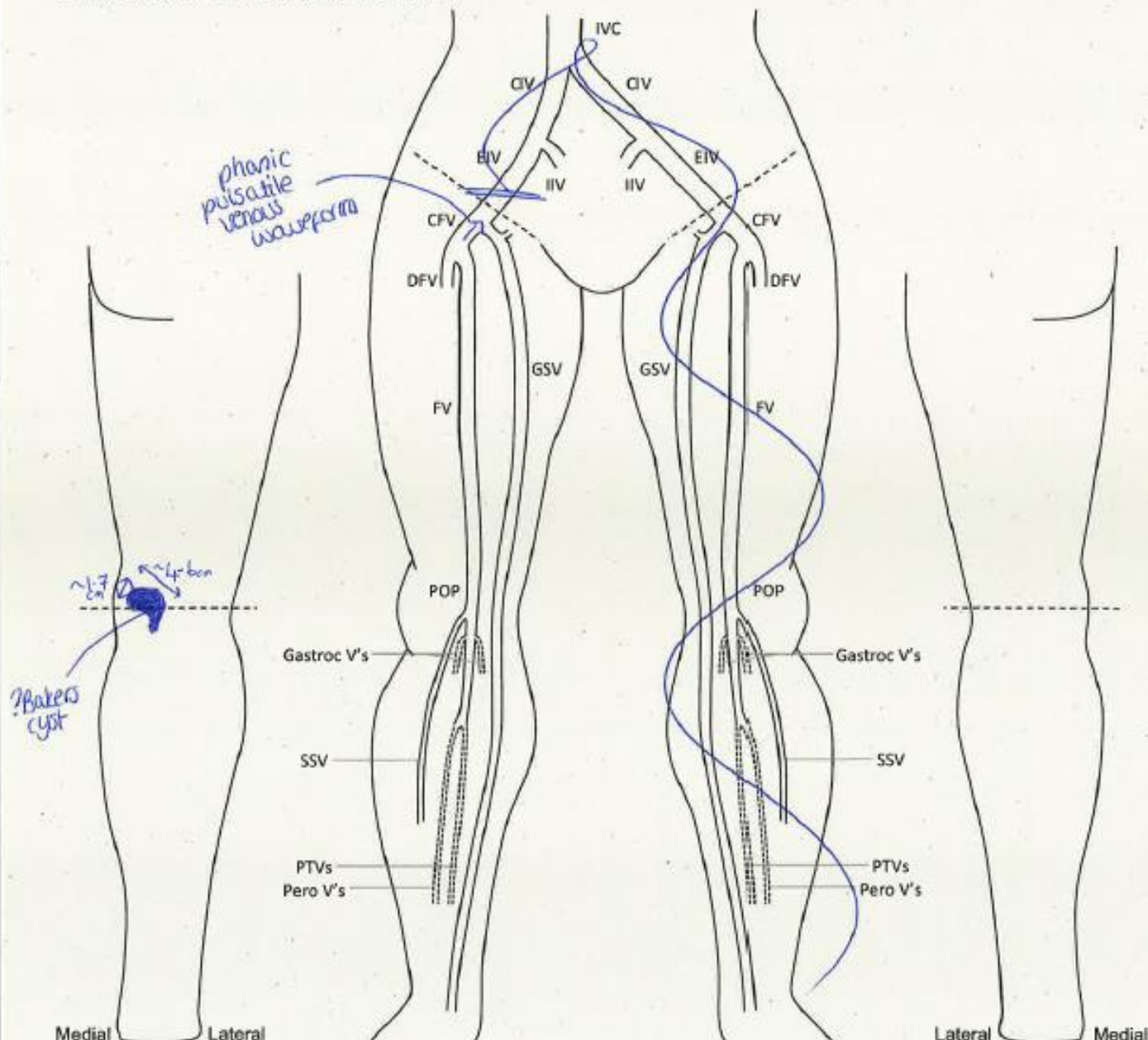
Ⓡ leg swelling below knee for 8 days

Duplex Ultrasound: Lower Limb Deep Veins

Consultant: Bingham

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV
Outer to outer measurements recorded for all vein diameters (mm)



Summary:

No Ⓡ leg DVT or STP identified.

? Baker's cyst in medial popliteal fossa noted

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 22/04/2022

VAS-DF-49 V1.1 Page 1 of 1 CVS second opinion:

AVS: Yes/No Date:

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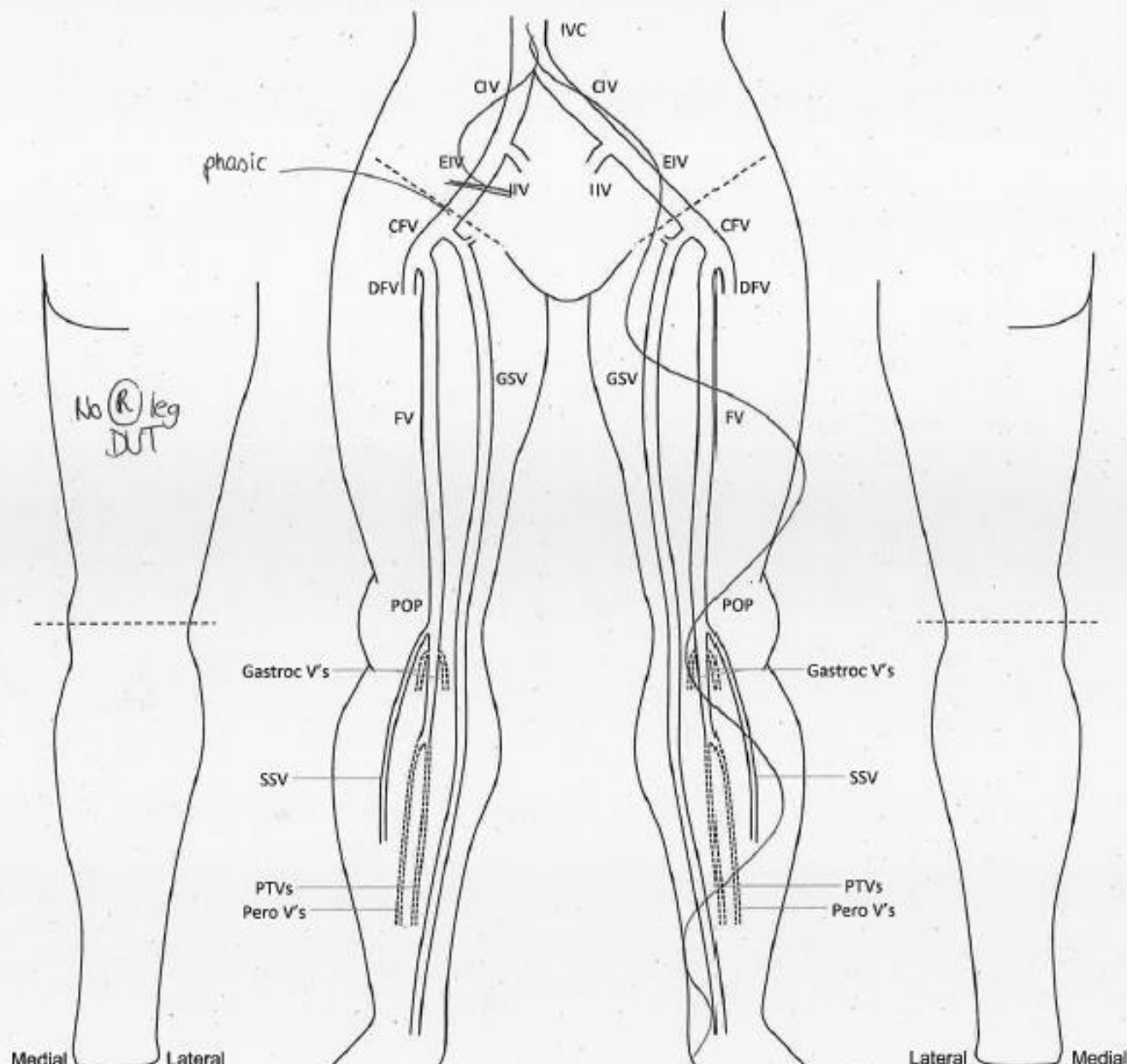
Indications: R leg swelling + pain.

Duplex Ultrasound: Lower Limb Deep Veins

Consultant: Bingham

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV
Outer to outer measurements recorded for all vein diameters (mm)



Summary:

No evidence of R leg DVT or STP

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes No Date: 22/04/2022

VAS-DF-49 V1.1 Page 1 of 1 CVS second opinion: N/A

AVS: Yes / No Date:

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Indications:

Prer $\text{\textcircled{R}}$ leg DVT
 $\text{\textcircled{R}}$ leg swelling

Previous DVT: $\text{\textcircled{yes}}$ / no

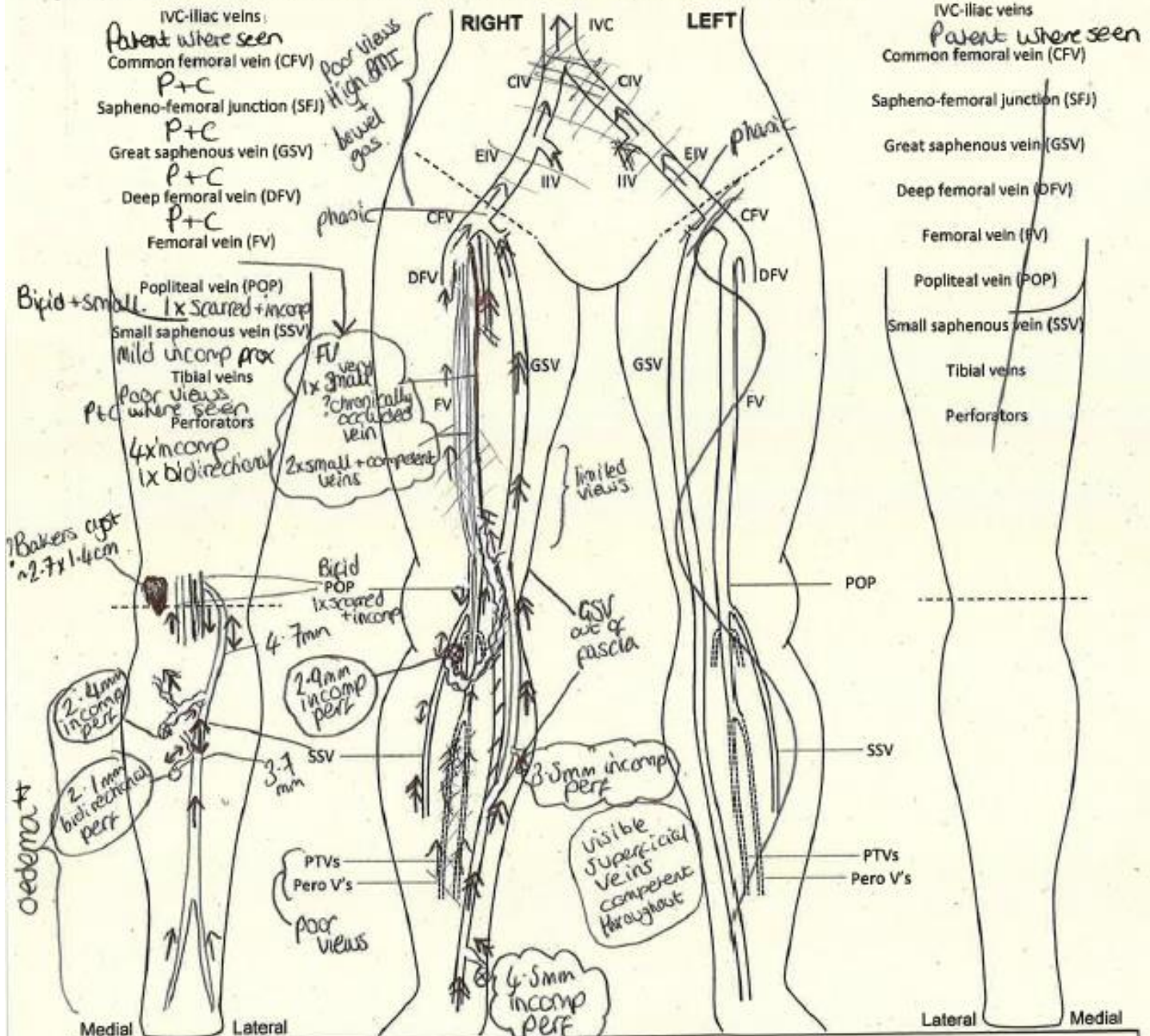
Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Davies

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTVs; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary: Suboptimal views throughout due to high BMI, oedema + bowel gas.

* Deep VFs = 1x? chronically occluded, very small + 2x small P+C vessels.
Pop V = 1x scarred + incomp, 1x P+C (small)
Poor views of calf veins.

* ? Bakers cyst noted

* Multiple incomp perforators. Mild incomp prox SSV, otherwise all superficial veins P+C.

Clinical Vascular Scientist (CVS): ... Jodie Weston ... AVS: Yes / No Date: 21/04/22

VAS-DF-18 V1.2 Page 1 of 1 CVS second opinion: ... AVS: Yes / No Date: ...

Indications:

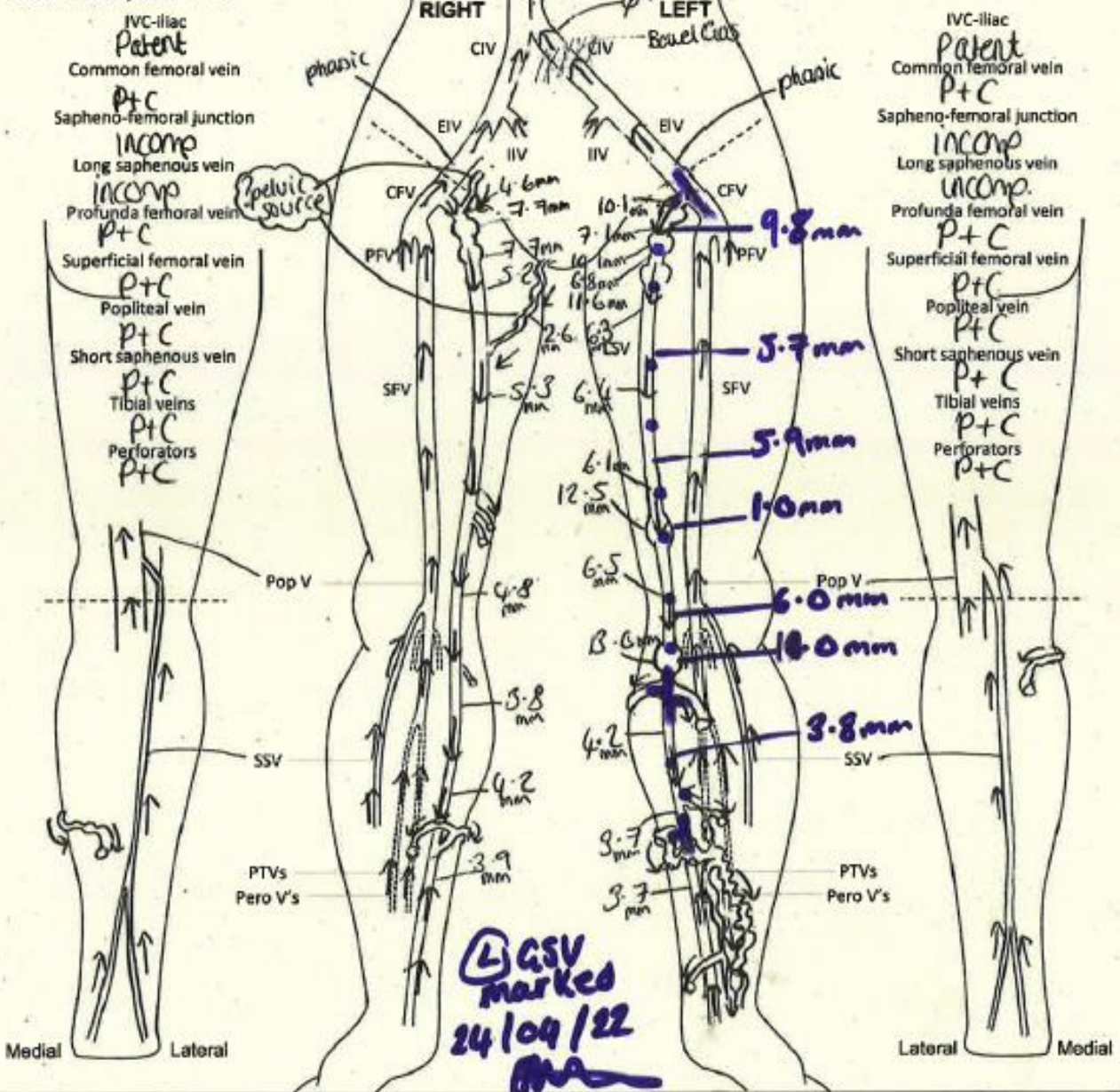
Bilateral CVI. ?abdominal cause.

Consultant Allen

Duplex Ultrasound: Lower Limb Venous Insufficiency Assessment

Outer to outer measurements recorded for all vein diameters (mm)

Patent and competent = P + C



Comments:

Right Incomp SFTJ + ?pelvic source vv's → LSV incomp → competent perforators in mid thigh.

Left Incomp SFTJ → LSV incomp → distal vv's.

Clinical Vascular Scientist: [Signature]

AVS: Yes / No Date: 01/09/2021

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Indications:

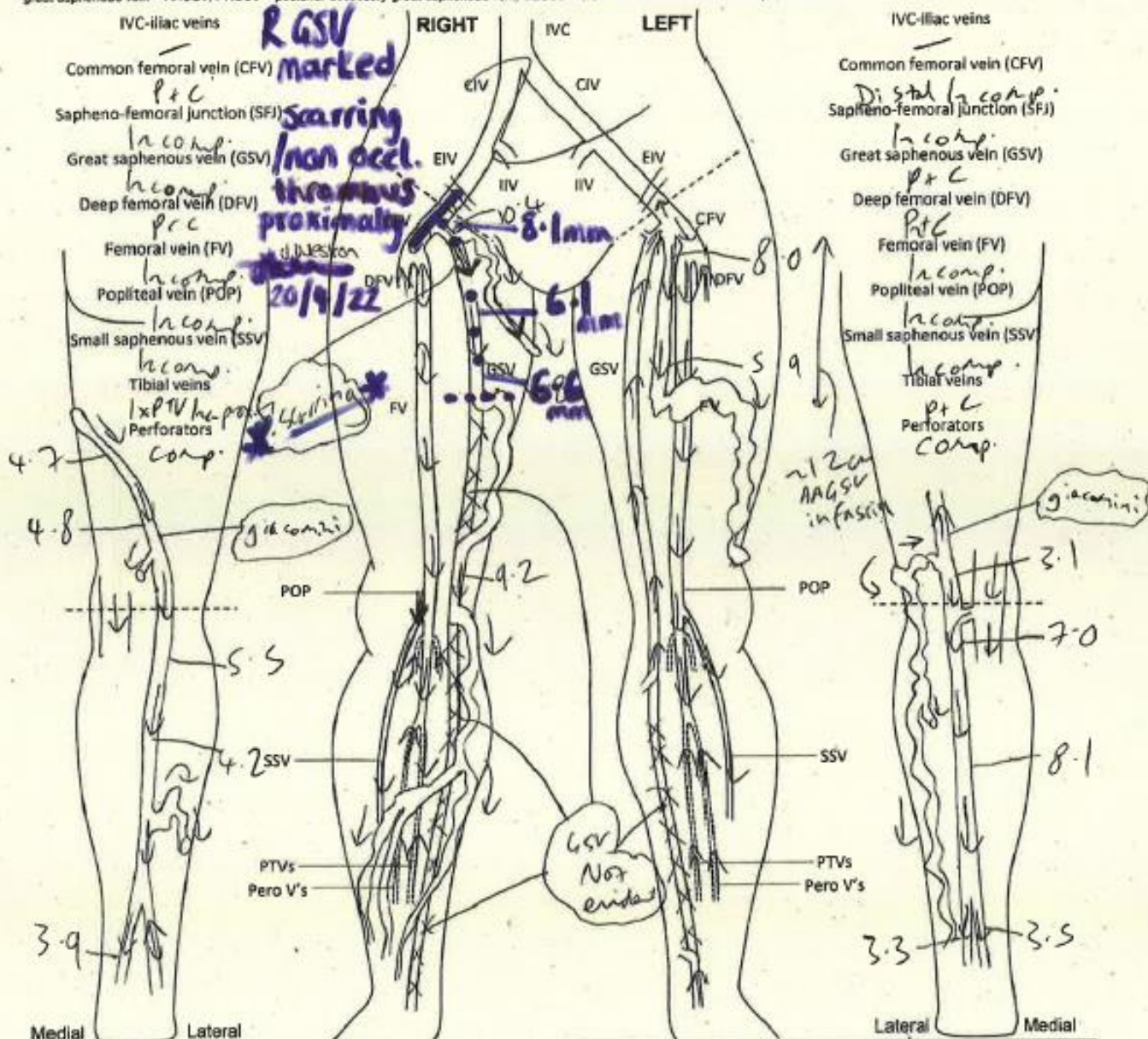
(X) Bilateral VV's

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: GIBBS

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary: (X) In ++ pain when augmenting flow in distal calf
(X) (P) In comp. FV, POP, 1x PTV prox., GSV, glaconini + SSV
? previous (P) treatment - GSV scarring noted
(X) (L) In comp. FV, POP, AAGSV, glaconini + SSV

Clinical Vascular Scientist (CVS): Natalie Stevens

AVS: Yes No Date: 23/12/21

VAS-DF-18 V1.3 Page 1 of 1

CVS second opinion:

AVS: Yes/No Date:

Indications: R leg swelling + ache

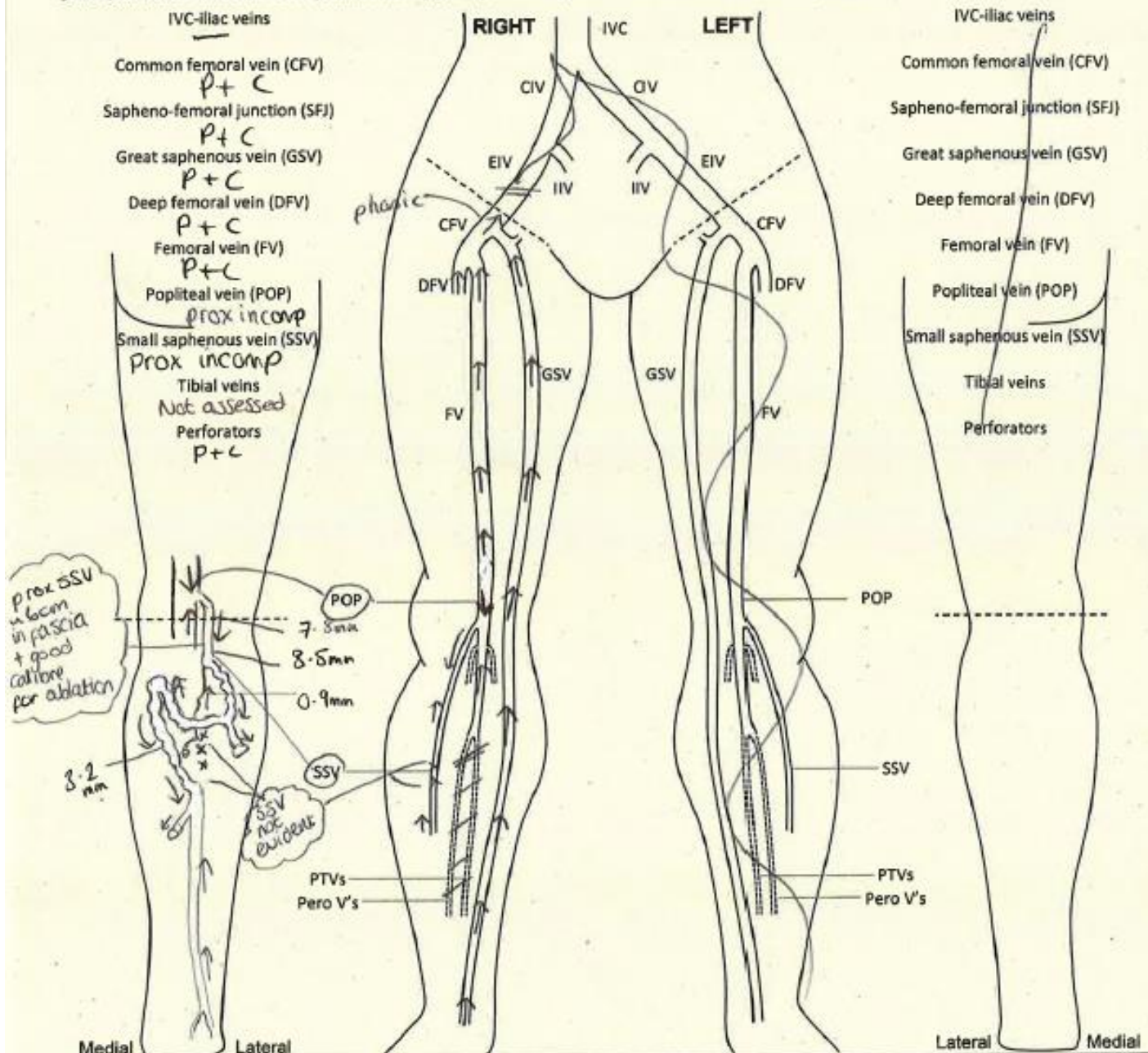
Previous DVT: yes (no)

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: Jaffer

Outer to outer measurements recorded for all vein diameters (mm): Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTVs; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Incomp prox pop V → incomp SFJ → incomp prox SSV (~6cm in fascia + suitable calibre for ablation) → posterior calf vv's

Clinical Vascular Scientist (CVS): ...Joelle Westron ...AVS: Yes/No Date: 19/04/2022

VAS-DF-18 V1.2 Page 1 of 1 CVS second opinion: ...N/A ...AVS: Yes/No Date: ...

Indications:

Indications: Bilateral VU's (L) & (R)

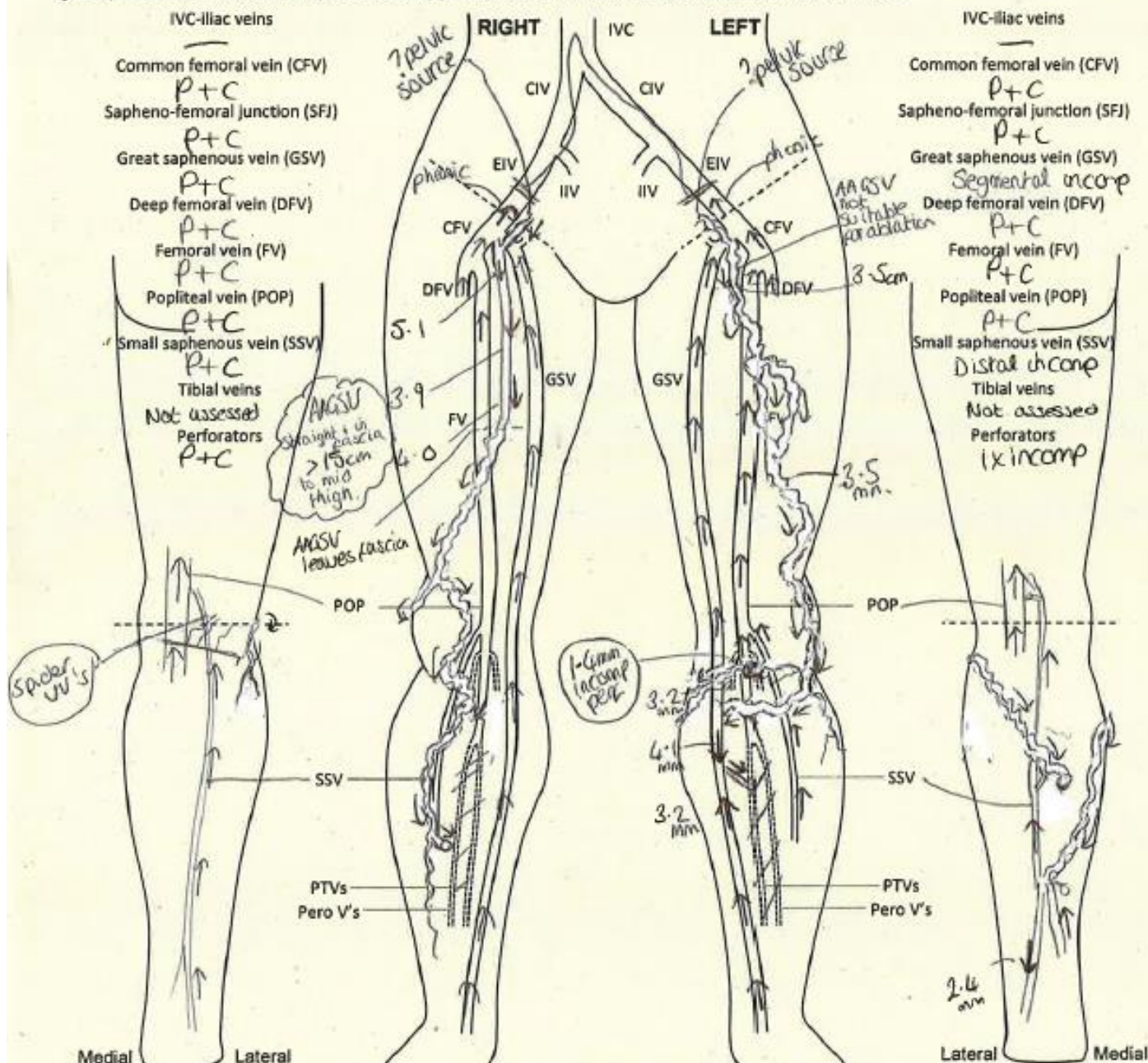
Previous DVT: yes- (no-

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: *Davies*

Outer to outer measurements recorded for all vein diameters (mm): Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory areolar saphenous vein = AAGSV; PAGSV = posterior accessory areolar saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Right: ?pelvic source $VV \rightarrow AAGSV$ (suitable for ablation) $\rightarrow VV's$

Left: ?pelvic source VV \rightarrow AAGSV (not suitable for ablation) \rightarrow VV's + ^{short} segmental VV incomp
small knee incompetent perforator \rightarrow VV's \rightarrow distal SSV incomp

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: ~~Yes~~ (No) Date: 14/04/2022

VAS-DF-18 V1.2 Page 1 of 1

CVS second opinion:

AVS: Yes / No Date:

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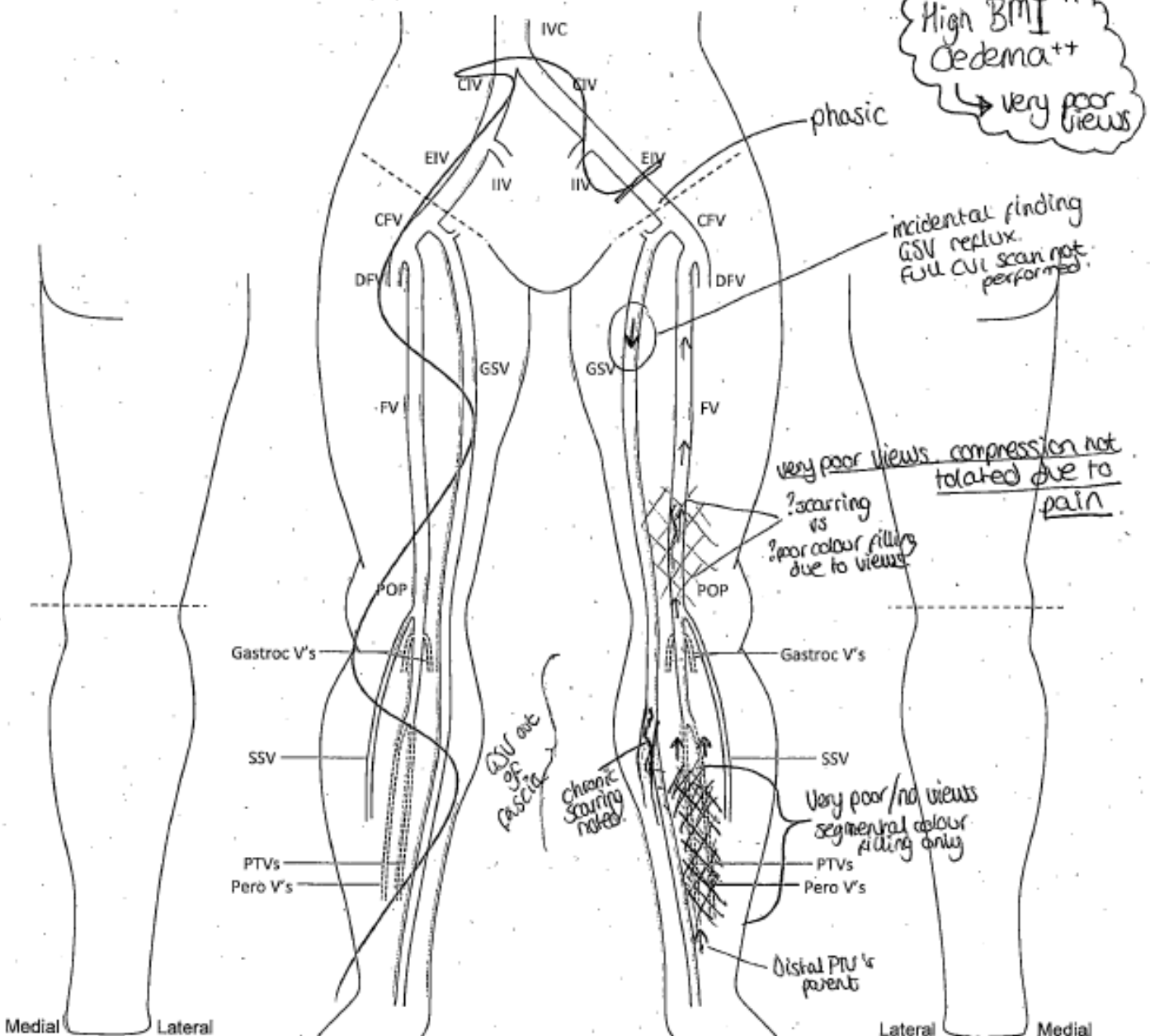
Indications: ① leg known lymphoedema + prev DVT.
Increased swelling over last 2-3 months + fluid
leaking at back of calf.

Duplex Ultrasound: Lower Limb Deep Veins

Consultant: Bingham.

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV;
Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTVs; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV
Outer to outer measurements recorded for all vein diameters (mm)



Summary: Limited scan due to poor views (high BMI + oedema) + unable to perform compressions ^{throughout} due to pain (stopped at patient request)

No DVT in the CFV, DFV & prox - mid/distal SPV + gastroc veins.

The distal SPV + popliteal vein appeared patent with colour filling - ?scarring.

Unable to assess calf veins due to views/pain
GSV scarring in calf.

*Incidental finding - superficial vein reflux

Clinical Vascular Scientist (CVS): Josie Weston

AVS: Yes/No Date: 05/04/2022

WAS-DF-49 V1.1 Page 1 of 1 CVS second opinion:

AVS: Yes/No Date:

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Indications:

Acute limb ischaemia (R) leg
? signs of DVT. (no history from patient due to dementia)

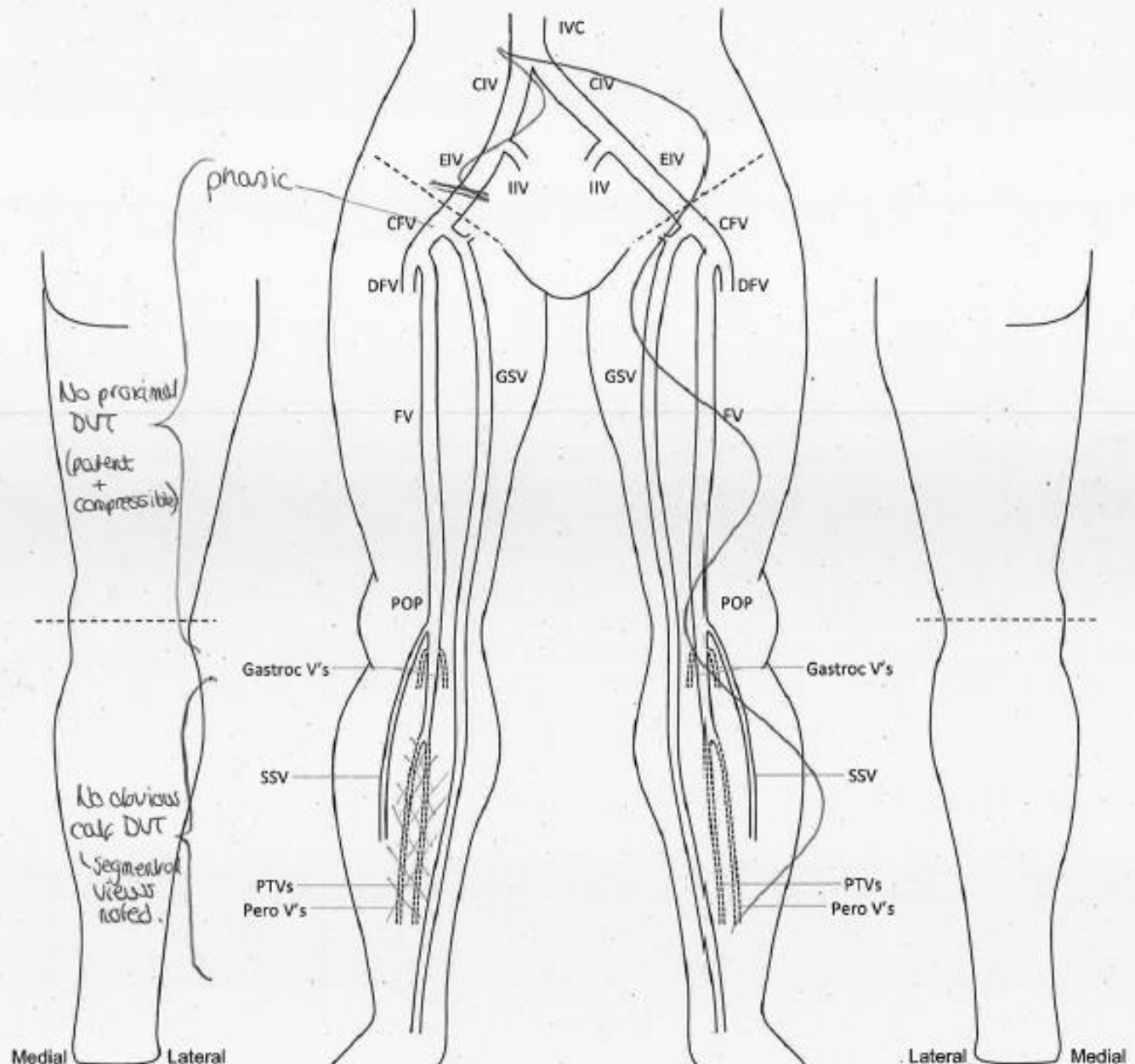
Duplex Ultrasound: Lower Limb Deep Veins

Consultant:

Bicknell

Deep vein thrombosis = DVT; Superficial thrombophlebitis = STP; Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; Popliteal vein = POP; Gastrocnemius veins = Gastroc V's; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Great saphenous vein = GSV; Small saphenous vein = SSV
Outer to outer measurements recorded for all vein diameters (mm)



Summary: Dementia patient - limited views in calf due to compliance with compression (pain) + movement++.

*No proximal DVT.

*Cannot fully exclude calf DVT due to segmental views however no obvious DVT identified

Clinical Vascular Scientist (CVS): Joie Weston AVS: Yes/No Date: 08/04/2022

VAS-DF-49 V1.1 Page 1 of 1 CVS second opinion: AVS: Yes/No Date:

Indications:

Bilateral leg swelling R > L

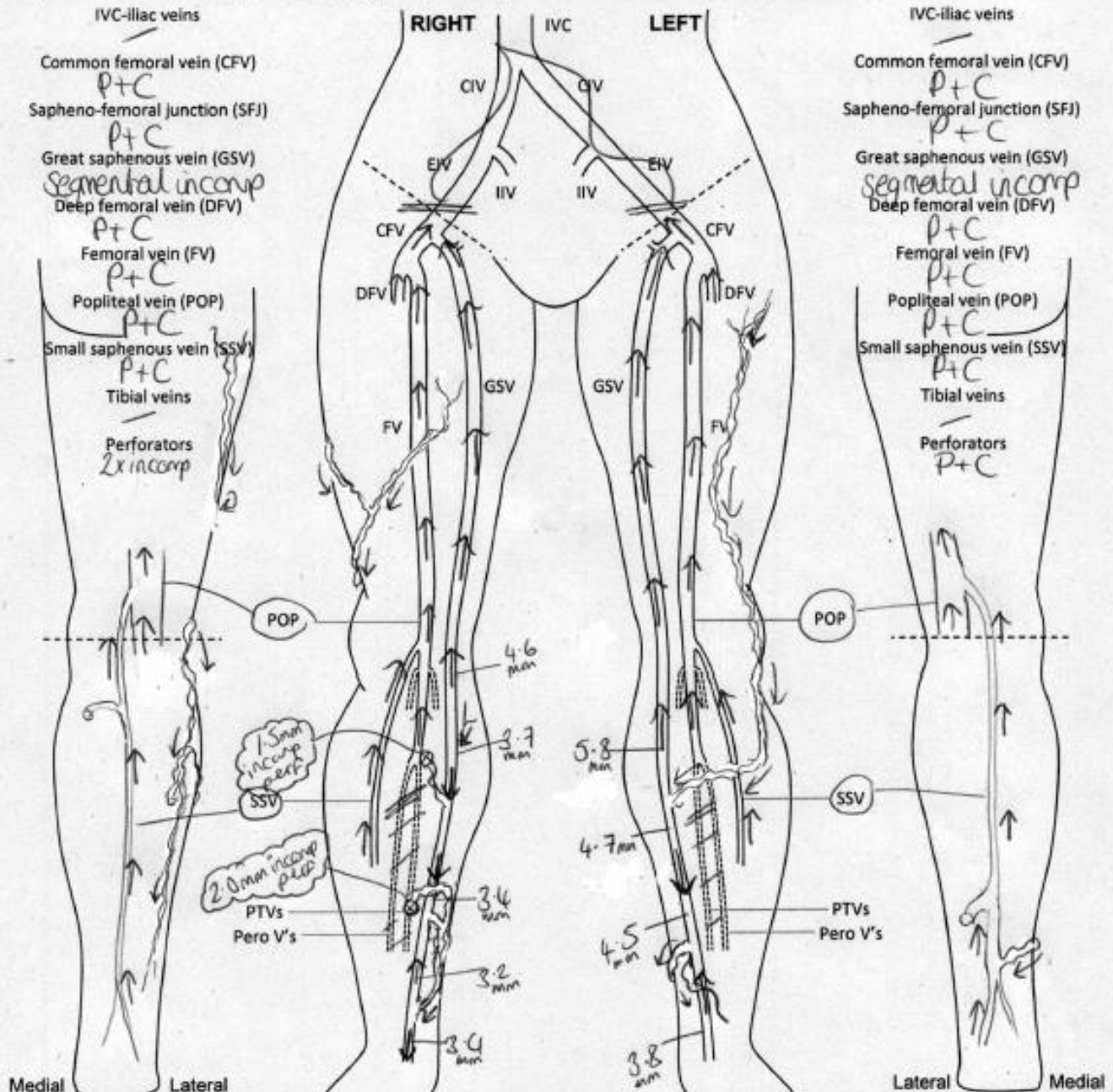
Previous DVT: yes no

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: Davies

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Right thigh vv's → calc vv's
small prox calc vv's + incomp perforators x 2 → segmental GSV incomp + vv's

Left thigh vv's → segmental GSV incomp in calc

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 31/3/2022

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Indications: Bilateral 'lumps' / ?ligoma on thighs + visible vein on back of L leg

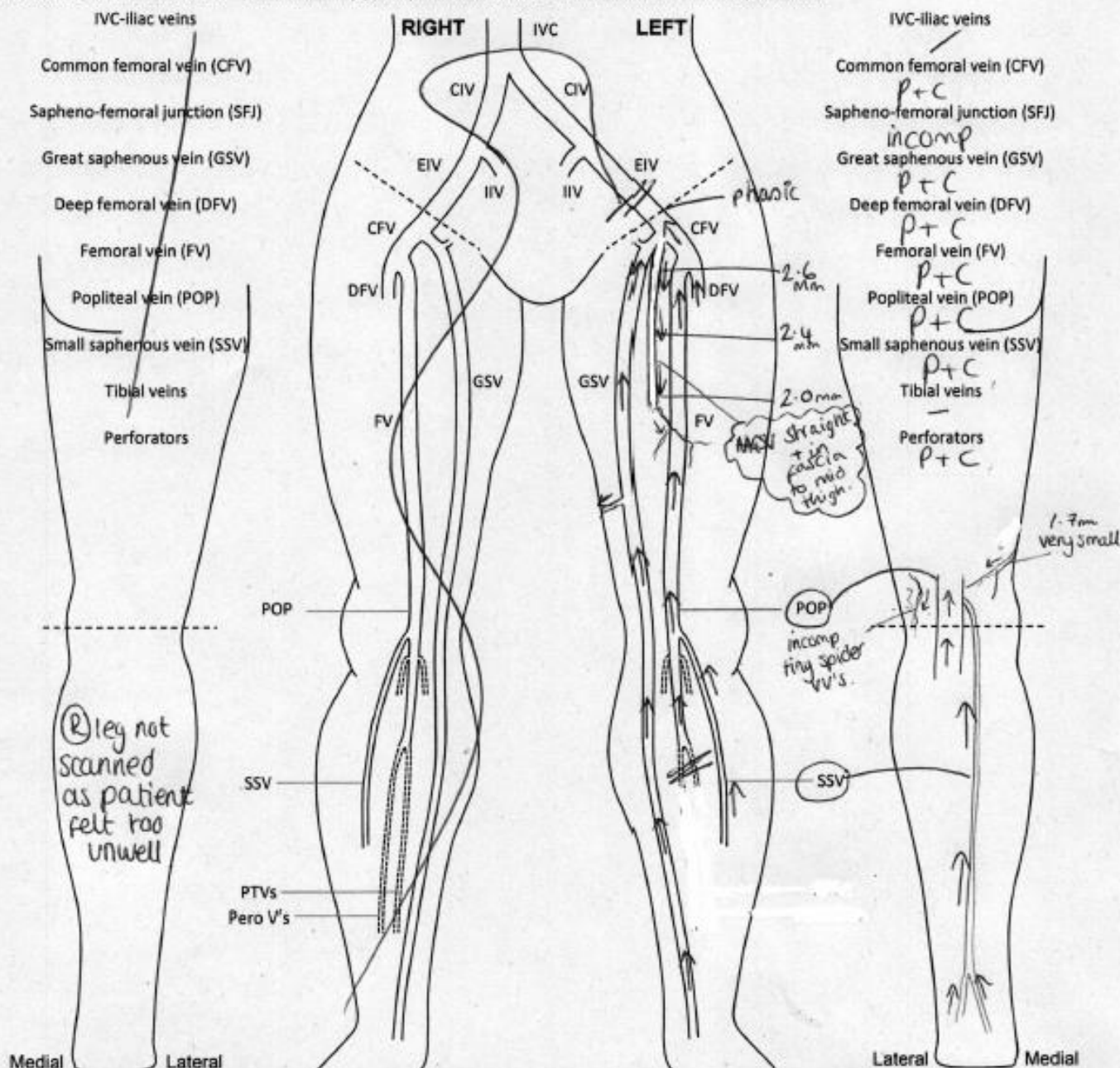
Previous DVT: yes / no

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: Davies

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary: * Patient felt unwell during scan - not / faint. Unable to proceed with right leg assessment. Multiple breaks required during L leg assessment

L leg - incomp SFJ → incomp small AAGSV → feeds into very small veins in mid-distal thigh
- small vv arising from GSV in distal thigh
- incomp tiny spider veins posteriorly in region of concern to patient

Clinical Vascular Scientist (CVS): Jodie Weston AVS: Yes / No Date: 31/3/2022

VAS-DF-18 V1.2 Page 1 of 1 CVS second opinion: N/A AVS: Yes / No Date:

Indications:

① leg vv's

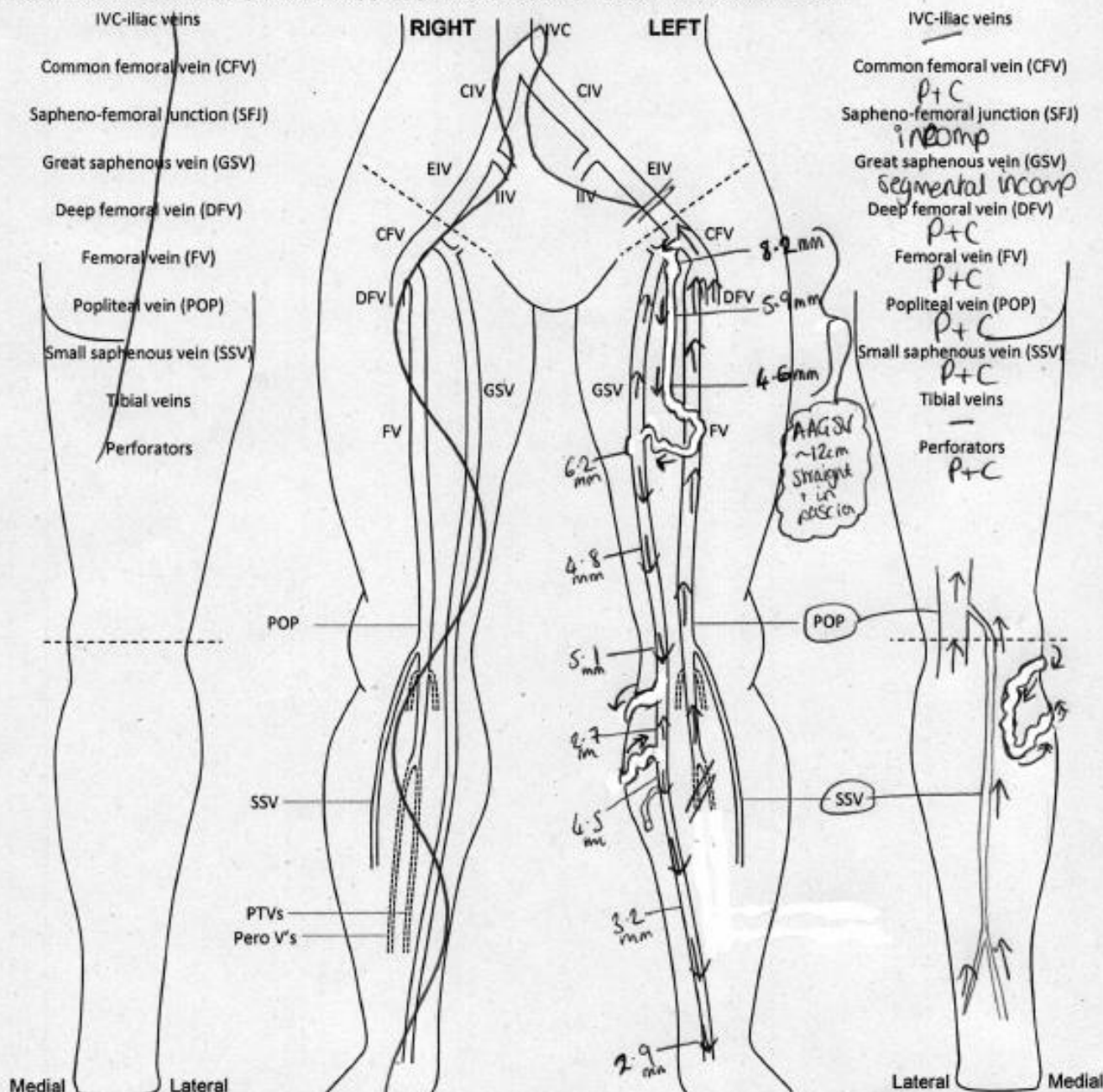
Previous DVT: yes (no)

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: Davies

Order to order measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

① leg: incomp SFJ → incomp AAGSV → vv → distal thigh GSV
↓
vv
↓
Mid-distal calf GSV

Department of Vascular Ultrasound



Mary Stanford Wing, St Mary's Hospital Imperial College Healthcare
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Indications:

(R) VV's

Previous DVT: yes / no

? no limited history (peer english)

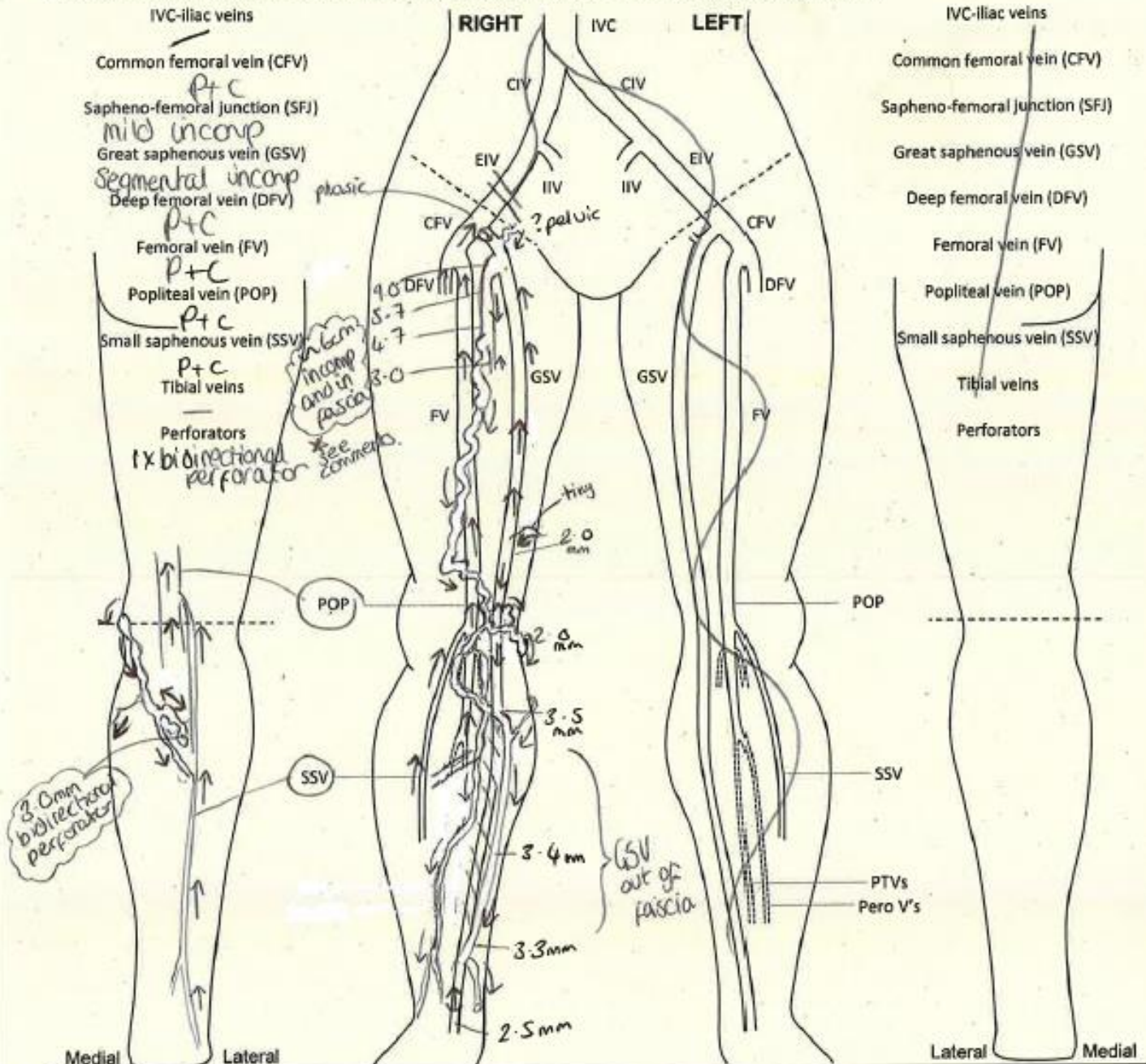
Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Jaffer

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

- * Mild SFJ uncomp + ?pelvic source → uncomp vein ~6cm in fascia * lies in region of AAGSV however arises ~3cm beyond SFJ
- ↓
- VV's + segmental ASV reflux
- * 1x bidirectional perforator in posterior calf.

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 21/03/2022

Department of Vascular Ultrasound



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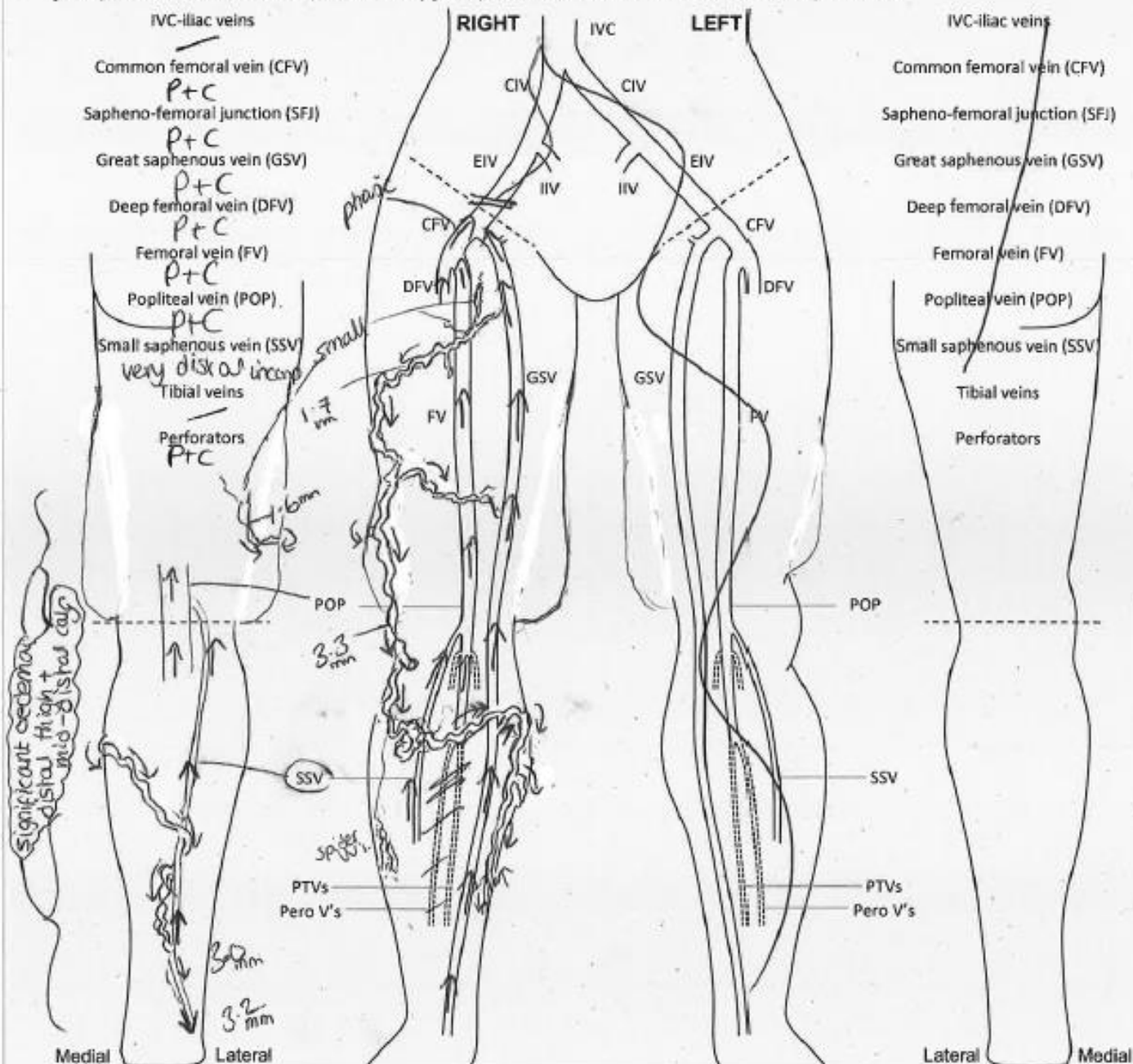
Indications: (R) leg pain + swelling
(Note both legs appear very swollen. (R) > (L))

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTVs; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

* Right leg small thigh uncamp UV's → UV's in thigh + calf → very distal SSV.

Clinical Vascular Scientist (CVS): *Julie Weston*

AVS: Yes/No Date: *04/08/2022*

Indications:

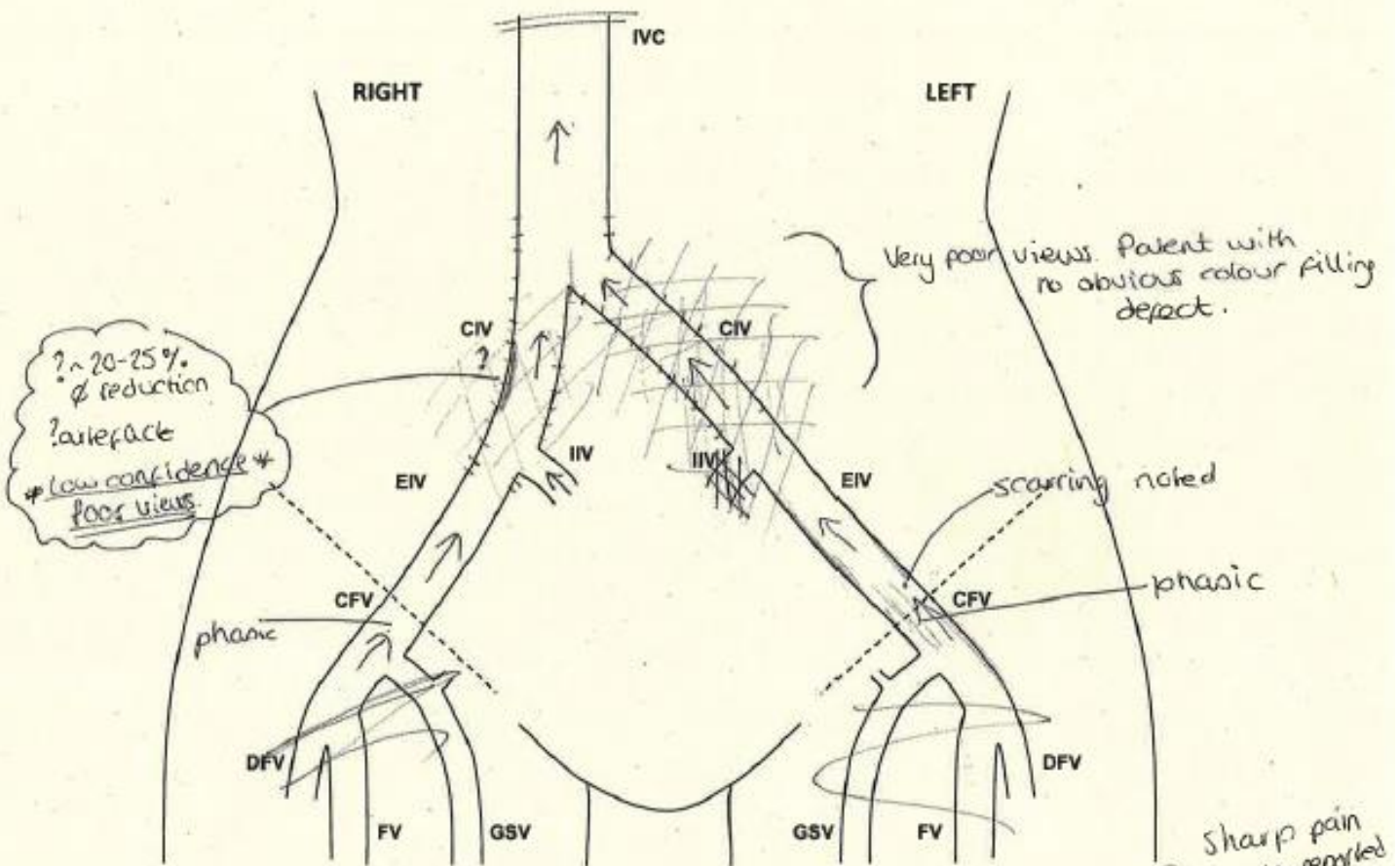
Iliac vein stent surveillance

Duplex Ultrasound: IVC-Iliac Veins

Consultant: Dawies

Outer to outer measurements recorded for all vessel diameters (mm)

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Common femoral vein = CFV; Deep femoral vein = DFV; Femoral vein = FV; GSV = Great saphenous vein = GSV



Summary:

- * Iliac vein stents appear patent bilaterally with phasic flow
- * ? filling defect in (R) CIV however note poor views. ? 20-25% ϕ reduction ? artefact * low confidence.

Clinical Vascular Scientist (CVS): dodie Weston

AVS: Yes/No Date: 08/03/2022

VAS-DF-16 V1.1 Page 1 of 1 CVS second opinion:

AVS: Yes/No Date:

Indications:

Recurrent vu's @ leg.
(R) leg asymptomatic

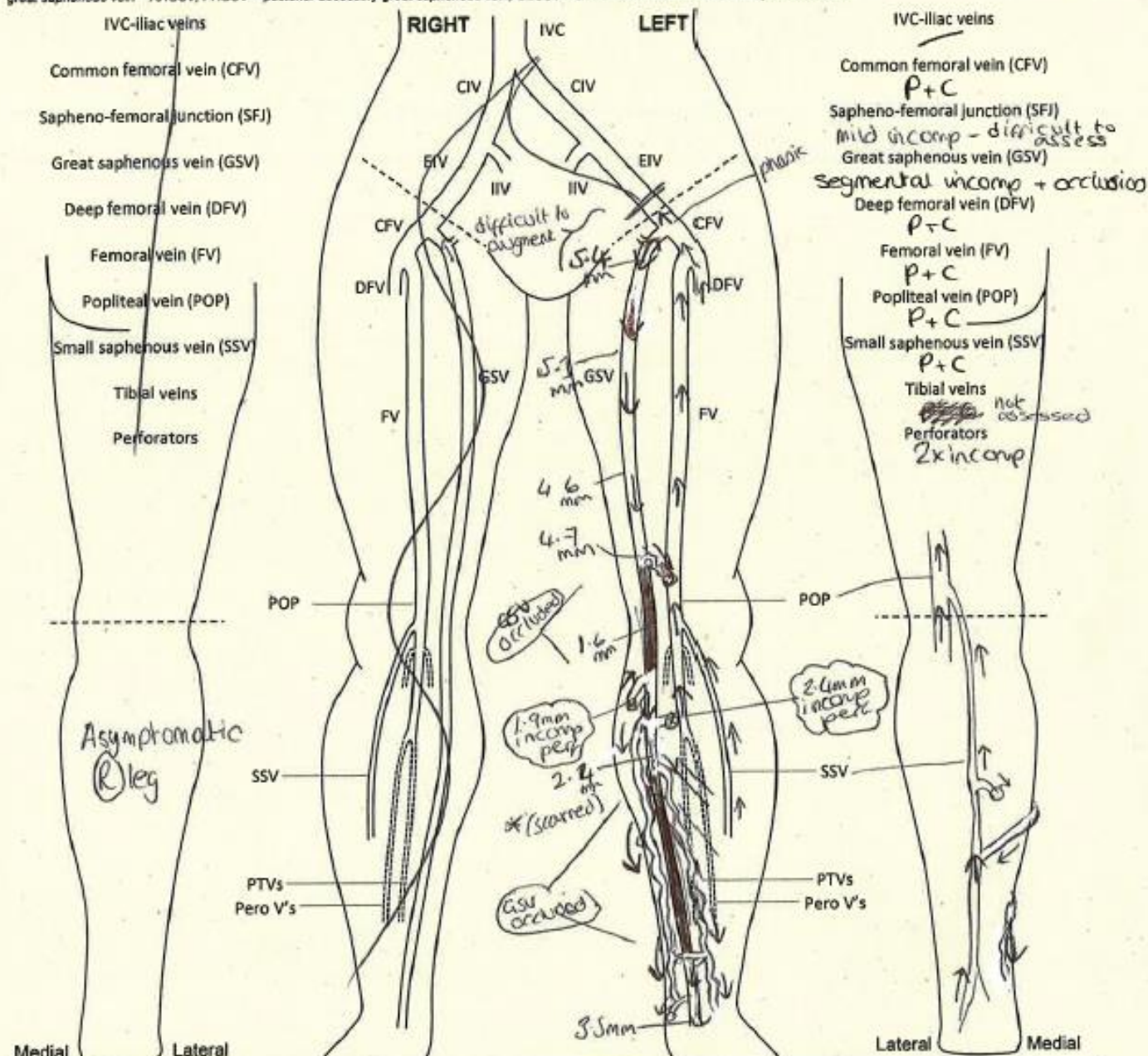
Duplex Ultrasound: Lower Limb Venous Assessment

Consultant:

Riga

Outer to outer measurements recorded for all vein diameters (mm); Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = Pero V's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

- Left** Incomp source: ?SFJ ?value site at origin of GSV → low flows difficult to augment at assess. Appears to be mito reflux at SFJ
↓
GSV in thigh → comp perforator.
- Incomp calf perforators → segmental GSV incomp + calf vu's.
- occluded GSV segments noted - appear chronic

Clinical Vascular Scientist (CVS): Jodie Weston AVS: Yes/No Date: 02/03/2027

VAS-DF-17 V1.2 Page 1 of 1 CVS second opinion: AVS: Yes / No Date:

Indications:

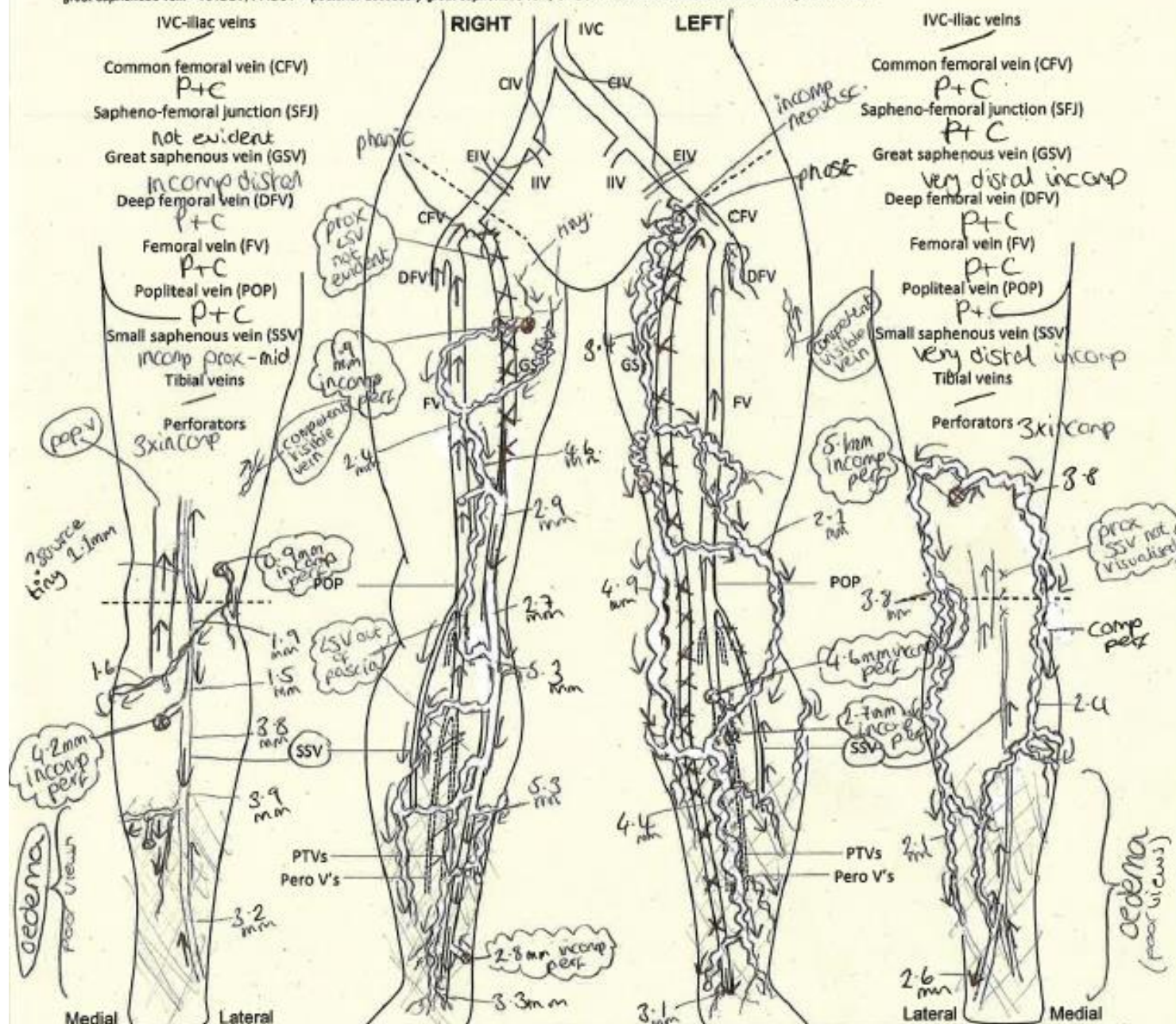
Indications:
Bilateral recurrent VU's - multiple treatments
Right > Left

Duplex Ultrasound: Lower Limb Venous Assessment

Consultant: Riga

Outer to outer measurements recorded for all vein diameters (mm): Patent and competent = P + C

Veins: Inferior vena cava = IVC; Common iliac vein = CIV; Internal iliac vein = IIV; External iliac vein = EIV; Posterior tibial veins = PTV's; Peroneal veins = PerV's; Anterior accessory great saphenous vein = AAGSV; PAGSV = posterior accessory great saphenous vein; CESSV = cranial extension of the short saphenous vein



Summary:

Right Prox GSV not evident.

Int: Prox GSV not evident.
multiple small vv's (? source) + incorp perfs → thigh + calf vv's^{mid-}, distal GSV
_{incorp & SSV incorp}

Left majority of GSV & prox SSV not evident

incomp neovasc at groin + incomp perfs \rightarrow thigh + calf vults, very distal GSV
incomp + very distal SSV incomp

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Year 2022 No 28 Date: 28/02/2022

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CVS second opinion:

AVS: Yes / No Date: