

*History:* Recent discharge for tonsillitis, presented with shortness of breath, back pain, lymphadenopathy; cavitating lung lesions on CT.  
?Lemierre's syndrome.

*Report:*

Right Internal Jugular Vein - clear.

Right common facial vein - phlebitic & occluded with thrombus.

Left Internal Jugular Vein & immediate tributaries - clear.

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*History:* Midline in situ, occasionally leaking.

*Report:*

RIGHT:

Subclavian V. - not seen proximally; small calibre in infraclavicular segment, but with cardiorespiratory modulated flow suggestive of no proximal occlusion; larger collateral vein branching from subclavian vein just distal to clavicle, coursing infraclavicularly and proximally to confluence with IJV into brachiocephalic trunk; otherwise patent with no obvious thrombus.

Axillary V. - patent but incompressible with partial, chronic-appearance thrombus throughout; midline seen in-situ to mid-axillary vein with patent out-flow channel.

Basilic V. - patent but incompressible with partial, chronic-appearance thrombus and midline in-situ to mid-upper arm; patent and compressible in distal upper arm.

Brachial V. - patent and compressible throughout.

Radial V.s, Ulnar V.s - patent and compressible in proximal segment; otherwise not scanned.

**Conclusion: No obvious acute-appearance Right upper limb DVT; probable chronic thrombus surrounding midline, with patent out-flow available for midline.**

*Note - if clinical suspicion remains after a negative DVT scan please consider a repeat scan or an alternative modality.*

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*History:* Left leg pain. Wells score of 3.

*Report:*

LEFT:

Common Femoral Vein - patent and compressible with normal phasic flow suggestive of no iliac vein or inferior vena cava occlusion.

Femoral Vein - patent and compressible throughout.

Popliteal Vein - patent and compressible throughout.

Mild oedema noted around distal calf.

**Conclusion: No evidence of LEFT femoropopliteal DVT seen.**

*Note - if clinical suspicion remains after a negative DVT scan please consider a repeat scan or an alternative modality.*

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*History:* Left leg swelling and tenderness. 30 weeks pregnant.

*Report:*

LEFT:

Common Femoral Vein - patent and compressible with normal phasic flow suggestive of no iliac vein or inferior vena cava occlusion.

Femoral Vein - patent and compressible throughout.

Popliteal Vein - patent and compressible throughout.

Long Saphenous Vein - acute-appearance thrombus extending from knee-level to mid-calf (>5 cm); otherwise patent and compressible throughout.

**Conclusion: No evidence of LEFT femoropopliteal DVT seen. Positive for LEFT LSV SVT.**

*Note - if clinical suspicion remains after a negative DVT scan please consider a repeat scan or an alternative modality.*

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*History:* Left lower leg pain and swelling with pitting oedema. Wells score of 4.

*Report:*

LEFT:

Common Femoral Vein - patent and compressible with normal phasic flow suggestive of no iliac vein or inferior vena cava occlusion.

Femoral Vein, Popliteal Vein, Medial & Lateral Gastrocnemius Veins, Short Saphenous Vein - acute-appearance 'tongue' of thrombus throughout.

**Conclusion: Positive for LEFT femoropopliteal DVT.**

*Note - if clinical suspicion remains after a negative DVT scan please consider a repeat scan or an alternative modality.*

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*History:* 4/7 Left upper arm swelling; D-dimer 4.86 mg/L; Wells score of 2. On apixaban 10 mg BD for 7 days from 19/06/2022. On attendance patient reported Right arm problems now dominant.

*Report:*

LEFT:

Subclavian V., Axillary V. - patent with phasic flow throughout.

Basilic V., Brachial V. - patent and compressible throughout.

Radial V.s, Ulnar V.s - patent and compressible in proximal forearm.

**Conclusion: No evidence of LEFT upper limb DVT seen.**

*Note - if clinical suspicion remains after a negative DVT scan please consider a repeat scan or an alternative modality.*

**History:** Left internal jugular, subclavian, axillary, prox. brachial, and cephalic vein thrombus (US 13/05/2021); presented with Left upper arm tender & erythematous swelling for 4 weeks, following 2nd Covid-19 vaccination. Diagnosed as likely unprovoked Left arm extensive DVT.

**Report:**

**LEFT:**

Brachiocephalic V. - patent with phasic flow; no obvious evidence of thrombus or scarring.

Subclavian V. - generally poor views, due to small calibre and/or scarring; patent from brachiocephalic confluence to cephalosubclavian confluence; chronic occlusion or very narrow lumen in distal segment.

Axillary V. - patent with no evidence of thrombus or scarring; principally draining into ?lateral thoracic vein, across superficial chest, to medial chest perforator.

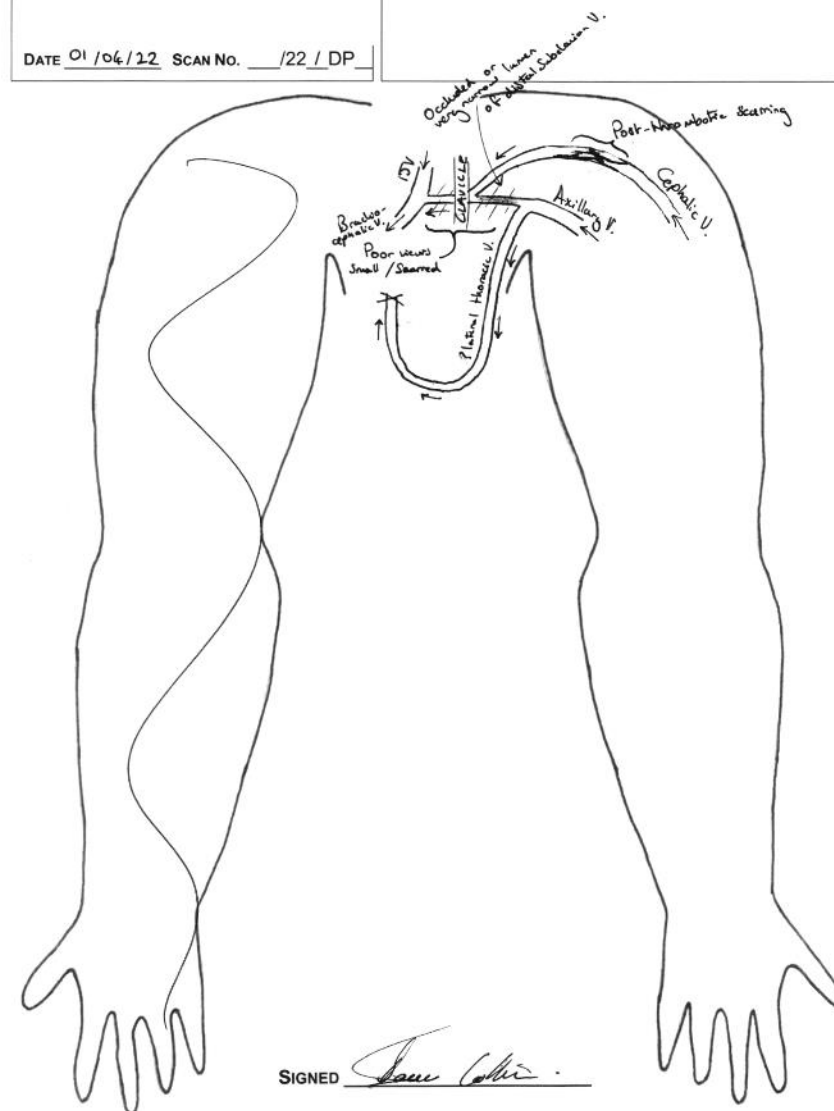
Cephalic V. - patent with no obvious thrombus across shoulder; post-thrombotic scarring in mid-shoulder segment; not scanned distally onto arm.

See diagram on PACS.

Recommend vascular surgical opinion, if clinically appropriate.

## VASCULAR INVESTIGATIONS UNIT

<b>DUPLEX ULTRASOUND</b> <b>UPPER LIMB VENOUS SCAN</b>	Comments
DATE <u>01/06/22</u> SCAN No. <u>      </u> /22 / DP <u>      </u>	



**History:** Bilateral recurrent varicose veins and skin discolouration.

**Report:**

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - no DVT.

CFV - competent proximally; incompetent (~1.6 seconds) distally.

PFV - competent.

SFV - incompetent (>5 seconds in distal thigh).

PopV - incompetent proximally; competent distal to gastrocnemius trunk.

PTVs, PerVs - competent.

Medial Gastrocnemius Veins - incompetent with partial thrombus to knee level, with thrombus extending from superficial varicose veins.

SFJ - competent.

LSV - competent in thigh and knee; incompetent (~1.2 seconds) from proximal calf to ankle; fairly straight and >3 mm diameter throughout.

SPJ - not seen.

SSV - competent.

**LEFT:**

CFV, SFV, PopV, PTVs, PerVs - no DVT.

CFV, PFV - competent.

SFV - competent in proximal thigh; incompetent (>5 seconds) from mid-distal thigh.

PopV - incompetent throughout, though only low-velocity reflux (~3.0 seconds) below knee.

PTVs, PerVs - competent.

Medial Gastrocnemius Veins - incompetent with partial thrombus to mid calf level, with thrombus extending from superficial varicose veins.

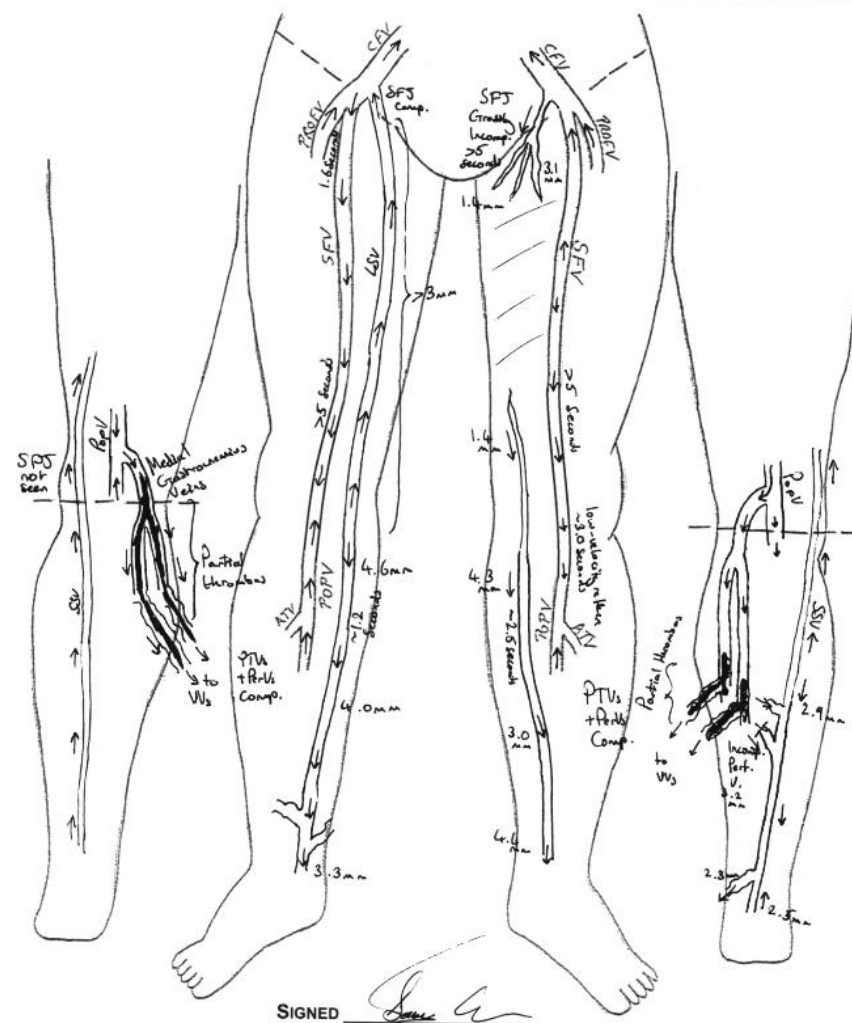
SFJ - grossly incompetent (>5 seconds).

LSV - 3.1 mm diameter in proximal thigh, then rapidly dissipates to very small varicose veins; not seen in mid-thigh; reforms & small in distal thigh; incompetent (~2.5 seconds), fairly straight, and >3 mm diameter throughout calf.

SPJ - not seen.

# VASCULAR INVESTIGATIONS UNIT

<p><b>DUPLEX ULTRASOUND</b> <b>LOWER LIMB VENOUS SCAN</b></p>	<p>Comments</p>
<p>DATE <u>21/06/22</u> SCAN NO. <u>162/22 / VVS</u></p>	<p>Resting pressures (mmHg) Brachial DPA PTA ABPI Right _____ Left _____</p>





SSV - competent in proximal calf; incompetent in mid calf due to in-flow from varicose vein and incompetent perforator vein; competent in far distal calf; fairly straight and <3 mm diameter throughout.

See diagram on PACS.

Vascular registrar on-call notified of bilateral gastrocnemius DVT & SVT; patient to be reviewed on Ward 22 SAU.

*History:* Left leg recurrent varicose veins.

*Report:*

LEFT:

CFV, PFV - competent, no DVT.

SFV, PopV, PTVs, PerVs - competent / low-velocity reflux, no DVT.

SFJ - competent.

LSV - not seen in thigh or mid calf; reformed from varicose veins in proximal and distal calf, incompetent and <3 mm diameter.

SPJ - not seen.

SSV - competent.

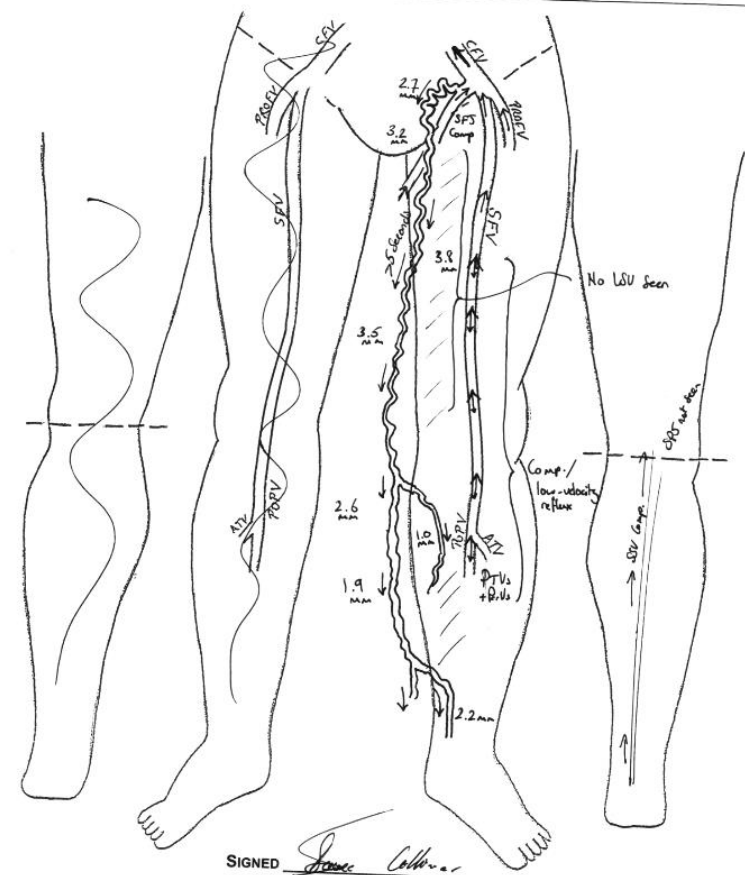
Varicose veins - originate from SFJ, incompetent (>5 seconds) coursing across medial and posterior thigh and calf.

See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

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<b>DUPLEX ULTRASOUND</b> <b>LOWER LIMB VENOUS SCAN</b>	Comments No DVT seen.
DATE 16/06/22 SCAN No. 257/22 / VVS	Resting pressures (mmHg) Brachial DPA PTA ABPI Right _____ Left _____



**History:** Left thigh superficial thrombophlebitis.

**Report:**

**LEFT:**

CFV, SFV, PopV, PTVs - competent, no DVT.

PerVs - difficult to image, not seen clearly.

SFJ, LSV, SPJ, SSV - competent.

Varicose veins - incompetent (>5 seconds), originate from mid-thigh LSV and course anterolaterally across thigh, knee and calf; generally 2-to-4 mm throughout; short segment of partial thrombus in mid-thigh segment.

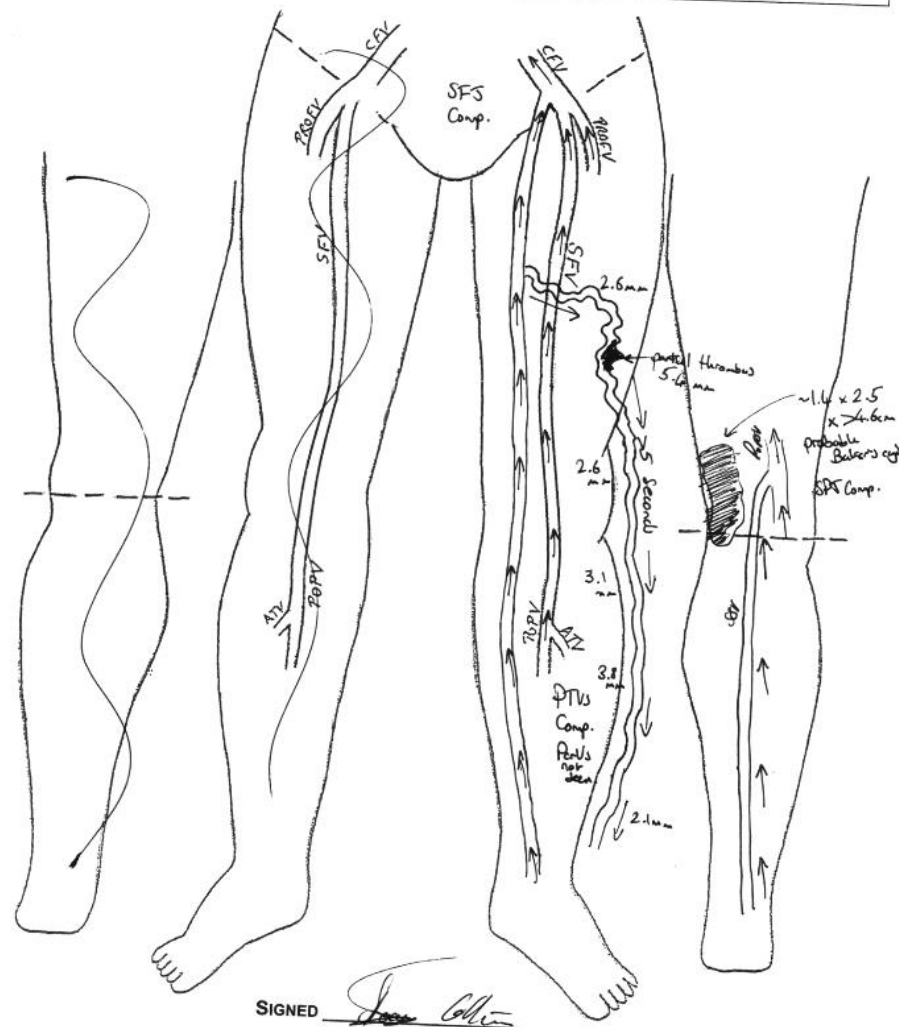
Probable Bakers cyst noted (~1.4 x 2.5 x >4.6 cm collection in popliteal fossa with no flow seen within).

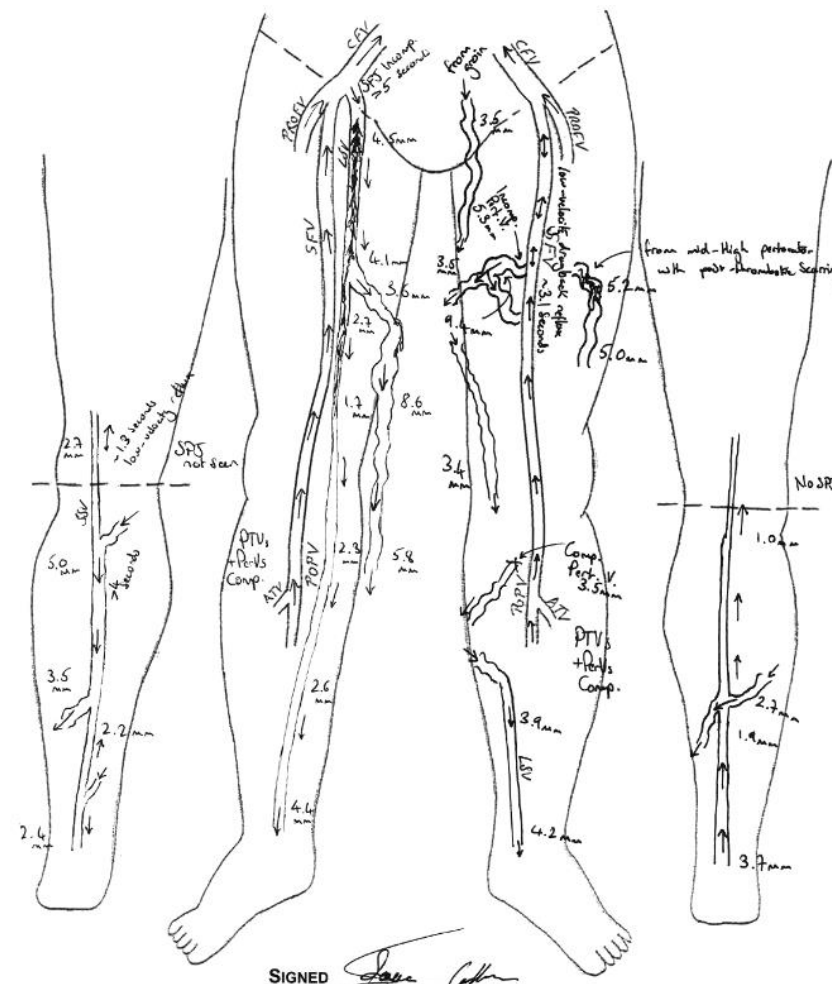
See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

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<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>	<b>Comments</b> No DVT seen.
	<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI
<b>DATE</b> 21/06/22 <b>SCAN No.</b> ___/22/ VVS	<b>Right</b> <b>Left</b>





**History:** Recurrent varicose veins (R>L). Awaiting Right knee replacement. Patient experienced pronounced vasovagal symptoms in response to venous augmentation during Right leg scan; Left leg scan rebooked for separate appointment.

**Report:**

**LEFT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ - not seen; ?recurrent to groin varicose veins.

LSV - not seen.

SPJ, SSV - competent.

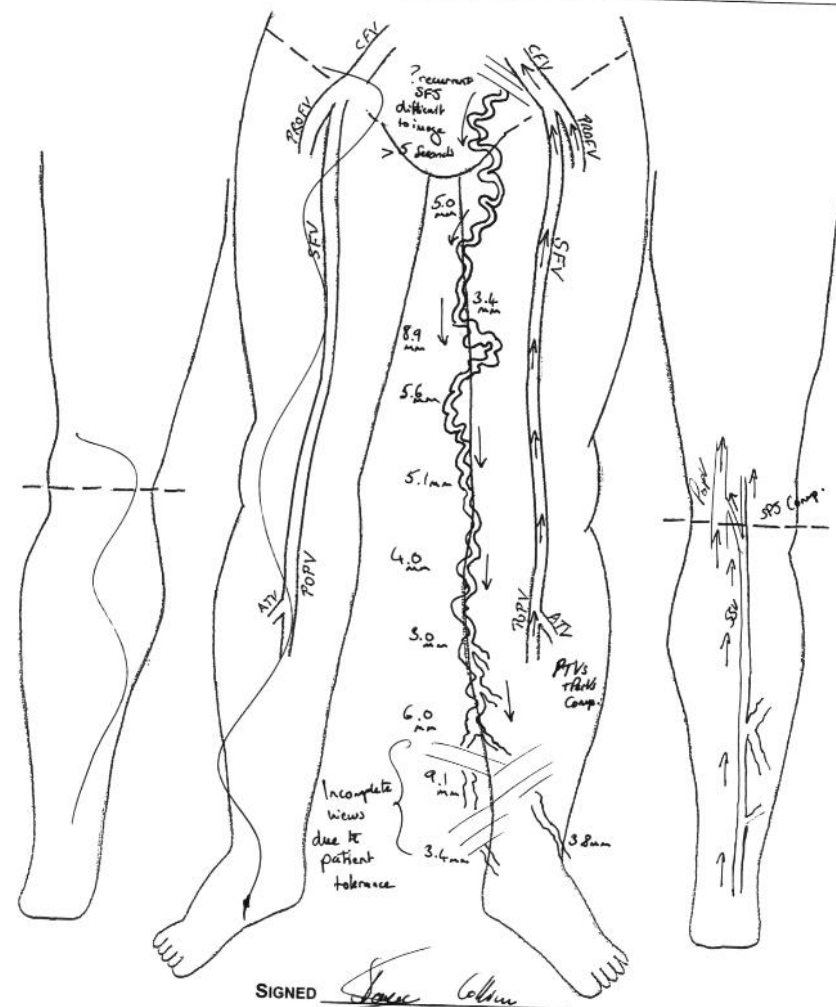
Varicose veins - incompetent (>5 seconds), tortuous, and generally between 3-to-9 mm diameter from groin to ankle; incomplete views at ankle due to patient tolerance.

See diagram on PACS.

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<b>DUPLEX ULTRASOUND</b> <b>LOWER LIMB VENOUS SCAN</b>	<b>Comments</b> Left LSV not seen.
DATE <u>27/05/22</u> SCAN No. <u>241/22 / VVS</u>	<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI Right _____ Left _____



*History:* Left leg varicose eczema.

*Report:*

LEFT:

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - competent.

Anterolateral Thigh Vein / Varicose Veins - incompetent, tortuous, and small <3 mm throughout from groin to ankle; coursing across anterolateral and lateral thigh, knee, and calf.

SPJ - not seen.

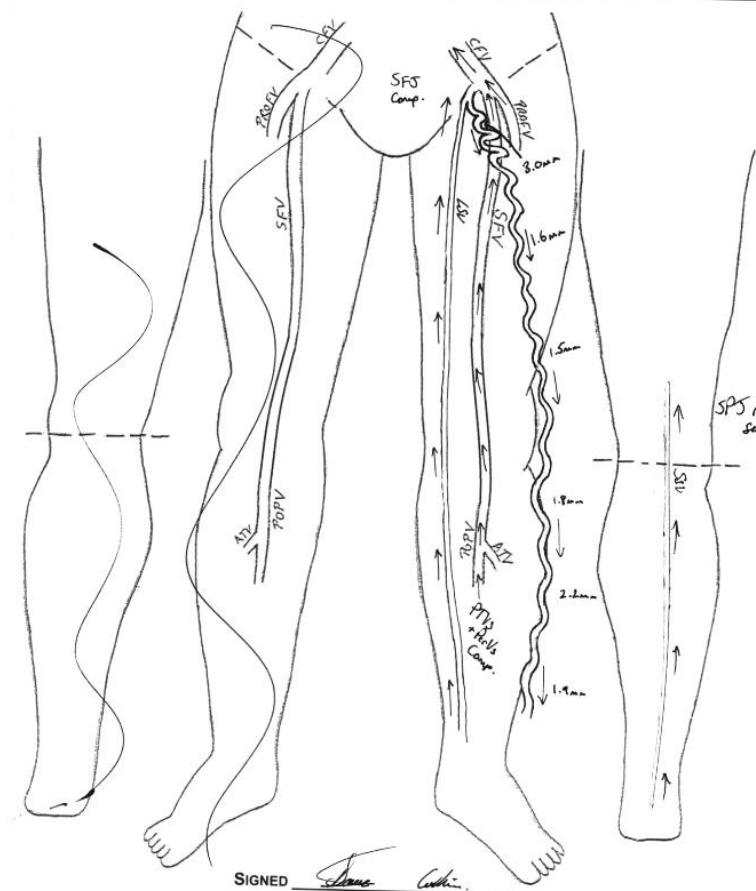
SSV - competent.

See diagram on PACS.

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<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>	Comments
DATE <u>05/05/22</u> SCAN No. <u>    </u> /22 / VVS	Resting pressures (mmHg) Brachial DPA PTA ABPI Right <u>    </u> Left <u>    </u>



History: Pre-op AVR + CABG.

Report:

RIGHT:

CFV, PFV, SFV - competent, no DVT.

PopV - incompetent (~3.2 seconds in distal segment), no DVT.

PTVs, PerVs - not seen, difficult to image.

SFJ, LSV - competent, fairly straight, and >2 mm diameter throughout.

SPJ - not seen.

SSV - competent, fairly straight, and >3 mm diameter throughout calf.

LEFT:

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - competent, fairly straight, and >3 mm diameter throughout.

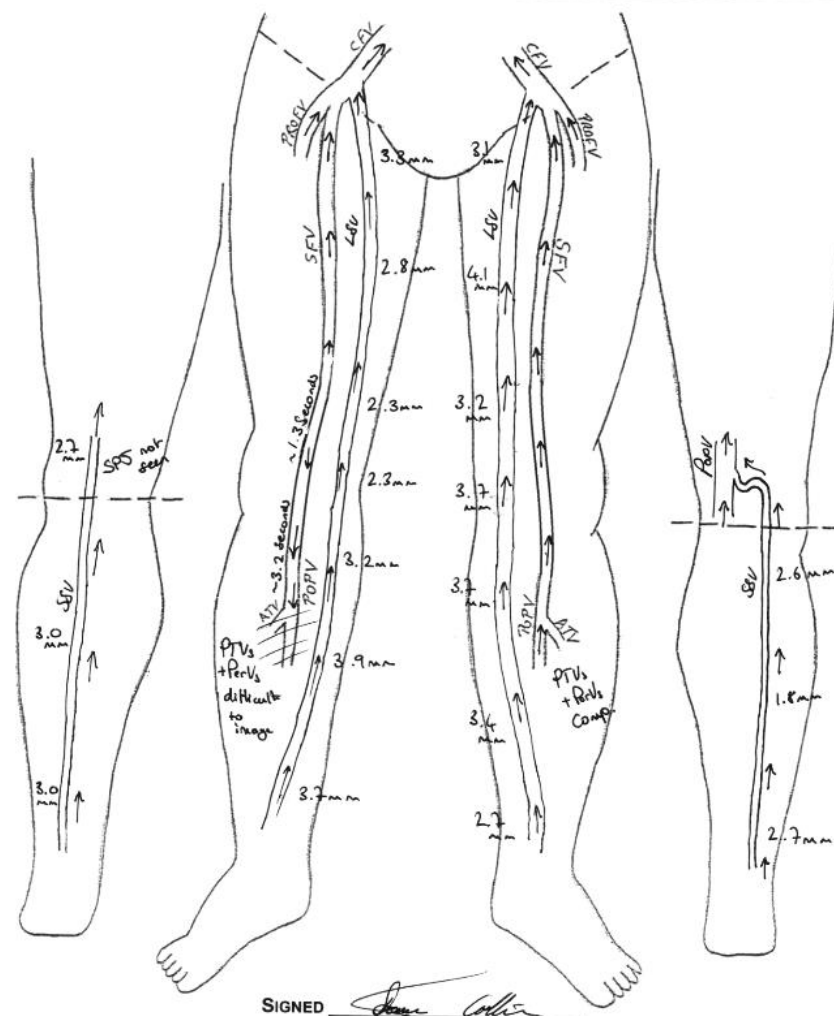
SPJ, SSV - competent, fairly straight, and <2 mm diameter in mid-calf.

See diagram on PACS.

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<b>DUPLEX ULTRASOUND</b> <b>LOWER LIMB VENOUS SCAN</b>	<b>Comments</b> No obvious DVT seen.
DATE <u>30/05/22</u> SCAN NO. <u>1667/22 / VVS</u>	<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI
	Right _____
	Left _____





*History:* Left lower leg skin changes and varicose veins.

*Report:*

**LEFT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - grossly incompetent (>5 seconds), fairly straight, and >3 mm diameter from groin to proximal calf; competent, fairly straight, and >3 mm diameter from proximal calf to ankle.

Principal varicose vein arises from proximal calf LSV and communicates with mid-calf LSV.

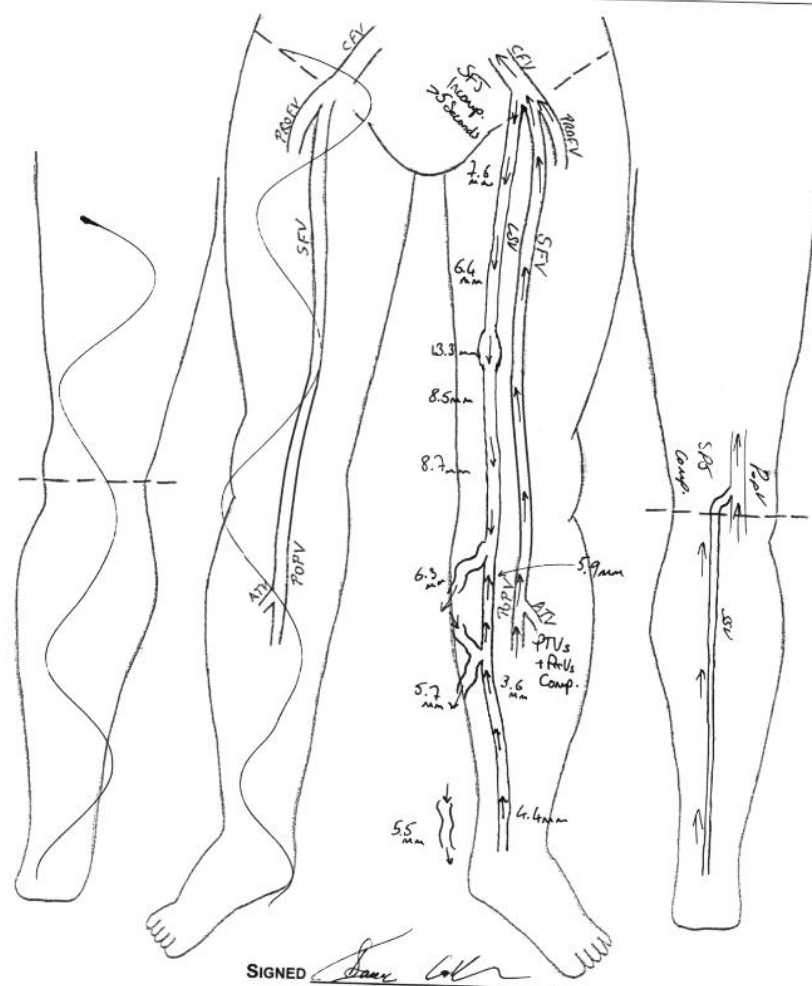
SPJ, SSV - competent.

See diagram on PACS.

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<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>	<b>Comments</b> <i>No evidence of DVT.</i>
<b>DATE</b> <i>01/04/22</i> <b>SCAN NO.</b> <i>177/22/VVS</i>	<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI Right _____ Left _____





**History:** Class 4 venous disease bilaterally. Right leg pain. Left leg bleeding veins.

**Report:**

**RIGHT:**

CFV - incompetent, no DVT.

SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - incompetent (~4.2 seconds), fairly straight, and >3 mm diameter from groin to mid-thigh; competent, small, and tortuous in distal thigh; not seen across knee or in proximal calf; reformed in mid calf from varicose vein and incompetent perforator vein; incompetent, fairly straight, and <3 mm diameter to distal calf.

Principal varicose vein arises in mid thigh from LSV, with post-thrombotic scarring seen in proximal calf.

SPJ, SSV - competent.

**LEFT:**

CFV - incompetent, no DVT.

SFV, PopV - competent, no DVT.

PTVs, PerVs - poor views, ?competent.

SFJ, ALT - low-velocity reflux (>4.4 seconds) to anterolateral thigh vein, which devolves to small varicose veins across mid-thigh.

LSV - competent, fairly straight, and >3 mm diameter in proximal thigh; incompetent, fairly straight, and >3 mm diameter from prox.-mid thigh to knee; post-thrombotic scarring in proximal calf segment; incompetent, fairly straight, and small in mid calf; ?occluded in distal calf.

Principal varicose vein arises in prox.mid calf from LSV and incompetent perforator vein.

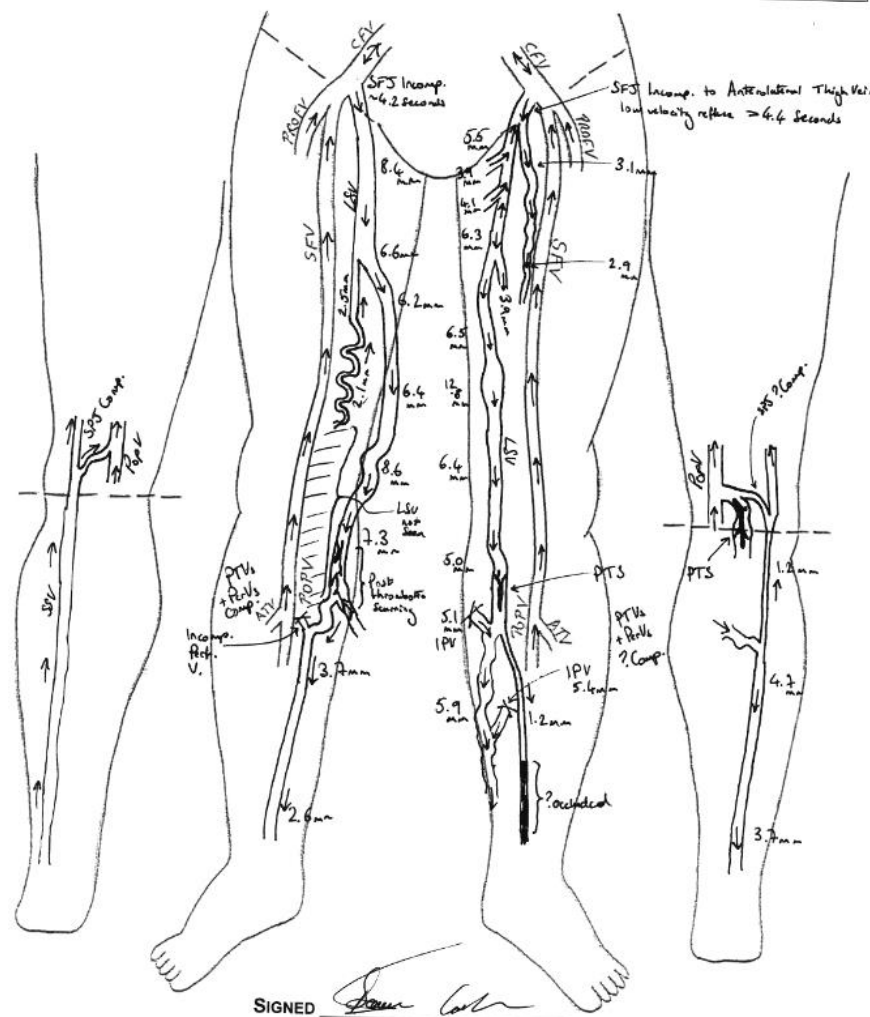
SPJ - ?competent; conjoined to gastrocnemius trunk which contains post-thrombotic scarring.

SSV - competent, fairly straight, and small in proximal calf; incompetent, fairly straight, and >3 mm diameter in mid and distal calf, fed by mid-calf varicose vein.

See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>		<b>Comments</b>	
DATE <u>31/03/22</u> SCAN No. <u>1221 VVS</u>		<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI Right _____ Left _____	



**History:** Left leg gross varicosities in ALT and LSV distribution. Bleeding in November 2021.

**Report:**

**LEFT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ - incompetent (>5 seconds) feeding ATL.

ATLV - incompetent and seen to proximal thigh; gives rise to extensive tortuous varicose veins across anterior thigh, distal medial thigh, knee, medial calf, and anterolateral distal calf.

LSV - short-segment incompetence in proximal calf due to in-flow from varicose vein; otherwise competent, fairly straight, and >3 mm diameter throughout leg.

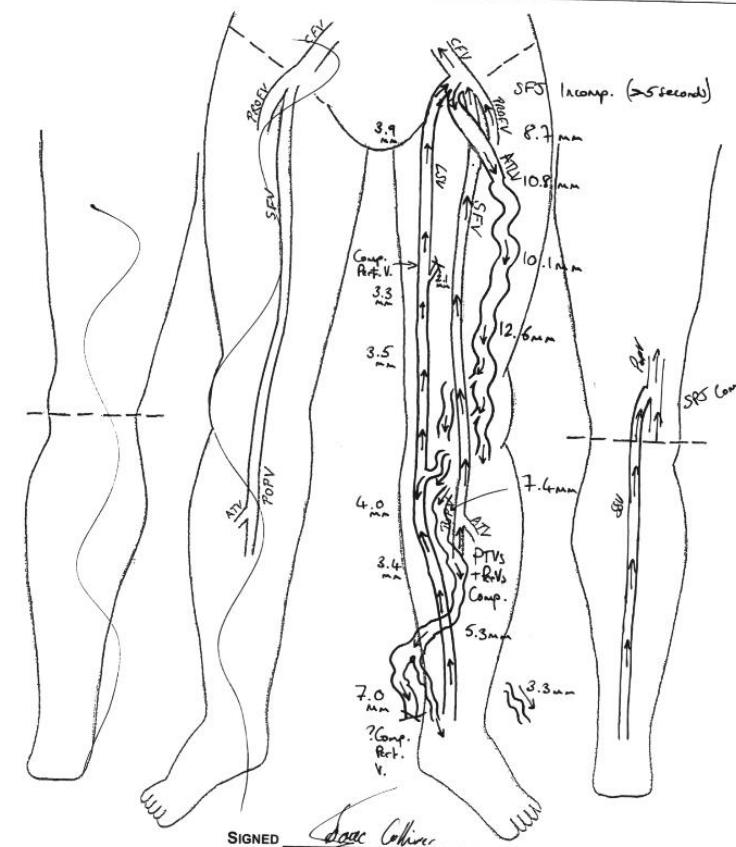
SFJ, SSV - competent.

See diagram on PACS.

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<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>	Comments
DATE <u>23/06/22</u> SCAN No. <u>280/22 / VVS</u>	Resting pressures (mmHg) Brachial DPA PTA ABPI Right _____ Left _____



**History:** Bilateral CEAP 4 varicose veins (LR).

**Report:**

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - incompetent (>5 seconds), fairly straight, and >3 mm diameter from groin to proximal calf; competent, fairly straight, and <3 mm diameter from proximal calf to distal calf.

SPJ, SSV - competent.

**LEFT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - incompetent (~4.6 seconds) from groin to proximal calf; competent from proximal calf to distal calf; fairly straight and >3 mm diameter throughout.

SPJ - not seen.

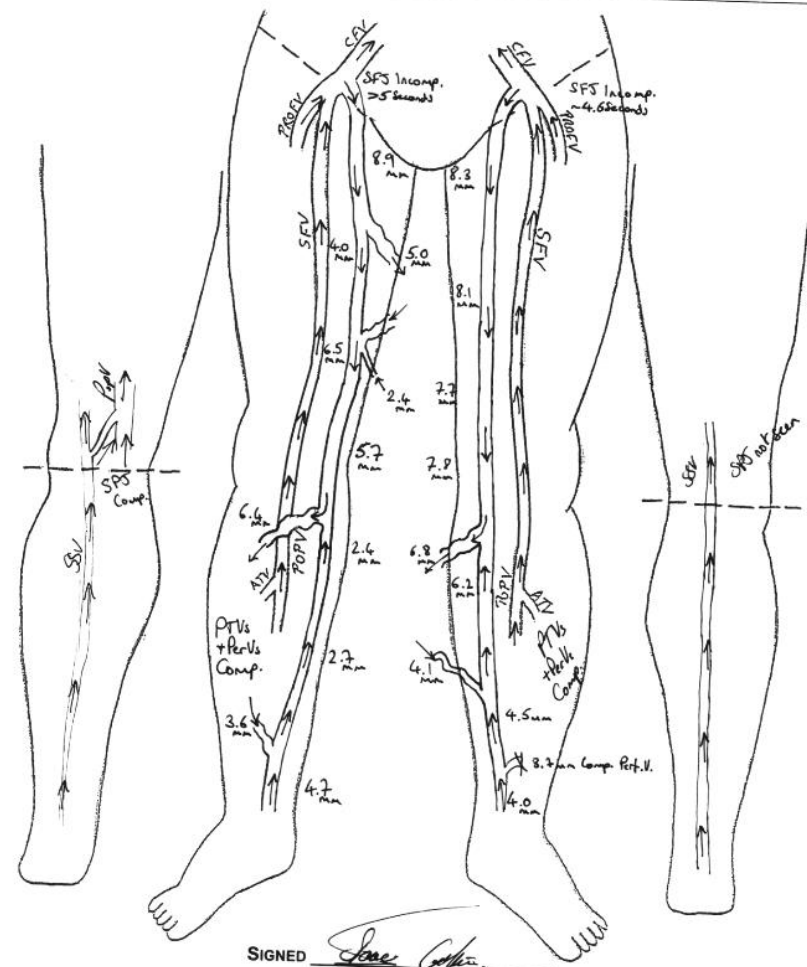
SSV - competent.

See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

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<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>	<b>Comments</b> No DVT.
<b>DATE</b> 15/06/22 <b>SCAN No.</b> 281/22 / VVS	<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI
	<b>Right</b>
	<b>Left</b>



**History:** Bilateral leg pain and paraesthesia on walking. Also has varicose veins.

**Report:**

Resting ABPIs (Right - 1.27; Left - 1.16) were normal bilaterally. Audibly bi/triphasic Doppler flow waveforms were heard in both feet.

Post-exercise ABPIs (Right - 1.22; Left - 1.16) showed no significant change.

Exercise tolerance (>500 m @ 3.0 km/hr) was not limited. Patient reported mild-to-moderate Left anterior proximal calf 'tightening' (onset ~100 m) and mild Right posterior proximal calf pain (onset ~330 m).

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.  
 SFJ, ATLV - incompetent (>3 seconds) and >3 mm diameter to anterior knee.  
 LSV - short segment incompetence across knee due to transecting varicose vein; otherwise competent, fairly straight, and <3 mm diameter.  
 SPJ, SSV - competent.

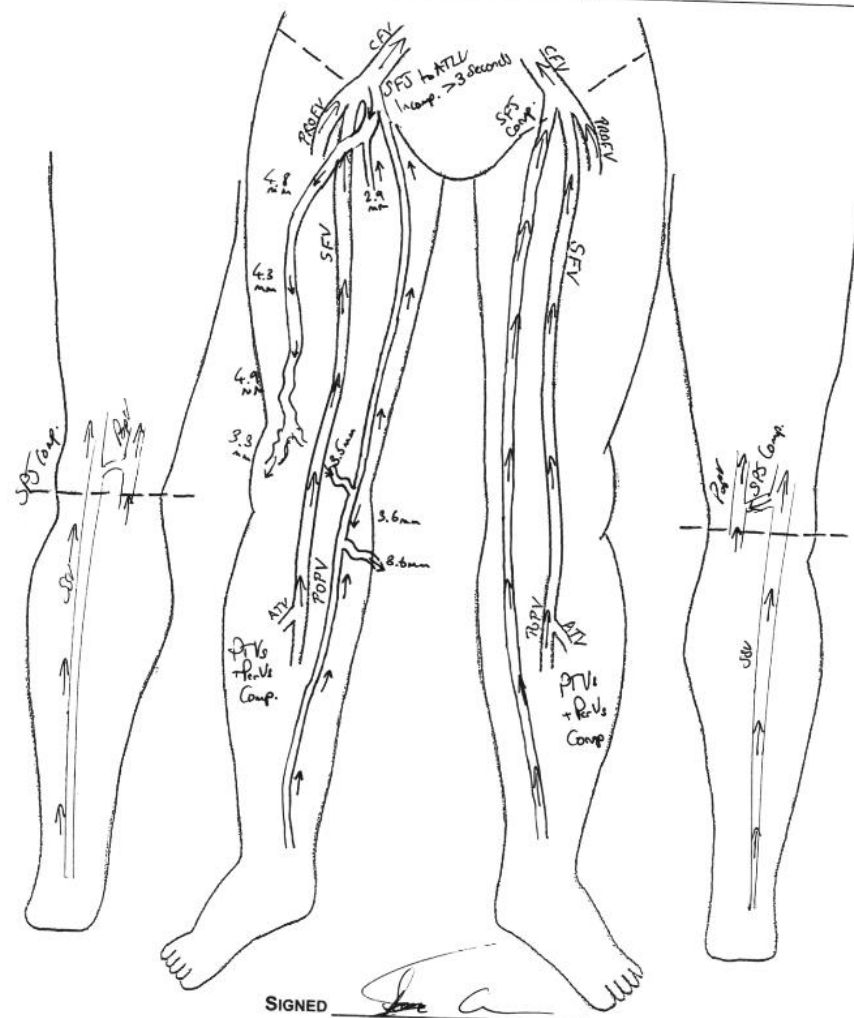
**LEFT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.  
 SFJ, LSV, SPJ, SSV - competent.

See diagram on PACS.

# VASCULAR INVESTIGATIONS UNIT

<b>DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN</b>		<b>Comments</b> No DVT.	
DATE 10/06/22 SCAN No. 257/22 / VVS		Resting pressures (mmHg) / Post-Exercise pressures Brachial DPA PTA ABPI Right 162/160 174 206/144 1.27/1.22 Ar Left 162/160 180 180 1.16/1.20 Ar	



**History:** Right leg class 3 varicose veins.

**Report:**

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - incompetent (~2.6 seconds), fairly straight, and >3 mm diameter from groin to mid calf; draining into mid calf varicose vein; competent, fairly straight, and <3 mm diameter in distal calf.

SPJ - not seen.

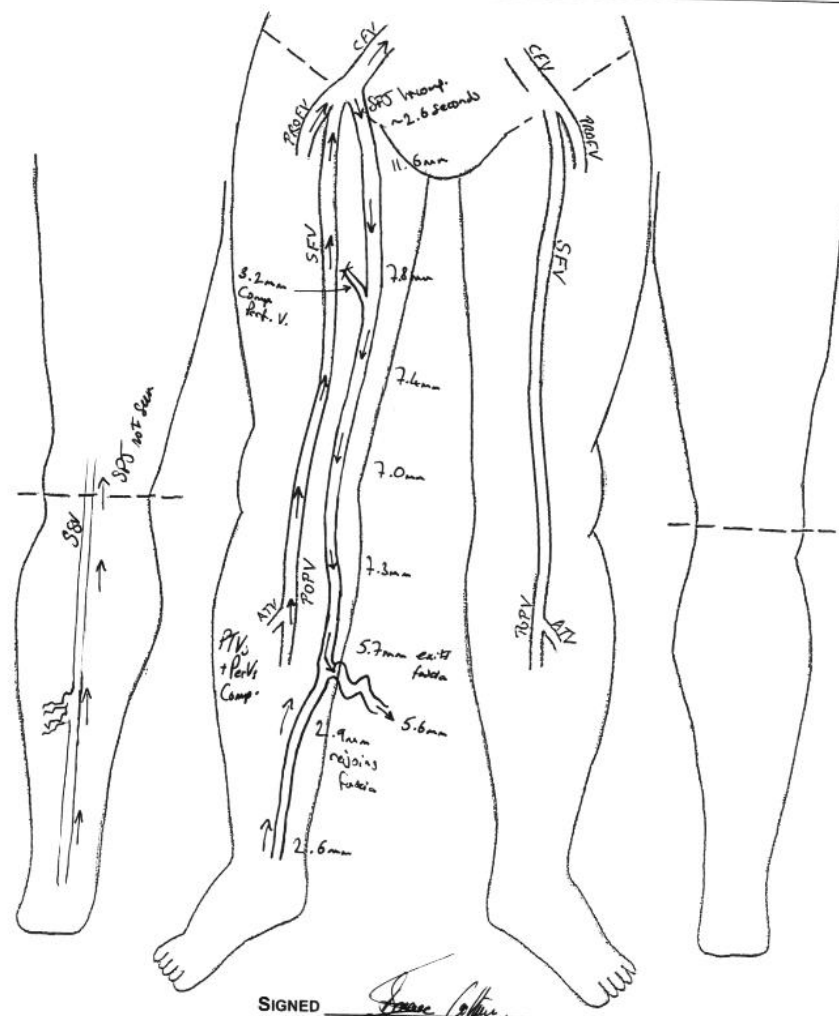
SSV - competent, fairly straight, and <3 mm diameter throughout.

See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

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<b>DUPLEX ULTRASOUND</b> <b>LOWER LIMB VENOUS SCAN</b>	<b>Comments</b>																				
DATE <u>20/05/22</u> SCAN NO. <u>136/22/1 VVS</u>	<table border="1"> <tr> <th colspan="5">Resting pressures (mmHg)</th> </tr> <tr> <th></th> <th>Brachial</th> <th>DPA</th> <th>PTA</th> <th>ABPI</th> </tr> <tr> <td>Right</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Resting pressures (mmHg)						Brachial	DPA	PTA	ABPI	Right					Left				
Resting pressures (mmHg)																					
	Brachial	DPA	PTA	ABPI																	
Right																					
Left																					



**History:** Moderate varicose veins on Right thigh, occasional eczema. Investigated under Mr Higman in 2014. Please exclude AVM.

**Report:**

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SPJ, SSV - competent.

SFJ, LSV, ATLV, VVs - incompetent (>5 seconds) from groin, generally very tortuous, between 2 and 5 mm throughout.

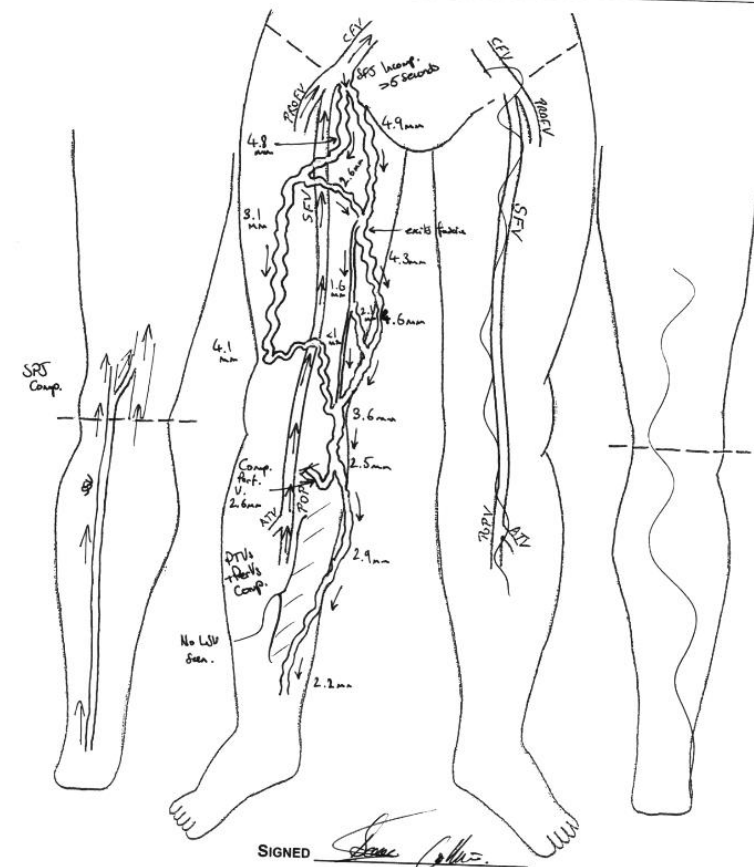
No evidence of arteriovenous malformation seen.

See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

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NHS Trust

<b>DUPLEX ULTRASOUND</b> <b>LOWER LIMB VENOUS SCAN</b>	<b>Comments</b> No DVT.
DATE <u>15/06/22</u> SCAN No. <u>260/22 / VVS</u>	<b>Resting pressures (mmHg)</b> Brachial DPA PTA ABPI Right _____ Left _____





**History:** Right gaiter ulcer. Borderline DM. Reduced TBPI in community (0.6).

**Report:**

Resting ABPIs were not measurable due to incompressible crural arteries. Distal PTA appeared occluded bilaterally. Low-velocity biphasic flow seen in mid-DPA, bilaterally (borderline monophasic on Left).

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - incompetent (~2.6 seconds), fairly straight, and >3 mm diameter from groin to proximal calf; exits fascia and becomes varicose from proximal calf; not seen in mid calf; reformed from varicose vein in distal calf.

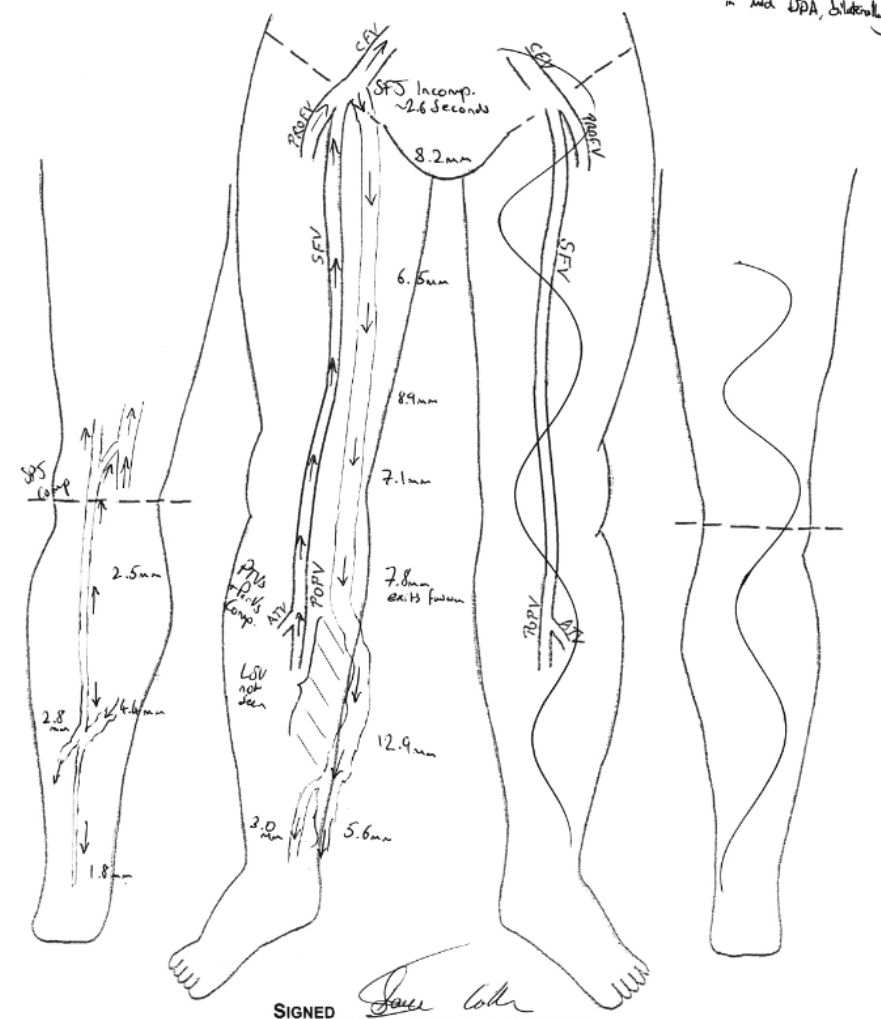
SPJ - competent.

SSV - competent in proximal calf; ?incompetent in mid and distal calf, due to in-flow from mid-calf varicose vein; otherwise generally fairly straight and <3 mm diameter throughout.

See diagram on PACS.

**VASCULAR INVESTIGATIONS UNIT**

DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN		Comments
DATE <u>27/04/22</u> SCAN NO. <u>207/22 / VVS</u>		Resting pressures (mmHg) Brachial DPA PTA ABPI Distal PTA occluded
Right		_____
Left		_____





**History:** Right leg varicose veins with leg swelling.

**Report:**

**RIGHT:**

CFV, SFV, PopV, PTVs, PerVs - competent, no DVT.

SFJ, LSV - incompetent (>5 seconds) from groin to mid-distal thigh, giving rise to principal varicose vein; competent from distal thigh to mid-distal calf; incompetent from mid-distal calf to ankle; <3 mm diameter in proximal and mid calf, otherwise >3 mm diameter, and fairly straight throughout.

SPJ - not seen.

SSV - small, competent.

See diagram on PACS.

## VASCULAR INVESTIGATIONS UNIT

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DUPLEX ULTRASOUND LOWER LIMB VENOUS SCAN		Comments	
DATE <u>12/04/22</u> SCAN NO. <u>181/22/VVS</u>		Resting pressures (mmHg) Brachial DPA PTA ABPI	
		Right _____	
		Left _____	

