



Reason

DVT, Routine

Outcome

DVT positive - chronic, Occlusion, Incompetence - deep, Incompetence - superficial

Right

Deep Veins

Patency

Competency

Common Iliac Vein

Patent

External Iliac Vein

Patent

Internal Iliac Vein

Patent (origin)

Common Femoral Vein

Widely Patent

Competent

Profunda Vein

Widely Patent

Competent

Superficial Femoral Vein

Widely Patent

Slight 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

Gastrocnemius

Widely Patent

Competent

Superficial Veins

Saphenofemoral Junction

Patent

Competent

L Saphenous Vein Above

Patent

Competent

L Saphenous Vein Below

Patent

Isolated Incompetence

Vein of Giacomini

Not Identified

Saphenopopliteal Junction

Patent

Incompetent

S Saphenous Vein

Patent

Incompetent

Evidence of D.V.T.

Above the knee

No

Popliteal

No

Below the knee

No

Left

Patency

Competency

Absent

Likely chronically occluded

Patent

Widely Patent

Aphasic flow

Widely Patent

Competent

Widely Patent

Competent

Widely Patent

Competent

Widely Patent

Competent

Widely Patent

Competent

Widely Patent

Competent

Widely Patent

Competent

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

?Iliac vein occlusion following surgery in France, unsure of laterality

All measurements are proximal to the medial malleolus unless otherwise stated

IVC - Appears widely patent with good wall-to-wall colour filling.

RIGHT

Common iliac and external iliac veins appear patent with reasonable wall-to-wall colour filling and no evidence of previous DVT. Flow in the common femoral vein is phasic with respiration, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT. Slight incompetence noted in the superficial femoral vein ?due to large IC SPJ, ?IC valve.

Assessed by

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Checked by

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent, competent and linear in the thigh. The LSV leaves the fascia around the knee crease and remains out of the fascia until ~13cm. At ~14cm an incompetent branch communicates with the out of the fascia LSV, rendering it incompetent. After it re-enters the fascia, the LSV remains incompetent. At ~8cm, the LSV becomes very small calibre; unable to trace distally to this point.

Sapheno-popliteal junction (SPJ) is widely patent and incompetent. Short Saphenous vein (SSV) is widely patent and incompetent to the mid-distal calf. Incompetent branch at ~12cm that travels medially to communicate with the LSV. The SSV is competent distal to this.

Transverse (AP) dimensions of SSV:

Proximal calf - 0.38cm,

Mid calf - 0.41cm,

Distal calf - 0.14cm.

LEFT

Common iliac vein not identified; likely chronically occluded. External iliac vein appears to be reformed by collateral vessels and appears patent with reasonable colour filling along length. Flow in the common femoral vein is aphasic, likely due to chronically occluded common iliac vein. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) is widely patent and competent. Tortuous, proximal, collateral veins communicate with the SFJ, however, these appear to be competent. Long Saphenous vein (LSV) is widely patent, competent and linear in the prox-mid thigh. At ~50cm there is an incompetent valve before incompetent branches leave the LSV at ~48cm, forming medial thigh and calf varicosities. Distal to this, the LSV appears small calibre, patent and competent along length. From ~25cm to ~12cm, there is no true LSV within the fascia. The LSV is reformed by a competent perforator at ~12cm and remains competent to the ankle.

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

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.32cm,

Mid thigh - 0.3cm,

Distal thigh - 0.17cm.

CONCLUSION: Evidence of chronic LEFT common iliac vein occlusion. Evidence of bilateral superficial venous incompetence and right deep venous incompetence.

