



Reason Routine

Outcome DVT equivocal, Poor Images, patient habitus, Superficial oedema, Incompetence - 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	Patent		Patent	
Profunda Vein	Patent		Patent	
Superficial Femoral Vein	Patent		Patent	
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Poor Flow		Poor Flow	
Anterior Tibial Vein	Poor Flow		Poor Flow	
Peroneal Vein	Poor Flow		Poor Flow	
Soleal Vein				
Gastrocnemius	Poor Flow		Poor Flow	
Superficial Veins				
Saphenofemoral Junction	Not Identified	Previous surgery	Patent	?proximal branches
L Saphenous Vein Above	Not Identified	Previous surgery	Not Identified	Previous surgery
L Saphenous Vein Below	Reforms prox calf	Incompetent	Reforms mid calf	
Vein of Giacomini	Not Identified		Patent	Competent
Saphenopopliteal 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	Cannot Exclude		Cannot Exclude	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

Extremely limited and very challenging assessment due to patient body habitus, vessel depth, very poor skin condition, superficial oedema and poor mobility. Curved array transducer utilised throughout assessment; poor quality images obtained and very low confidence assessment

The proximal right and left lower limbs had to be scanned supine to allow access to the groin and thigh, therefore, unable to assess competency

All measurements are proximal to the medial malleolus unless otherwise stated

RIGHT

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 patent with no evidence of previous DVT. Very poor images of the deep

Assessed by Rae Larmour

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Checked by



calf veins due to vessel depth, superficial oedema and very poor tissue resolution - unable to exclude a DVT in these vessels or comment on their competency.

Sapheno-femoral junction (SFJ) and LSV in the thigh and proximal calf was not identified due to previous varicose vein surgery. Several small, tortuous, incompetent veins noted throughout the thigh, however, unable to trace their source. Large group of tortuous incompetent veins reform the LSV in the proximal calf at ~27cm. LSV is incompetent throughout the calf with incompetent branches at ~24cm (to posterior calf) & 20cm (medial anterior calf). The LSV leaves the fascia at ~14cm and remains out of the fascia to the ankle.

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

Transverse (AP) dimensions of LSV:

Proximal thigh - Not identified, previous surgery.

Mid thigh - Not identified, previous surgery.

Distal thigh - Not identified, previous surgery.

Proximal calf - Not identified, previous surgery.

Mid calf - 0.74cm,

Distal calf - 0.58cm.

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 patent with no evidence of previous DVT. Very poor images of the deep calf veins due to vessel depth, superficial oedema and very poor tissue resolution - unable to exclude a DVT in these vessels or comment on their competency.

Sapheno-femoral junction (SFJ) appears to be reformed by proximal vessels ?competency. LSV in the thigh and proximal calf not identified due to previous varicose vein surgery. Several small, tortuous, incompetent veins noted throughout the thigh and calf however, unable to trace their source. LSV reforms in the mid calf at ~21cm and the reformed LSV appears competent throughout however ?accuracy due to difficulty in augmenting flow.

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 - Not identified, previous surgery.

Mid thigh - Not identified, previous surgery.

Distal thigh - Not identified, previous surgery.

Proximal calf - Not identified, previous surgery.

Mid calf - 0.68cm,

Distal calf - 0.58cm.

LOW CONFIDENCE ASSESSMENT. PATIENT EXCEEDS THE LIMITS OF SUITABILITY FOR ULTRASOUND ASSESSMENT.

