



Reason Routine
Outcome DVT negative, Competent

| | Right | | Left | |
|---------------------------|----------------|------------------|----------------|------------|
| | Patency | Competency | Patency | Competency |
| Deep Veins | | | | |
| Common Iliac Vein | | | | |
| External Iliac Vein | | | | |
| Internal Iliac Vein | | | | |
| Common Femoral Vein | Widely Patent | | Widely Patent | |
| Profunda Vein | Widely Patent | | Widely Patent | |
| Superficial Femoral Vein | Widely Patent | | Widely Patent | |
| Popliteal Vein | Widely Patent | | Widely Patent | |
| Posterior Tibial Vein | Patent | Competent | Patent | Competent |
| Anterior Tibial Vein | Patent | Competent | Patent | Competent |
| Peroneal Vein | Patent | Competent | Patent | Competent |
| Soleal Vein | | | | |
| Gastrocnemius | Patent | Competent | Patent | Competent |
| Superficial Veins | | | | |
| Saphenofemoral Junction | Not Identified | previous surgery | Patent | |
| L Saphenous Vein Above | Not Identified | previous surgery | Patent | Competent |
| L Saphenous Vein Below | Patent | Competent | Patent | Competent |
| Vein of Giacomini | Not Identified | | Not Identified | |
| Saphenopopliteal Junction | Patent | Competent | Patent | Competent |
| S Saphenous Vein | Patent | Competent | Patent | Competent |
| Evidence of D.V.T. | | | | |
| Above the knee | No | | No | |
| Popliteal | No | | No | |
| Below the knee | No | | No | |

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

Challenging assessment due to limited patient mobility and poor skin condition. Proximal right and left lower limbs scanned with the patient supine to allow access to the groin, therefore, vessel competency not assessed

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 widely patent with no evidence of previous DVT. Deep calf veins were challenging to view due to poor tissue resolution, however, all appear patent and competent with reasonable colour filling and are fully compressible.



Sapheno-femoral junction (SFJ) and the thigh and proximal calf LSV not identified due to previous vein harvest. LSV in the mid-distal calf is patent and competent. Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent along length.

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 widely patent with no evidence of previous DVT. Deep calf veins were challenging to view due to poor tissue resolution, however, all appear patent and competent with reasonable colour filling and are fully compressible.

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