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**Reason** Varicose vein  
**Outcome** Incompetence - superficial

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

**Notes****BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

\*All measurements are proximal to the medial malleolus unless otherwise stated\*

\*Multiple small spider veins visualised on both the right and left lower limbs. However, due to their very small size and very superficial nature, unable to adequately assess these vessels using Duplex Ultrasound\*

**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 appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent and competent in the thigh and proximal calf. The LSV leaves the fascia in the proximal thigh at

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~52cm. At ~20cm the LSV is reformed within the fascia and an incompetent branch from the SSV communicates with it, rendering it incompetent. The LSV remains incompetent to the ankle with small incompetent branches noted at ~16cm that track distally along the medial calf. Incompetent perforator from the posterior tibial veins noted at ~8cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. Incompetent perforator noted at ~17cm with an incompetent branch leaving the SSV at the same point which tracks medially towards the LSV.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.6cm,

Mid thigh - 0.36cm (leaves the fascia),

Distal thigh - 0.33cm.

Proximal calf - 0.36cm (very superficial, ~0.15cm from the skin surface),

Mid calf - 0.36cm (returns to fascia),

Distal calf - 0.34cm.

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 appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent and competent along length, leaving the fascia at ~52cm and returning to it at ~20cm.

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

Transverse (AP) dimensions of SSV:

Proximal calf - 0.6cm,

Mid calf - 0.5cm,

Distal calf - 0.42cm.

