



Reason Varicose vein
Outcome Incompetence - deep, Poor images, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein	Not Assessed		Not Assessed	
External Iliac Vein	Not Assessed		Not Assessed	
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	1 x Patent & competent	1 x Patent & Incompetent	Patent	Competent
Popliteal Vein	Patent	Incompetent	Patent	Competent
Posterior Tibial Vein	1 x Patent & competent	1 x Patent & Incompetent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	1 x Patent & competent	1 x patent & incompetent
Peroneal Vein	1 x Patent & competent	1 x Patent & Incompetent	Patent	Competent
Soleal Vein			Patent	Competent
Gastrocnemius	Patent	Competent	Not Assessed	Competent
Superficial Veins				
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	Patent	Competent
Saphenopopliteal Junction	Not Identified		Patent	Competent
S Saphenous Vein	Patent	Competent	Not Identified	
			Patent	Isolated Incompetence
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**

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. The common femoral and profunda femoral veins are patent and competent with no evidence of previous DVT. The superficial femoral vein is bifid; one vessel appears patent and competent whilst the other is of large calibre, patent and incompetent. The popliteal, posterior tibial and peroneal veins all appear patent and incompetent. The gastrocnemius and anterior tibial veins appear patent and competent.

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely

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patent, competent and linear in the thigh and prox-mid calf. At ~12cm, anterior calf varicosity communicates with the LSV, rendering it incompetent which it remains 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.

The anterior thigh vein in the proximal-mid thigh is widely patent and competent. In the mid-thigh, the anterior thigh vein leaves the fascia and becomes tortuous and varicose, however, still appears competent at this point. These anterior thigh varicosities track laterally around the knee and at this point, appear to become incompetent ?source, forming the anterior shin varicosities. These varicosities communicate with the LSV at ~12cm, rendering it incompetent.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.63cm,

Mid thigh - 0.46cm,

Distal thigh - 0.34cm.

Proximal calf - 0.46cm,

Mid calf - 0.39cm,

Distal calf - 0.44cm.

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 patent and competent with no evidence of previous DVT. One of the posterior tibial veins appears patent with incompetent flow along length.

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent, competent and linear along length. At ~33cm, a competent branch leaves the LSV. At ~30cm, this branch splits in to two incompetent branches which travel along the medial aspect of the calf.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. Incompetent perforator at ~21cm renders the SSV incompetent, which it remains to the ankle.

Anterior shin and lateral calf varicosities can be tracked proximally travelling on the lateral aspect of the knee and up to the mid anterior thigh. At this point, they become very small calibre - unable to track them any further proximally ?source.

Transverse (AP) dimensions of SSV:

Proximal calf - 0.42cm,

Mid calf - 0.2cm,

Distal calf - 0.4cm.

