



Reason Routine
Outcome 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 | 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 |
| 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 | Not Identified | | Patent | Competent |
| Saphenopopliteal Junction | Patent | Competent | Patent | Incompetent |
| S Saphenous Vein | Patent | Isolated Incompetence | 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

Limited assessment due to limited patient mobility. Patient scanned sat on the edge of the couch

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 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, competent and linear in the thigh and proximal calf. At ~32cm the LSV leaves the fascia. At ~18cm the out of fascia LSV splits in to two branches; a competent branch remains out of the fascia in the medial

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calf while an incompetent branch returns to the fascia to reform the LSV. The LSV remains incompetent for ~10cm before communicating with a competent perforator at ~8cm. The LSV is then 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. The SSV is competent in the proximal calf. Incompetent perforator at ~13cm renders the SSV incompetent which it remains to the level of the ankle, where it communicates with a competent perforator.

Transverse (AP) dimensions of LSV:

Proximal calf - 0.41cm,

Mid calf - 0.24cm,

Distal calf - 0.33cm.

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, competent and linear along length. Incompetent valve at ~28cm and at the same point, incompetent branch identified. This incompetent branch travels medially until communicating with a competent perforator at ~20cm.

Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. There is an incompetent Sapheno-popliteal junction and the proximal calf SSV is incompetent. At ~24cm (from lateral malleolus) SSV communicates with a competent perforator, rendering it competent, which it remains to the ankle.



