



<b>Reason</b>	DVT
<b>Outcome</b>	DVT negative, Superficial oedema, Incompetence - deep, Chronic Superficial thrombophlebitis, Poor images, Incompetence - superficial

	<b>Right</b>		<b>Left</b>	
	Patency	Competency	Patency	Competency
<b>Deep Veins</b>				
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	1 x Patent + Competent	1 x patent + slight IC	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	1 x Patent + Competent	1 x patent + slight IC	Patent	Competent
Soleal Vein	Patent	Slight Incompetence	Patent	Isolated Incompetence
Gastrocnemius	Patent	Competent	Patent	Isolated Incompetence
<b>Superficial Veins</b>				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Isolated Incompetence
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Incompetent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Areas of Thrombus - Old	Patent + Competent	Patent	Isolated Incompetence
<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**

\*Challenging assessment due to patient's limited mobility\*

\*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 widely patent and competent with no evidence of previous DVT. The calf veins were challenging to visualise due to superficial oedema; poor images throughout. The anterior tibial and Gastrocnemius veins appear patent and competent with reasonable colour filling and are fully compressible. One of the posterior tibial and peroneal veins appears patent and competent whilst the other

Assessed by Rae Larmour

Printed on 20/06/2022 at 3:07 pm

Checked by



veins appear patent with slightly incompetent flow identified. Slightly incompetent flow noted in one of the ?soleal veins; difficult to trace due to poor images.

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. Incompetent perforator from the ?soleal veins, communicates with the LSV at ~16cm rendering it incompetent, which it remains to the ankle. Small incompetent branches leave the LSV at ~14cm and form the small posterior-medial varicosities.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. Areas of old non-occlusive superficial thrombophlebitis identified in the proximal SSV but it remains competent throughout.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.57cm,

Mid thigh - 0.29cm,

Distal thigh - 0.26cm,

Proximal calf - 0.25cm,

Mid calf - 0.3cm,

Distal calf - 0.28cm.

#### 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 and competent with no evidence of previous DVT. The calf veins were challenging to visualise due to superficial oedema; poor images throughout. The anterior tibial, posterior tibial and peroneal veins all appear patent with reasonable colour filling and no evidence of previous DVT. Slight incompetence identified in some of the Gastrocnemius and Soleal veins, but all appear patent and fully compressible.

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent, competent and linear in the proximal-mid thigh. Incompetent valve at ~55cm renders the LSV incompetent, which it remains throughout the thigh and proximal calf. Incompetent branch leaves the LSV at ~34cm forming the posterior-medial calf varicosities and the LSV is competent at this point, until a small incompetent branch re-joins the LSV at ~29cm rendering it incompetent again which it remains to the ankle. Incompetent varicosity to the calf varicosities at ~20cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini (VOG). The SSV is competent in the proximal calf. At ~18cm an incompetent branch from the LSV varicosities communicates with the SSV, rendering it incompetent. At ~10cm, small incompetent branches leave the SSV, contributing to the postero-medial calf varicosities and the SSV is then competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.6cm,

Mid thigh - 0.62cm,

Distal thigh - 0.5cm,

Proximal calf - 0.45cm,

Mid calf - 0.27cm,

Distal calf - 0.3cm.

