



Reason Routine

Outcome DVT negative, Poor images, patient habitus, Chronic Superficial thrombophlebitis, 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	Not Assessed		Not Assessed	
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Competent
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	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Isolated Incompetence
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Areas of Thrombus - old	Isolated Incompetence	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 patient body habitus, vessel depth and hardened skin on the bilateral calves

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 patent and competent with no evidence of previous DVT.

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

Assessed by Rae Larmour

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Checked by



patent, competent and linear in the thigh and proximal calf. Large competent branch from the LSV at ~52cm which travels medially throughout the thigh. In the proximal calf, the large competent branch splits in to multiple competent branches. Incompetent perforator to one of the branches at ~26cm, which then forms multiple incompetent medial calf branches. One of the branches communicates with the LSV at ~17cm, another one forms small incompetent anterior shin veins and the a further one travels posteriorly to communicate with the SSV. Following communication from the incompetent branch, the LSV is incompetent until ~25cm, where it communicates with a competent perforator. Further incompetent perforator to the LSV at ~13cm renders the LSV incompetent again which it remains to the ankle.

Sapheno-popliteal junction (SPJ) and Vein of Giacomini are both widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent in the proximal calf with areas of old non-occlusive superficial thrombophlebitis. Incompetent branch from the medial calf communicates with the SSV at 8cm rendering it incompetent, which it remains to the ankle and forms small incompetent posterior calf veins.

Transverse (AP) dimensions of LSV:

Proximal calf - 0.4cm,

Mid calf - 0.5cm,

Distal calf - 0.4cm.

Transverse (AP) dimensions of SSV:

Proximal calf - 0.5cm,

Mid calf - 0.48cm,

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 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. The LSV leaves the fascia at ~60cm. Incompetent perforators to the out of fascia LSV in the proximal calf at ~20cm & ~18cm (?from posterior tibial veins) render the vessel incompetent. In the mid calf, the vein splits in to multiple incompetent branches; one reforms the LSV within the fascia at ~10cm and is incompetent to the ankle while the other two form small incompetent superficial veins in the medial and posterior calf.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent along length and is continuous with a competent vein of Giacomini. Incompetent perforator noted at ~24cm (from lateral malleolus) which appears to form small, superficial incompetent veins in the posterior-lateral calf.

