



**Reason** Ulceration  
**Outcome** DVT positive - chronic, Incompetence - deep, Incompetence - superficial

<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein		Areas of Thrombus	Old Thrombus
External Iliac Vein		Patent	Competent
Internal Iliac Vein		Areas of Thrombus - old	Bifid & Incompetent
Common Femoral Vein		Areas of Thrombus - old	Incompetent
Profunda Vein		Patent	Incompetent
Superficial Femoral Vein		Patent	Slight Incompetence
Popliteal Vein		Patent	Incompetent
Posterior Tibial Vein		Areas of Thrombus	Old Thrombus
Anterior Tibial Vein		Patent	Slight Incompetence
Peroneal Vein		Patent	Incompetent
Soleal Vein		Areas of Thrombus	Old Thrombus
Gastrocnemius		Patent	Slight Incompetence
<b>Superficial Veins</b>			
Saphenofemoral Junction		Patent	Competent
L Saphenous Vein Above		Patent	Competent
L Saphenous Vein Below		Absent	
Vein of Giacomini		Not Identified	
Saphenopopliteal Junction		Patent	Incompetent
S Saphenous Vein		Patent	Incompetent
<b>Evidence of D.V.T.</b>			
Above the knee		Yes	Old
Popliteal		Yes	Old
Below the knee		Yes	Old

**Notes****LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

\*Patient has known chronic DVT and deep venous incompetence from previous assessment. Previous harvest of LSV for surgery\*

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.

Minimal areas of old non-occlusive thrombus identified in the common femoral vein, which appears patent and competent. The origin of the profunda femoral vein appears widely patent and competent. The superficial femoral vein is bifid; both vessels appear incompetent with areas of old non-occlusive thrombus and irregular flow identified in one vessel. Areas of old non-occlusive thrombus and associated incompetent flow identified in the popliteal vein.

The posterior tibial and peroneal veins appear patent with incompetent flow. Slightly incompetent flow

Assessed by Rae Larmour

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identified in the anterior tibial and gastrocnemius veins. Old non-occlusive thrombus identified in one of the soleal veins.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent in the high thigh (maximum AP = 0.39cm), becomes small calibre/tortuous at 57cm mid thigh with areas of old superficial thrombophlebitis, then is absent (previous surgery/harvested vein).

Incompetent posterior thigh perforator at 52cm - feeds tortuous incompetent branches that track posteriorly and medially into calf.

Sapheno-popliteal junction (SPJ) is patent and incompetent. Short Saphenous vein (SSV) has areas of old non-occlusive superficial thrombophlebitis throughout and is incompetent. Large incompetent perforator proximal calf at 23cm, then a large medial incompetent branch at 19cm that tracks into an incompetent perforator at 3cm, in the region of previous ulceration.

