



Reason

Varicose vein

Outcome

DVT positive - chronic, Incompetence - deep, Incompetence - superficial

## Right

## Left

## Deep Veins

## Patency

## Competency

## Patency

## Competency

Common Iliac Vein

Not Assessed

External Iliac Vein

Not Assessed

Internal Iliac Vein

Not Assessed

Common Femoral Vein

Widely Patent

Competent

Profunda Vein

Widely Patent

Competent

Superficial Femoral Vein

1 x patent + competent

1 x patent + incompetent

Popliteal Vein

Widely Patent

Incompetent - large calibre

Posterior Tibial Vein

Widely Patent

Competent

Anterior Tibial Vein

Widely Patent

Competent

Peroneal Vein

Widely Patent

Competent

Soleal Vein

Areas of Thrombus - Old

?Incompetent

Gastrocnemius

Widely Patent

Competent

## Superficial Veins

Saphenofemoral Junction

Patent

Incompetent

L Saphenous Vein Above

Patent

Isolated Incompetence

L Saphenous Vein Below

Patent

Isolated Incompetence

Vein of Giacomini

Not Identified

Saphenopopliteal Junction

Patent

Grossly incompetent

S Saphenous Vein

Patent

Isolated Incompetence

## Evidence of D.V.T.

Above the knee

No

Popliteal

No

Below the knee

Yes

Old

## Notes

## RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*All measurements are proximal to the medial malleolus unless otherwise stated\*

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, profunda femoral and proximal superficial femoral veins all appear widely patent and competent with no evidence of previous DVT. In the mid-distal thigh, the SFV is bifid; one vessel is patent and competent and the other is patent and incompetent (likely due to large calibre incompetent POPA & SPJ). The popliteal vein is of large calibre (LS = 2.2cm), patent and incompetent. Areas of old thrombus identified in one of the soleal veins; unable to demonstrate incompetence in this vessel, however, due to large calibre of vessel and presence of old thrombus, it is likely incompetent. All other visualised deep calf veins appear patent and competent with no evidence of previous DVT.

Assessed by

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Checked by



Sapheno-femoral junction (SFJ) is widely patent and incompetent. Proximal incompetent veins (likely pelvic origin) join the SFJ, rendering it incompetent. The proximal Long Saphenous vein (LSV) is widely patent, incompetent and mildly tortuous in the proximal thigh. Medial incompetent branch leaves the LSV at ~76cm, rendering the LSV competent, which it remains to the mid calf. The incompetent branch travels medially along the thigh before branching in the distal thigh to form the large, tortuous varicosities that travel across the front of the knee and form the lateral calf varicosities. The medial thigh branch continues distal to this and is competent in the proximal calf until communicating with an incompetent perforator at ~24cm, rendering it incompetent. This branch travels distally before branching into multiple calf varicosities. At ~18cm large incompetent branches from the SSV communicate with the LSV rendering it incompetent for a short section, before it communicates with a competent perforator at ~17cm, becoming competent once more, which it remains to the ankle.

Sapheno-popliteal junction (SPJ) is widely patent, very large calibre and grossly incompetent. Incompetent branches from the lateral calf varicosities communicate with the proximal SSV. Short Saphenous vein (SSV) is widely patent and incompetent in the proximal calf. At ~35cm, large varicosities leave the SSV to contribute to the medial calf varicosities. One of these varicosities communicates with the LSV at ~18cm, rendering it incompetent for a short section.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.67cm,  
Mid thigh - 0.33cm,  
Distal thigh - 0.38cm,  
Proximal calf 0.44cm,  
Mid calf - 0.27cm,

Transverse (AP) dimensions of SSV:

Proximal calf - 1.3cm,  
Mid calf - 0.34cm,  
Distal calf - 0.28cm

