



Reference

Reason Ulceration
Outcome DVT negative, Incompetence - deep, Chronic Superficial thrombophlebitis, Incompetence - superficial

	Right	Left		
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein			Patent	Competent
External Iliac Vein			Patent	Competent
Internal Iliac Vein			Patent	Isolated Incompetence
Common Femoral Vein			Patent	Slight Incompetence
Profunda Vein			Patent	Competent
Superficial Femoral Vein			Patent	Competent
Popliteal Vein			Patent	Competent
Posterior Tibial Vein			Patent	Competent
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein				
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Not Identified	previous surgery
L Saphenous Vein Above			Areas of Thrombus - old	Isolated Incompetence
L Saphenous Vein Below			Isolated IC - proximal	Not identified distally
Vein of Giacomini			Patent	Competent
Saphenopopliteal Junction			Not Identified	
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

Previous vein 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. All visualised deep veins appear widely patent and competent with no evidence of previous DVT. Isolated incompetence noted in the proximal superficial femoral vein, proximal to an incompetent perforator, after which it is competent. The popliteal vein appears of large calibre with slight incompetence noted.

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

LEFT

Assessed by Rae Larmour

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Checked by

Sapheno-femoral junction (SFJ) and proximal thigh LSV are not identified due to previous surgery. Multiple small incompetent veins noted in the very proximal thigh ?pelvic origin. Some of these small incompetent veins appear to reform the ATV in the inguinal crease. In the proximal thigh, the ATV is incompetent, linear and within the fascia. At ~69cm, the ATV leaves the fascia, forming the anterior shin varicosities. These travel antero-laterally across the thigh/knee and contribute to the antero-lateral calf varicosities.

The rest of the small incompetent ?pelvic origin veins travel medially along the thigh before communicating with the reformed LSV at ~51cm. At ~59cm, the LSV is reformed by an incompetent perforator from the SFV and is incompetent throughout the rest of the thigh with areas of old non-occlusive thrombophlebitis. Large incompetent branch at ~48cm forms the distal thigh and medial calf varicosities. LSV in the proximal calf is incompetent. At ~33cm incompetent branch travels anteriorly, contributing to the anterior-lateral shin varicosities. LSV not identified distal to this - patient thinks it was removed during previous surgery.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

Transverse (AP) dimensions of LSV:

Proximal thigh - not identified, previous surgery.

Mid thigh - 1.24cm,

Distal thigh - 0.8cm.

Proximal calf - 0.76cm,

Mid calf - not identified, ?previous surgery.

Distal calf - not identified, ?previous surgery.

