



Reason Ulceration

Outcome DVT positive - chronic, Lymph nodes, Incompetence - deep, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein			Widely Patent	Competent
External Iliac Vein			Widely Patent	Competent
Internal Iliac Vein			Areas of Thrombus - old	Incompetent (distally)
Common Femoral Vein			Areas of Thrombus - old	Incompetent
Profunda Vein			Areas of Thrombus - old	Incompetence (proximal)
Superficial Femoral Vein			Patent	Competent
Popliteal Vein			Areas of Thrombus - old	Incompetence (proximal)
Posterior Tibial Vein				
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Areas of Thrombus - old	Incompetence (proximal)
Soleal Vein				
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Competent
L Saphenous Vein Above			Patent	Competent
L Saphenous Vein Below			Patent	Isolated Incompetence
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Patent	Competent
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
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 with associated deep venous incompetency from previous assessments

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 profunda femoral and proximal superficial femoral veins appear patent and competent. In the proximal-mid thigh, the SFV becomes bifid; one vessel appears patent and competent whilst the other contains areas of old non-occlusive thrombus and becomes increasingly incompetent towards the distal thigh. Old non-occlusive thrombus with associated incompetent flow identified in the popliteal vein and proximal posterior tibial and peroneal veins. The distal posterior tibial and peroneal veins as well as the anterior tibial and gastrocnemius veins appear patent and competent with no evidence of thrombus.

Assessed by Rae Larmour

Printed on 17/06/2022 at 9:49 am

Checked by

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) is widely patent, competent and linear in the proximal thigh. The competent LSV leaves the fascia at ~69cm before becoming bifid at ~50cm. Both these vessels are competent throughout the thigh. In the proximal calf, at ~26cm, one of the vessels reforms the LSV within the fascia, whilst the other remains out of the fascia in the medial calf. Incompetent perforator to the LSV at ~18cm renders it incompetent, which it remains to the ankle. Incompetent perforator to the medial calf branch at ~15cm renders it incompetent; this branch then forms the medial calf and anterior shin varicosities and remains incompetent to the ankle.

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent along length.

ADDITIONAL COMMENT: Avascular mixed echogenicity area identified in the left groin ?lymph node (mentioned on previous assessments).

