



Reason DVT, Varicose vein

Outcome DVT positive - chronic, Incompetence - deep, Chronic Superficial thrombophlebitis, Incompetence - superficial

Right

Deep Veins	Patency	Competency
Common Iliac Vein		
External Iliac Vein		
Internal Iliac Vein		
Common Femoral Vein		
Profunda Vein		
Superficial Femoral Vein		
Popliteal Vein		
Posterior Tibial Vein		
Anterior Tibial Vein		
Peroneal Vein		
Soleal Vein		
Gastrocnemius		
Superficial Veins		
Saphenofemoral Junction		
L Saphenous Vein Above		
L Saphenous Vein Below		
Vein of Giacomini		
Saphenopopliteal Junction		
S Saphenous Vein		
Evidence of D.V.T.		
Above the knee		
Popliteal		
Below the knee		

Common Iliac Vein

External Iliac Vein

Internal Iliac Vein

Common Femoral Vein

Profunda Vein

Superficial Femoral Vein

Popliteal Vein

Posterior Tibial Vein

Anterior Tibial Vein

Peroneal Vein

Soleal Vein

Gastrocnemius

Superficial Veins

Saphenofemoral Junction

L Saphenous Vein Above

L Saphenous Vein Below

Vein of Giacomini

Saphenopopliteal Junction

S Saphenous Vein

Evidence of D.V.T.

Above the knee

Popliteal

Below the knee

Left

Patency	Competency
Not Assessed	
Not Assessed	
Not Assessed	
Areas of Thrombus	Old Thrombus
Areas of Thrombus	Old Thrombus
Areas of Thrombus - Old	Irreg and incompetent flow
Areas of Thrombus - Old	Irreg and incompetent flow
Areas of Thrombus - Old	Slight Incompetence
Patent	Competent
Patent	Competent
Patent	Slight Incompetence
Patent	Incompetent
Patent	Incompetent
Patent	Incompetent
Patent	Competent
Patent	Competent
Yes	Old
Yes	Old
Yes	Old

Not Assessed

Not Assessed

Not Assessed

Areas of Thrombus

Old Thrombus

Areas of Thrombus

Old Thrombus

Areas of Thrombus - Old

Irreg and incompetent flow

Areas of Thrombus - Old

Irreg and incompetent flow

Areas of Thrombus - Old

Slight Incompetence

Patent

Competent

Patent

Competent

Patent

Slight Incompetence

Patent

Incompetent

Patent

Incompetent

Patent

Incompetent

Patent

Competent

Patent

Competent

Yes

Old

Yes

Old

Yes

Old

Notes

LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Referral stated left and right lower limb venous duplex assessment, however, patients stated that she has never had any symptoms in the right lower limb and is only concerned about the left - therefore, left lower limb only assessed at this visit

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. Areas of old non-occlusive thrombus identified in the common femoral vein and origin of the profunda femoral vein; no demonstrable incompetence in this region. Areas of old non-occlusive thrombus identified throughout the superficial femoral, popliteal and posterior tibial veins with associated irregular and incompetent flow. The gastrocnemius veins all appear

Assessed by Rae Larmour

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Checked by

patent and fully compressible with slight incompetence noted in a pair, ?due to previous thrombotic event. The anterior tibial and peroneal veins appear patent and competent with reasonable colour filling.

LEFT

Sapheno-femoral junction (SFJ) contains area of old non-occlusive thrombus with associated incompetent flow. The proximal long Saphenous vein (LSV) contains old non-occlusive superficial thrombophlebitis with associated irregular and incompetent flow until ~55cm. The LSV is incompetent throughout the thigh with incompetent branches at ~56cm and ~50cm forming the medial and lateral thigh varicosities. The LSV remains incompetent in the prox-mid calf with further incompetent branches at ~30cm and ~19cm. Distal to the branch at ~19cm, the LSV is competent for ~5cm before an incompetent branch from the posterior calf communicates and renders it incompetent, which is remains to the ankle.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini. At ~15cm, an incompetent perforator communicates with the SSV and an incompetent branch leaves the SSV and travels medially to the LSV. The SSV remains competent throughout.

Transverse (AP) dimensions of LSV:

- Proximal thigh - 0.95cm with areas of old non-occlusive thrombus.
- Mid thigh - 0.64cm,
- Distal thigh - 0.57cm,
- Proximal calf - 0.7cm,
- Mid calf - 0.5cm,
- Distal calf - 0.45cm (LS).

