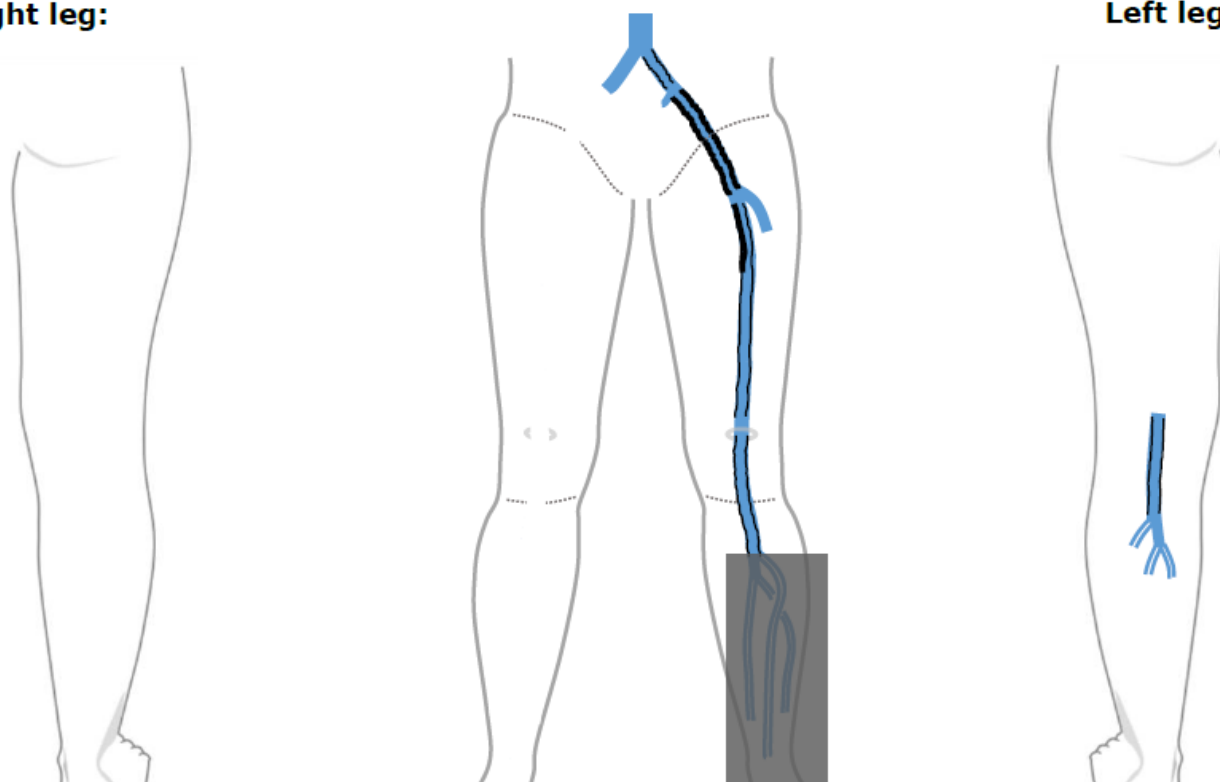


Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

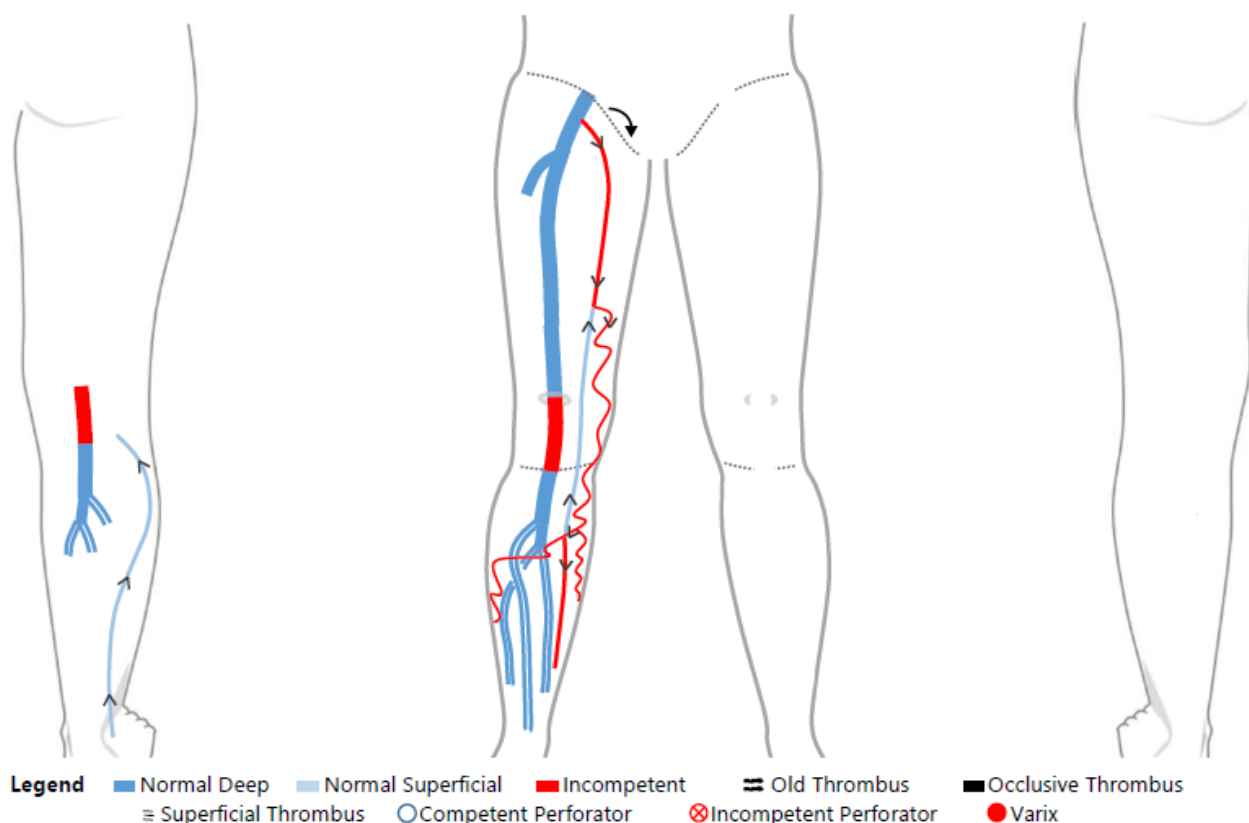
**Conclusion:**

1. IVC patent.
2. (L) CIV patent with minor mural thrombus/ scarring.
3. (L) EIV and CFV patent with partially recanalised thrombus.
4. (L) PFV patent.
5. (L) FV patent with partially recanalised thrombus at groin and minor mural thrombus below the proximal thigh level.
6. (L) POPV patent with minor mural thrombus.

Reported by: W. Navarro *[Signature]*

Right leg:

Left leg:



**Conclusion:**

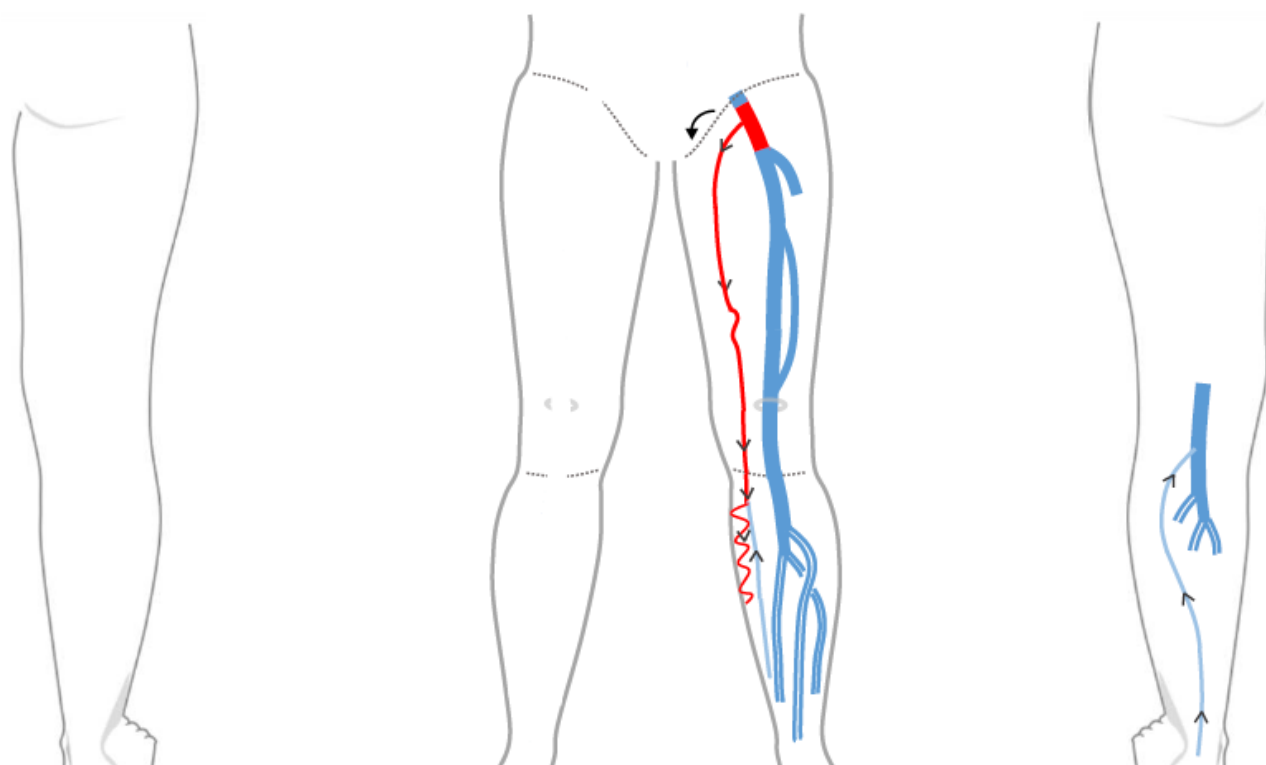
**RIGHT LEG**

1. Sapheno-femoral reflux. VV arises off LSV travelling to medial and lateral calf. LSV competent below this level to 15cm BK. LSV becomes incompetent again below this level after VV communication. LSV calibre: at groin 19mm, proximal thigh 11mm, mid-thigh 3.1mm, knee 4mm and mid-calf 3.7mm.
2. POPV AK (1.8s) incompetent and drains into the intramuscular vein.
3. CFV, FV, POPV BK, PTVs, ATVs and SSV (no SPJ detected) patent and competent.

**Reported by:** W. Navarro | *WNV*

Right leg:

Left leg:



**Legend**

■ Normal Deep	■ Normal Superficial	■ Incompetent	■ Old Thrombus	■ Occlusive Thrombus
■ Superficial Thrombus	○ Competent Perforator	⊗ Incompetent Perforator	● Varix	

**Conclusion:**

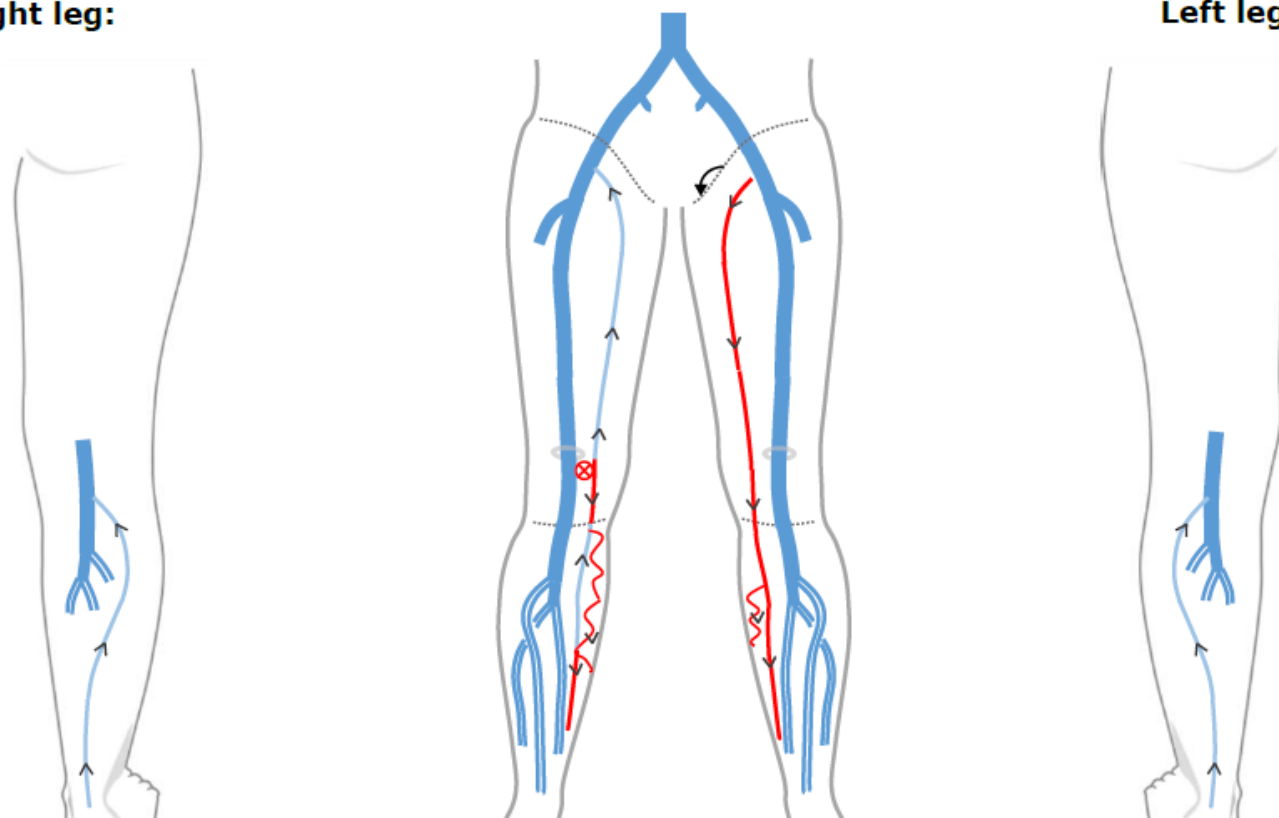
**LEFT LEG**

1. Sapheno-femoral reflux. LSV slightly tortuous at mid-thigh. VV (calibre ~16.8mm) arises off LSV just BK. LSV competent below this level. LSV calibre: at groin 13.9mm, mid-thigh 11.4mm, knee 7.6mm, BK 3.3mm and mid-calf 1.9mm.
2. CFV (1.4s) incompetent.
3. Paired FV, POPV, PTVs, ATVs and SSV patent and competent.

**Reported by:** W. Navarro | *WNV*

**Right leg:**

**Left leg:**



**Legend**

■ Normal Deep	■ Normal Superficial	■ Incompetent	■ Old Thrombus	■ Occlusive Thrombus
■ Superficial Thrombus	○ Competent Perforator	⊗ Incompetent Perforator	● Varix	

**Conclusion:**

1. IVC patent.
2. Bilateral CIVs and EIVs patent.

**LEFT LEG**

1. Sapheno-femoral reflux. VV arises off LSV at 10cm BK. LSV out of fascia BK to 10cm BK and back in-fascia below 10cm BK. LSV calibre: at groin 7.9mm, mid-thigh 6.2mm, knee 7.1mm, BK 5.7mm and mid-calf 5.1mm.
2. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

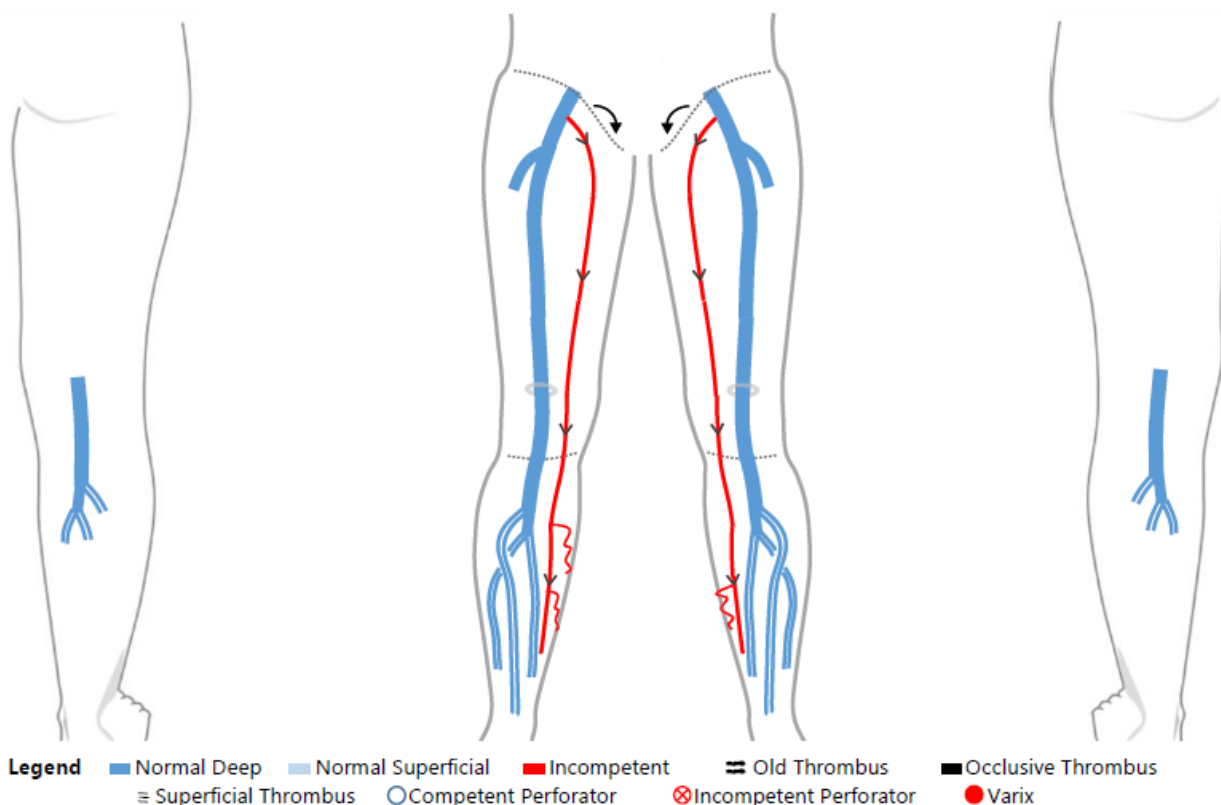
**RIGHT LEG**

1. LSV becomes incompetent at knee after incompetent perforator communication. VV arises off LSV just BK. LSV becomes competent below this level to mid-calf. LSV becomes incompetent again below mid-calf after VV communication. LSV calibre: at knee 6.2mm, BK 4.4mm and mid-calf 5mm.
2. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

**Reported by:** W. Navarro

Right leg:

Left leg:



**Conclusion:**

**LEFT LEG**

1. Sapheno-femoral reflux. LSV out of fascia below mid-thigh level. VV arises off LSV at mid-calf. LSV calibre: at groin 5.4mm, mid-thigh 6.1mm, knee 5mm, BK 5.4mm and mid-calf 3.8mm.
2. CFV, FV and POPV patent and competent.

**RIGHT LEG**

1. Sapheno-femoral reflux. LSV out of fascia below 10cm AK. VVs arise off LSV at 15cm BK and mid-calf. LSV calibre: at groin 7mm, mid-thigh 5.9mm, knee 5.9mm, BK 6mm and mid-calf 3.9mm.
2. CFV, FV and POPV patent and competent.
3. Incidental finding: POPA aneurysmal, maximum diameter 2.9cm.

**Reported by:** W. Navarro

**28/12/2022, 11:13, UA Vein map**

**Conclusion:**

**LEFT LEG**

1. LSV patent and competent. LSV out of fascia at 10cm AK. Two LSVs BK, one smaller LSV in fascia BK and second remains out of fascia. LSV calibre: at groin 6.4mm, mid-thigh 3.6mm, knee 3.1mm, BK 1.7mm and 3.5mm, and mid-calf 2.1mm and 2.7mm.

2. CFV, FV and POPV patent.

**RIGHT LEG**

1. LSV patent and competent. LSV calibre: at groin 4.6mm, proximal thigh 2.1mm, mid-thigh 2.3mm, knee 4mm and mid-calf 3.2mm.

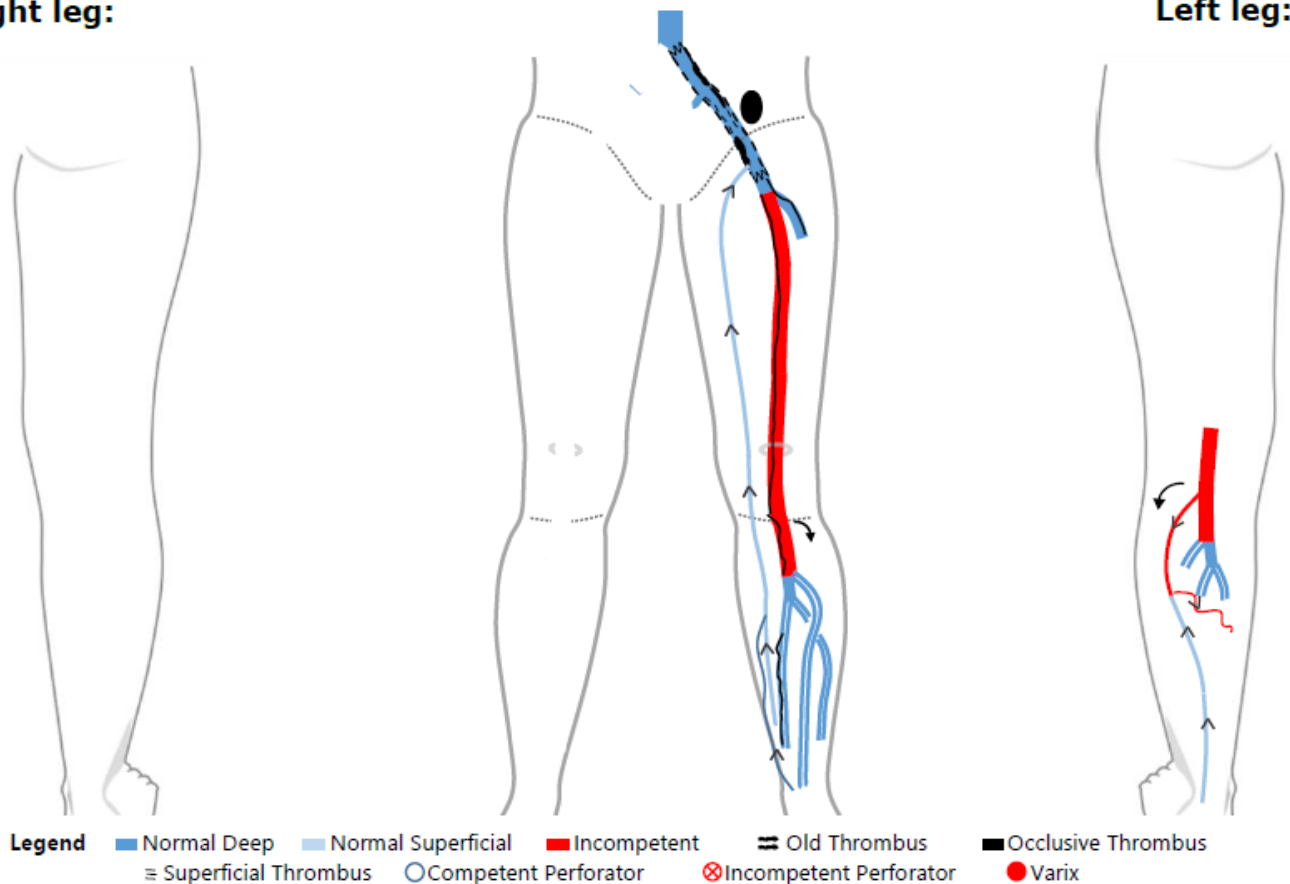
2. CFV, FV and POPV patent.

**Reported By:** W. Navarro, Clinical Vascular Ultrasound Scientist.

**Report Date:** 28/12/2022, 12:41

Right leg:

Left leg:



Conclusion:

See separate report for iliac vein stent duplex assessment.

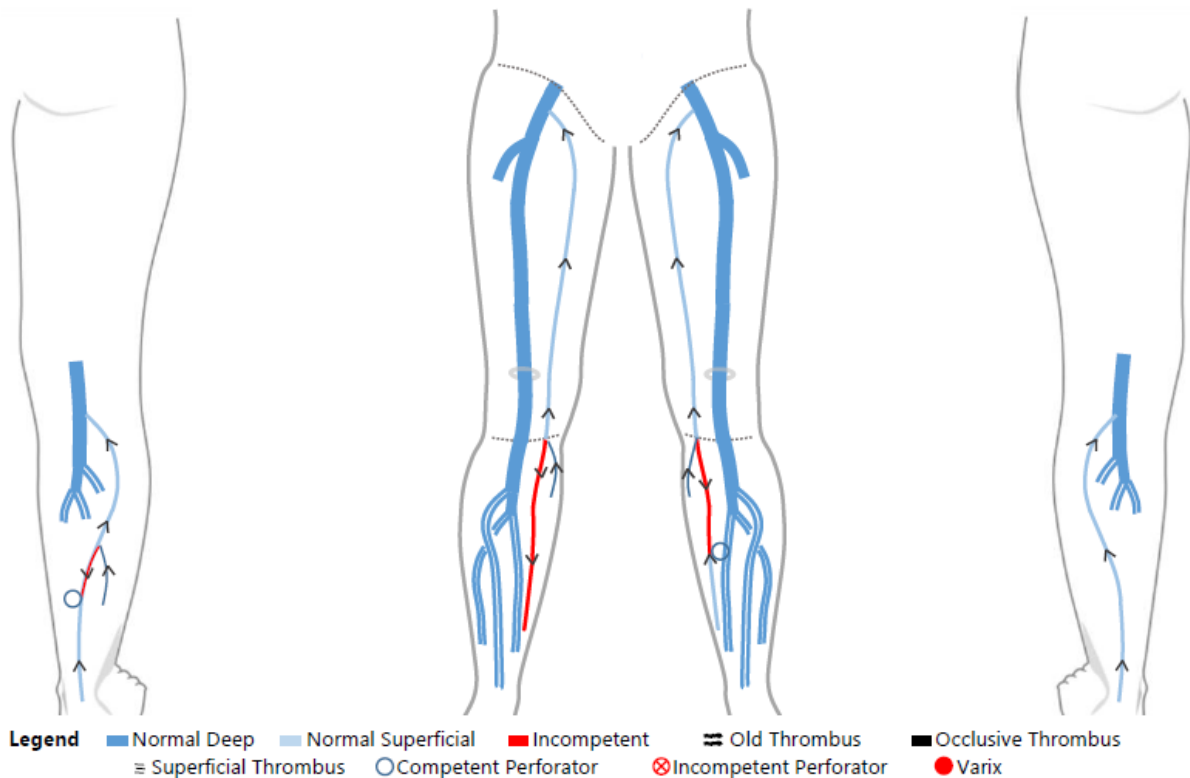
LEFT LEG

1. FV (1.4s) incompetent with minor old thrombus/scarring.
2. Arterio-venous fistula detected in short segment of FV at knee from distal SFA.
3. POPV (5.5s) incompetent with minor old thrombus/scarring.
4. Sapheno-popliteal reflux, SPJ 5cm AK. VV arises off SSV at ~7cm BK. SSV competent below this level. SSV calibre: AK 2.9mm, BK 3.5mm and mid-calf 2.7mm.
5. Single PTV patent and competent with recanalised thrombus.
6. Second PTV, ATVs and LSV patent and competent. Competent superficial vein detected in medial ankle.

Reported by: W. Navarro | *WNV*

**Right leg:**

**Left leg:**



**Conclusion:**

**RIGHT LEG**

1. LSV becomes incompetent BK after branch vein communication. LSV calibre: BK 2.5mm and mid-calf 2.8mm.
2. SSV becomes incompetent above mid-calf after branch vein communication. SSV drains into competent perforator at mid-calf and becomes competent below this level. SSV calibre: at mid-calf 2.3mm.
3. CFV, FV, POPV, PTVs and ATVs patent and competent.

**LEFT LEG**

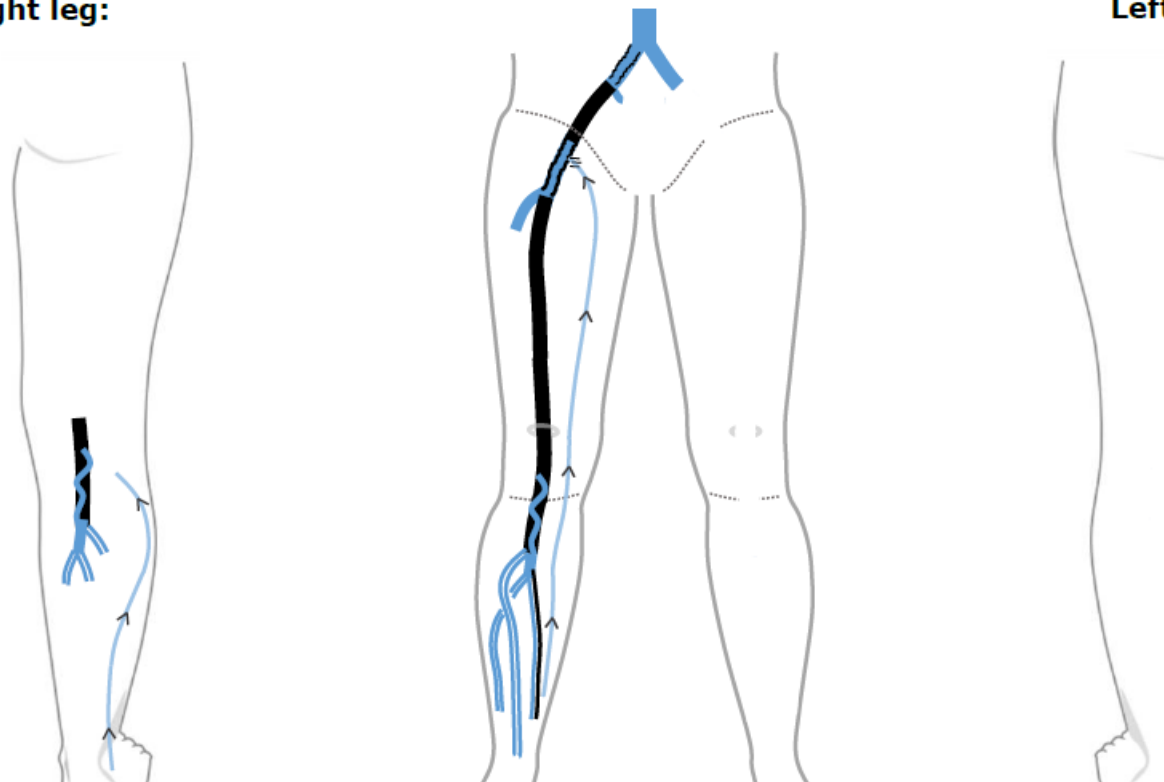
1. LSV becomes incompetent BK after branch vein communication. LSV drains into competent perforator at mid-calf and becomes competent below this level. LSV calibre: BK 2.5mm and mid-calf 2.7mm.
2. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

**Reported by:** W. Navarro



Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

1. IVC patent.
2. (R) CIV patent with minor old thrombus. IIV patent.
3. (R) EIV thrombosed.

**RIGHT LEG**

4. Cranial CFV thrombosed. Caudal CFV patent with recanalised thrombus.
5. PFV patent.
6. FV and POPV AK thrombosed.
7. POPV BK patent on augmentation with partially recanalised thrombus.
8. Single PTV thrombosed.
9. LSV patent and competent with minor old thrombus at SFJ.
10. Second PTV, ATVs and SSV patent and competent.

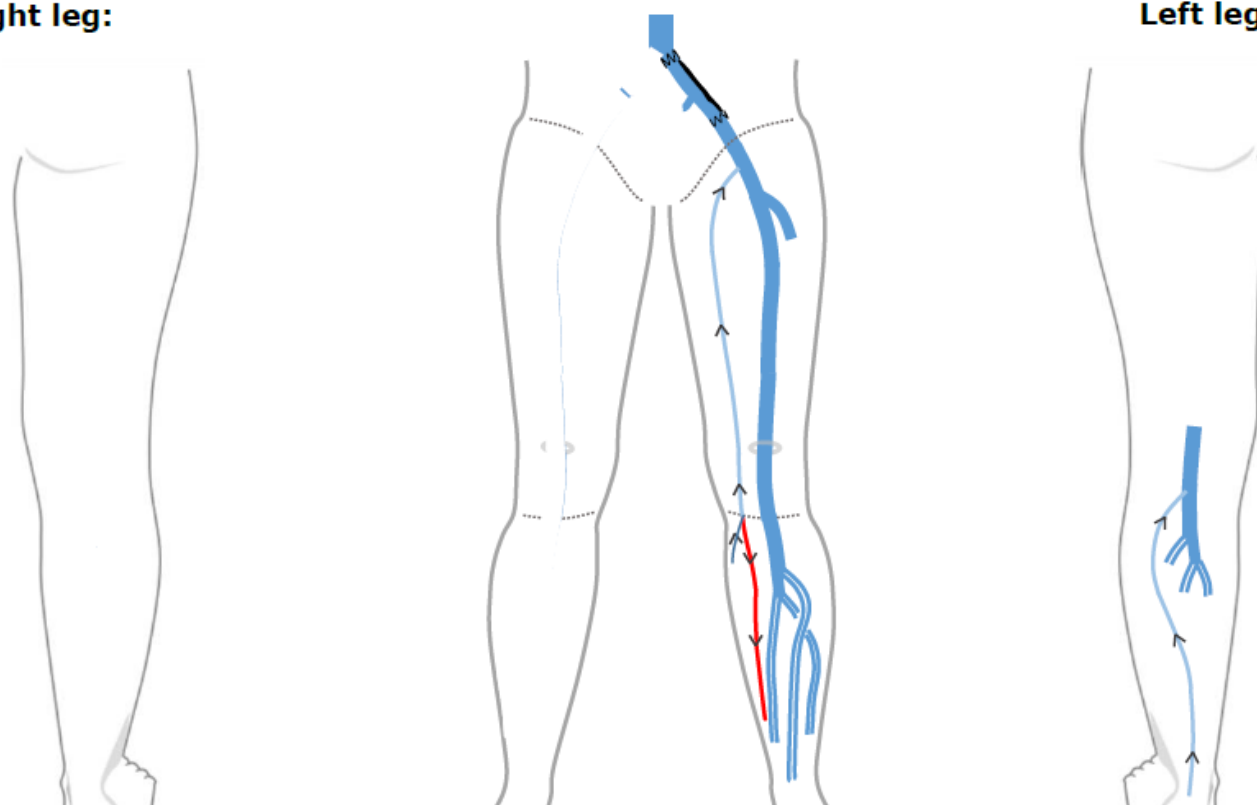
**Summary and next planned surveillance:**

Some changes compared to previous duplex 24.10.2022. No next planned scan, please request on EPR if further scan required.

**Reported by:** W. Navarro *[Signature]*

Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

1. IVC patent.
2. (L) CIV and EIV stents patent with mural thrombus causing a maximum lumen diameter reduction of 15% in the CIV stent and 25% in the EIV stent.
3. (L) EIV below stent patent.

**LEFT LEG**

4. LSV becomes incompetent BK after branch vein communication. LSV calibre: BK 3.7mm, 5cm BK 2mm and mid-calf 2mm. Competent superficial vein detected in medial knee communicating to LSV. No varicose vein visualised in leg.
5. CFV, PFV at groin, FV, POPV, PTVs, ATVs and SSV patent and competent.

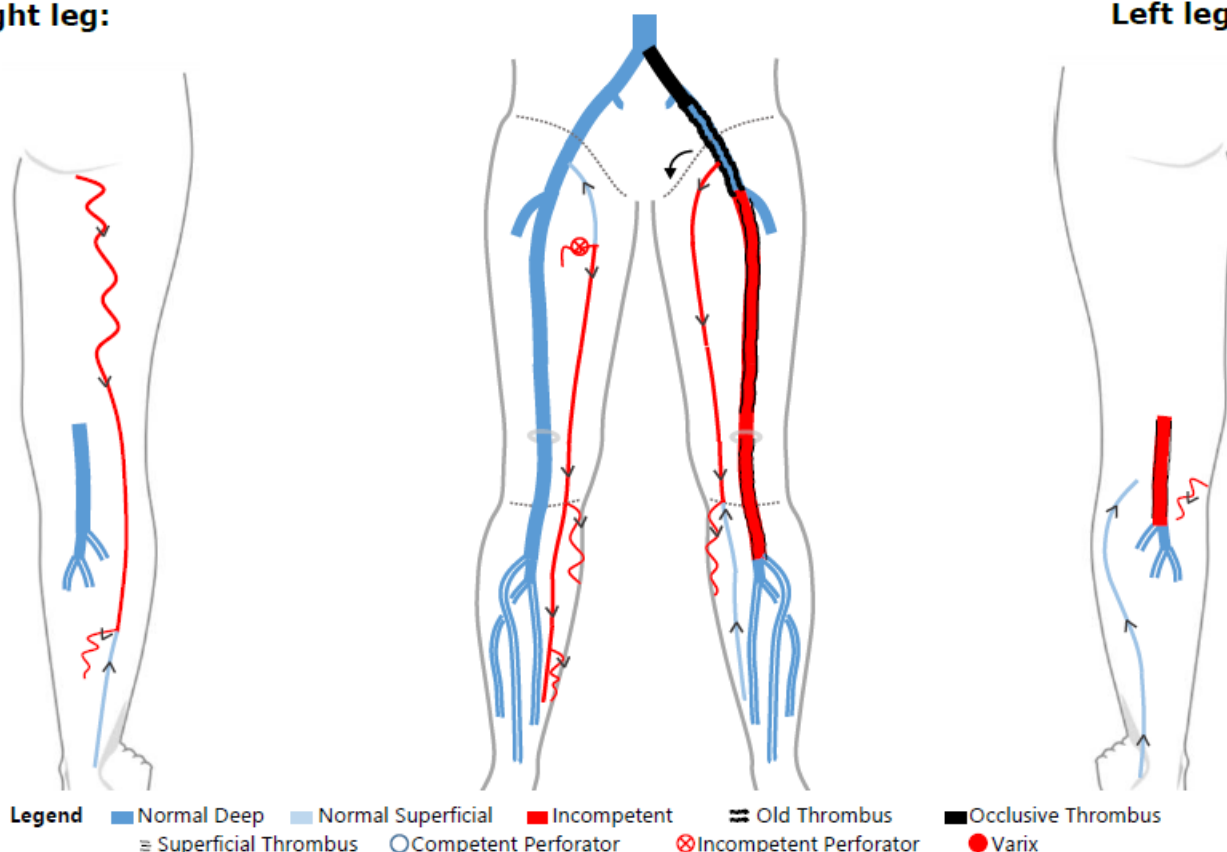
**Summary and next planned surveillance:**

Stable stents. Next planned scan June 2023 (3-year scan).

**Reported by:** W. Navarro | *WNV*

Right leg:

Left leg:



**Conclusion:**

1. IVC patent.
2. No flow detected in (L) CIV suggests thrombosed.
3. (L) EIV patent with recanalised thrombus.
4. (R) CIV and EIV patent.

**LEFT LEG**

5. CFV patent with recanalised thrombus.
6. FV (1.8s) and POPV (2.2s) incompetent with minor old thrombus/ scarring.
7. Sapheno-femoral reflux. VV arises off LSV just BK. LSV calibre: at groin 6.5mm, mid-thigh 4.7mm, knee 4.3mm, BK 3.5mm and mid-calf 3.1mm.
8. PTVs, ATVs and SSV patent and competent.

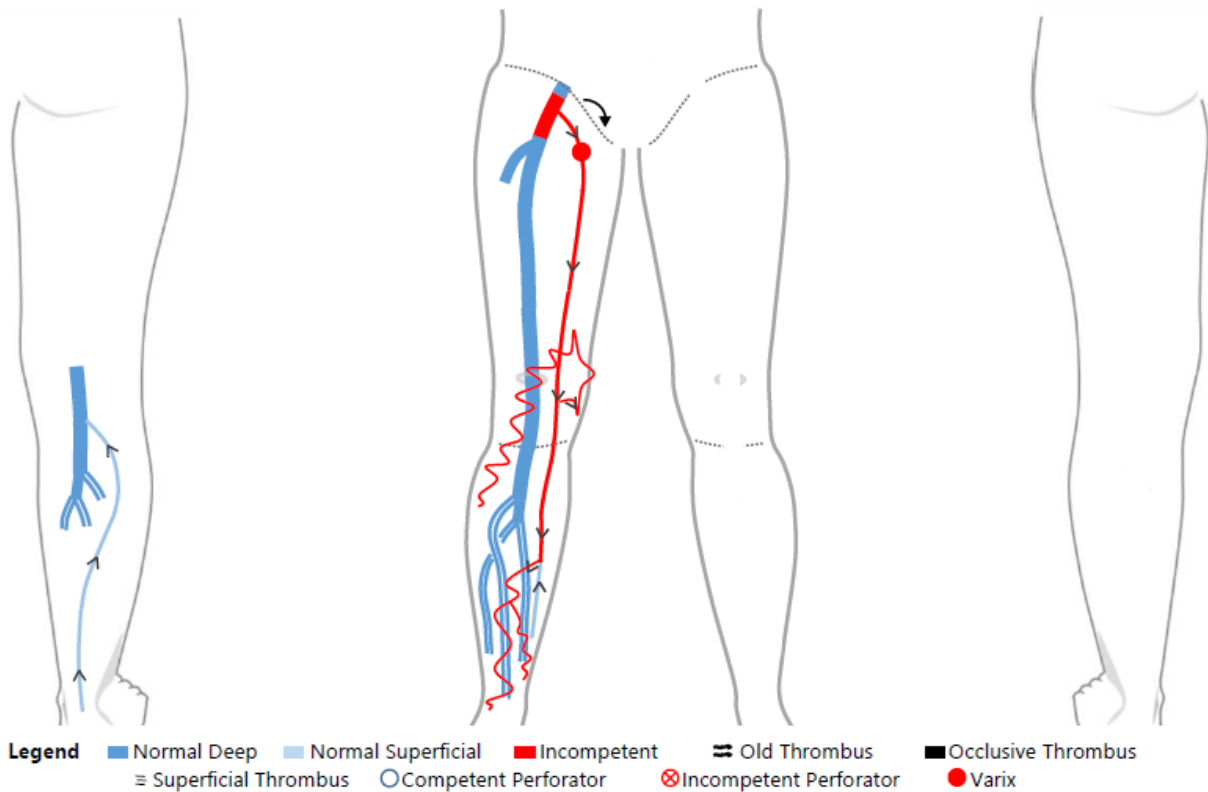
**RIGHT LEG**

1. LSV becomes incompetent at 15cm BSC after ?incompetent perforator/ deep collateral vein communication. VVs arise off LSV just BK and 10cm above ankle. LSV calibre: at groin 4.5mm, mid-thigh 4.1mm, knee 4.5mm and mid-calf 2.9mm.
2. VV detected in posterior thigh -?source, communicating to SSV at knee. No SPJ detected. VV arises off SSV at 12cm BK. SSV competent below this level. SSV calibre: AK 3.8mm, knee 4.1mm and mid-calf 3mm.
3. CFV, paired FV, POPV, PTVs and ATVs patent and competent.

**Reported by:** W. Navarro

Right leg:

Left leg:



**Conclusion:**

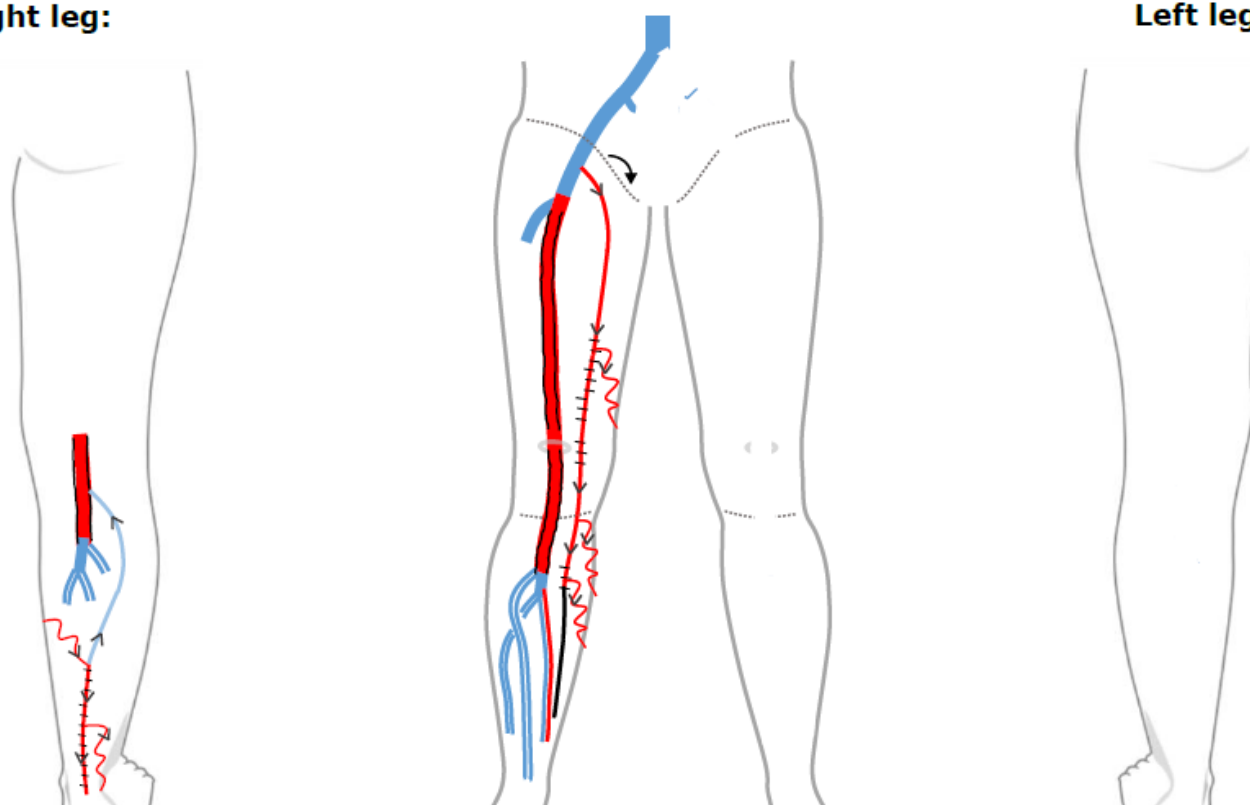
**RIGHT LEG**

1. Sapheno-femoral reflux. VVs arise off LSV at 5cm AK and mid-calf. LSV competent below this level. LSV calibre: at groin 12.4mm, below groin 19.6mm, mid-thigh 8.5mm, knee 7.9mm, BK 12.5mm and mid-calf 3.9mm.
2. CFV (2.5s) incompetent.
3. FV, POPV, PTVs, ATVs and SSV patent and competent.

Reported by: W. Navarro | *WNV*

Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

1. IVC patent.

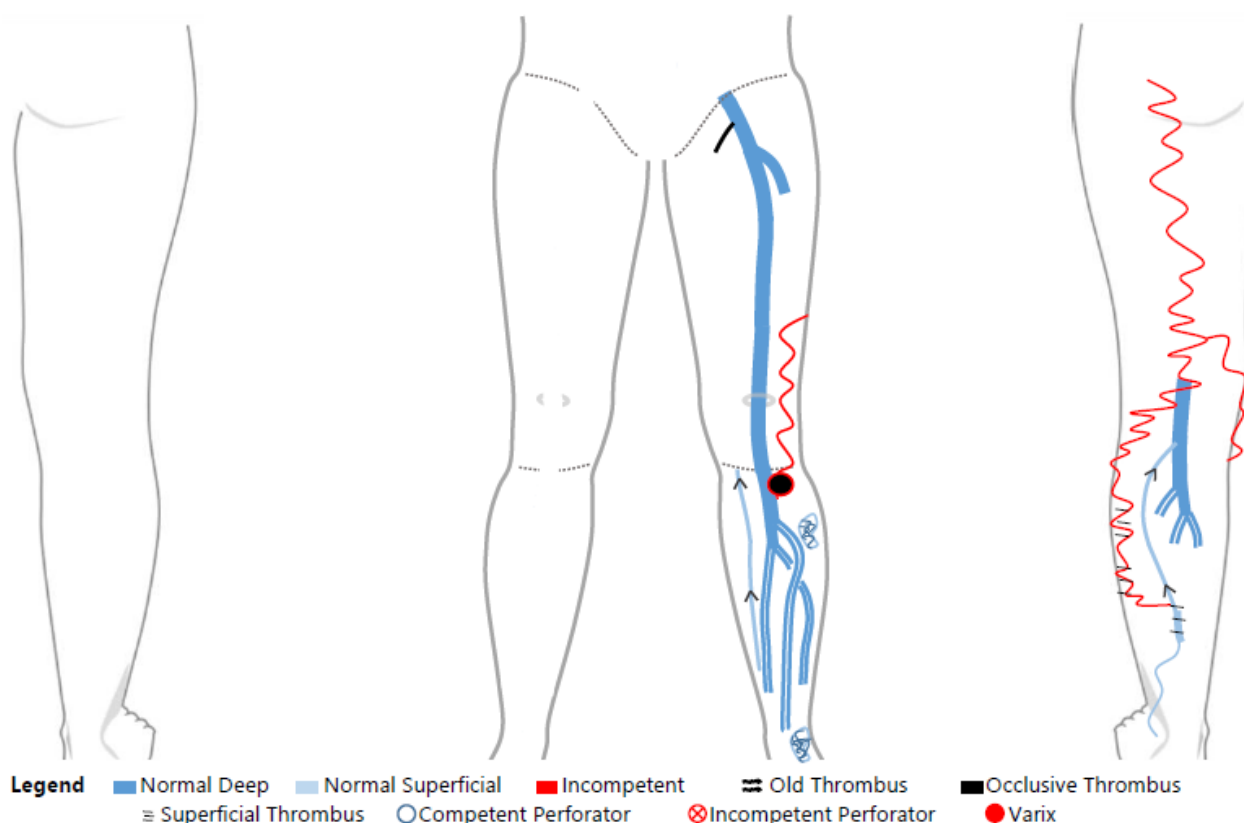
**RIGHT**

2. CIV and EIV patent with respiratory-modulated waveforms.
3. FV (2.5s) and POPV (1.3s) incompetent with minor old thrombus.
4. Single PTV (0.8s) mildly incompetent.
5. Sapheno-femoral reflux. LSV with minor old thrombus below mid-thigh level and BK. VVs arise off LSV at mid-thigh, just BK and 5cm BK. LSV thrombosed below this level. LSV calibre: at groin 6mm, mid-thigh 4.5mm, knee 6.4mm and below 5cm BK 1.6mm.
6. SSV becomes incompetent at mid-calf after VV communication. SSV with minor old thrombus below mid-calf level. VV arises off SSV at 10cm above ankle. SSV calibre: at knee 3.5mm and mid-calf 4.7mm.
7. CFV, second PTV and ATVs patent and competent.

**Reported by:** W. Navarro | *W. Navarro*

Right leg:

Left leg:



**Conclusion:**

**LEFT LEG**

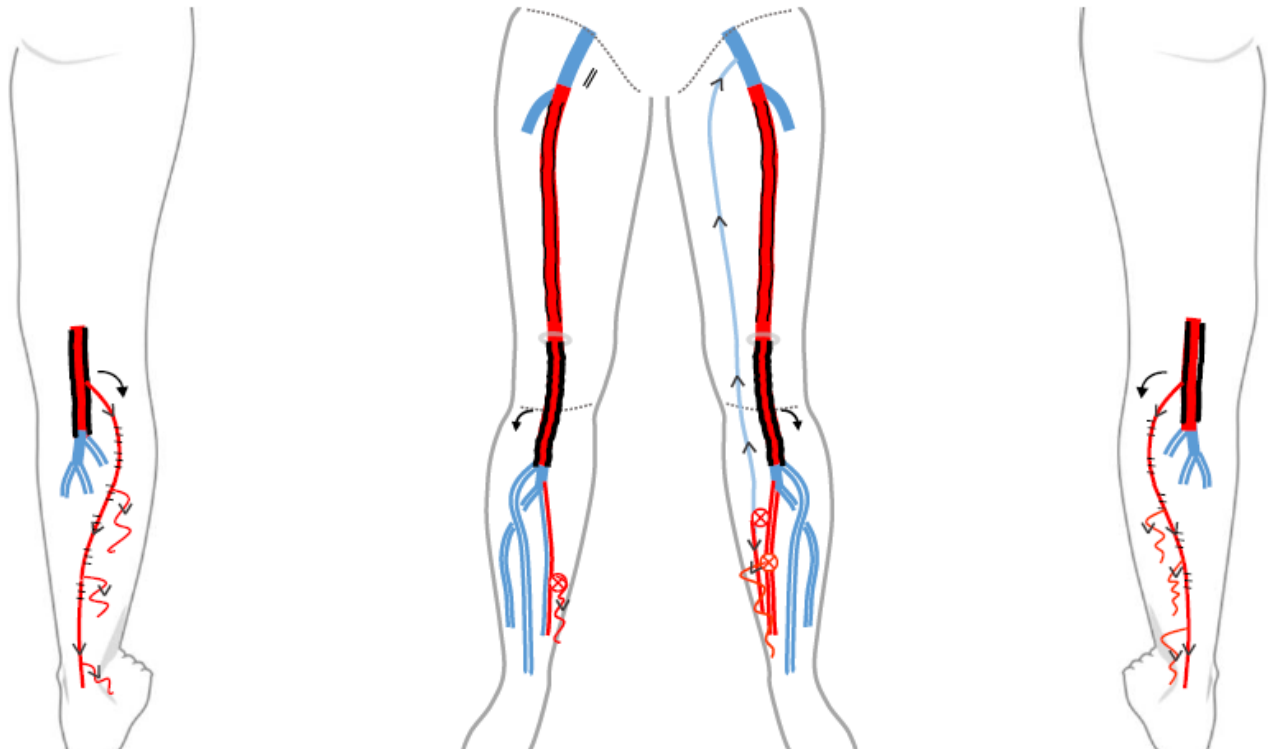
1. VVs detected in lower buttock travelling to posterior calf and to anterior knee - ?source. Thrombosed VV in anterior knee with some recanalisation and dilated (calibre 17mm).
2. LSV thrombosed at SFJ and not detected below this level to knee. Competent LSV reforms at knee.
3. SSV patent and competent. VV communicates to SSV at mid-calf. SSV dilated with scarring at mid-calf level and becomes tortuous in distal calf.
4. Venous malformations detected in anterior 5cm BK (dimension 1.5cm x 0.7cm) and anterior foot (dimension 3.6cm x 1.3cm). Diffuse venous malformation under foot from heel to toes.
5. CFV, FV, POPV, PTVs and ATVs patent and competent.

Reported by: W. Navarro | *W. Navarro*

**Right leg:**

**Left leg:**

**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ○ Varix



**Conclusion:**

**RIGHT LEG**

1. LSV previously stripped and not visualised.
2. Sapheno-popliteal reflux, SPJ 5cm AK. SSV with old thrombus throughout. VVs arise off SSV at 10cm BK, mid-calf and ankle level. SSV calibre: AK 4.4mm, knee 9.1mm, BK 5.7mm and mid-calf 2.9mm.
3. Incompetent perforator gives rise to VV in medial 10cm above ankle.
4. FV (2.9s) and POPV (1.6s) incompetent with minor old thrombus.
5. Single PTV (1.2s) incompetent.
6. CFV, second PTV and ATVs patent and competent.

**LEFT LEG**

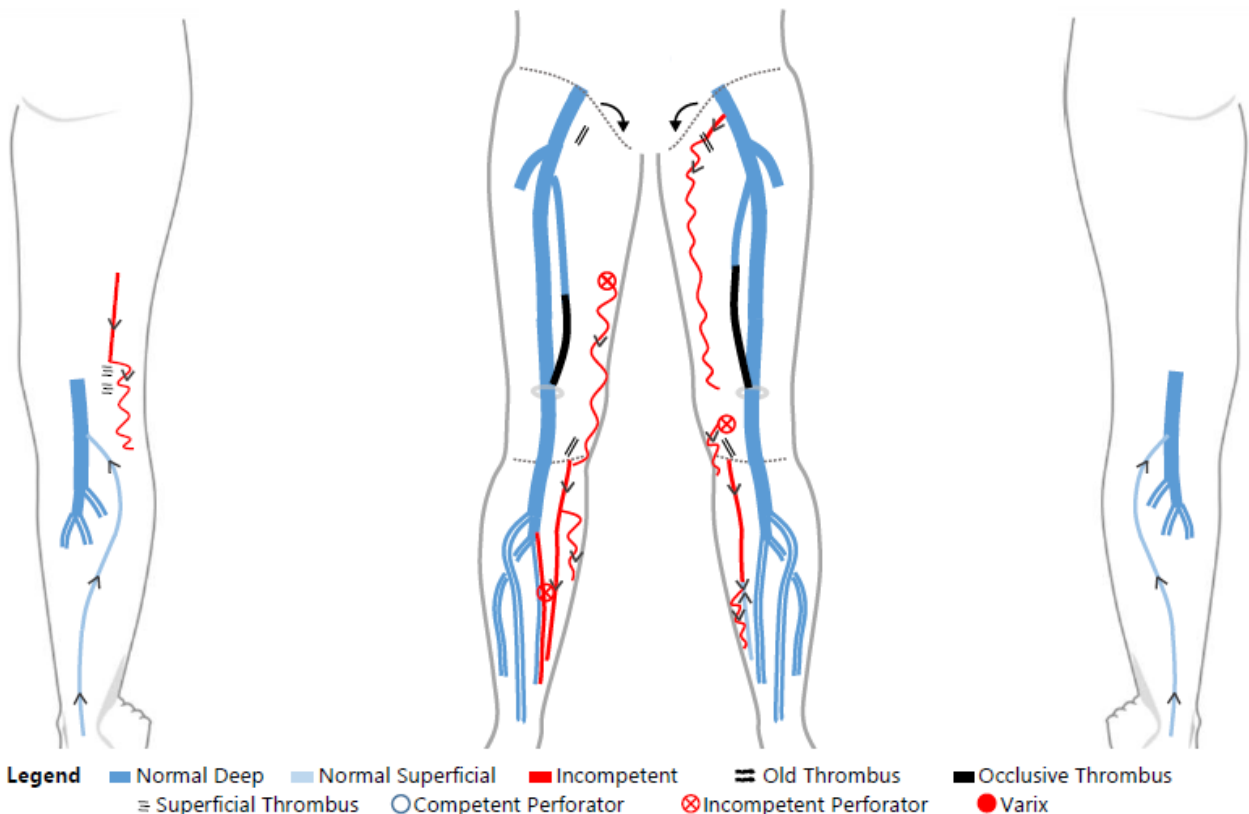
1. LSV becomes incompetent above mid-calf after incompetent perforator communication. LSV calibre: at mid-calf 1.7mm.
2. Sapheno-popliteal reflux, SPJ 5cm AK shared with intramuscular vein. SSV with old thrombus throughout. VVs arise off SSV at 15cm BK, mid-calf and ~7cm above ankle. SSV calibre: at knee 4.7mm and mid-calf 4.7mm.
3. Incompetent perforator gives rise to VV in medial ~12cm above ankle.
4. FV (1.3s) and POPV (1.9s) incompetent with minor old thrombus.
5. PTVs (1.7s) incompetent.
6. CFV and ATVs patent and competent.

**Reported by:** W. Navarro | *WNT*



**Right leg:**

**Left leg:**



**Conclusion:**

**LEFT LEG**

1. LSV previously treated. Sapheno-femoral reflux into residual LSV and becomes VV at groin. LSV not detected below this level to knee. Incompetent LSV reforms at knee. VV arises off LSV at mid-calf. LSV competent below this level. LSV calibre: at knee 4mm and mid-calf 3.7mm.
2. Incompetent perforator gives rise to VV in medial AK.
3. FV paired. Accessory FV thrombosed below mid-thigh level. Main FV patent and competent.
4. CFV, POPV, PTVs, ATVs and SSV patent and competent.

**RIGHT LEG**

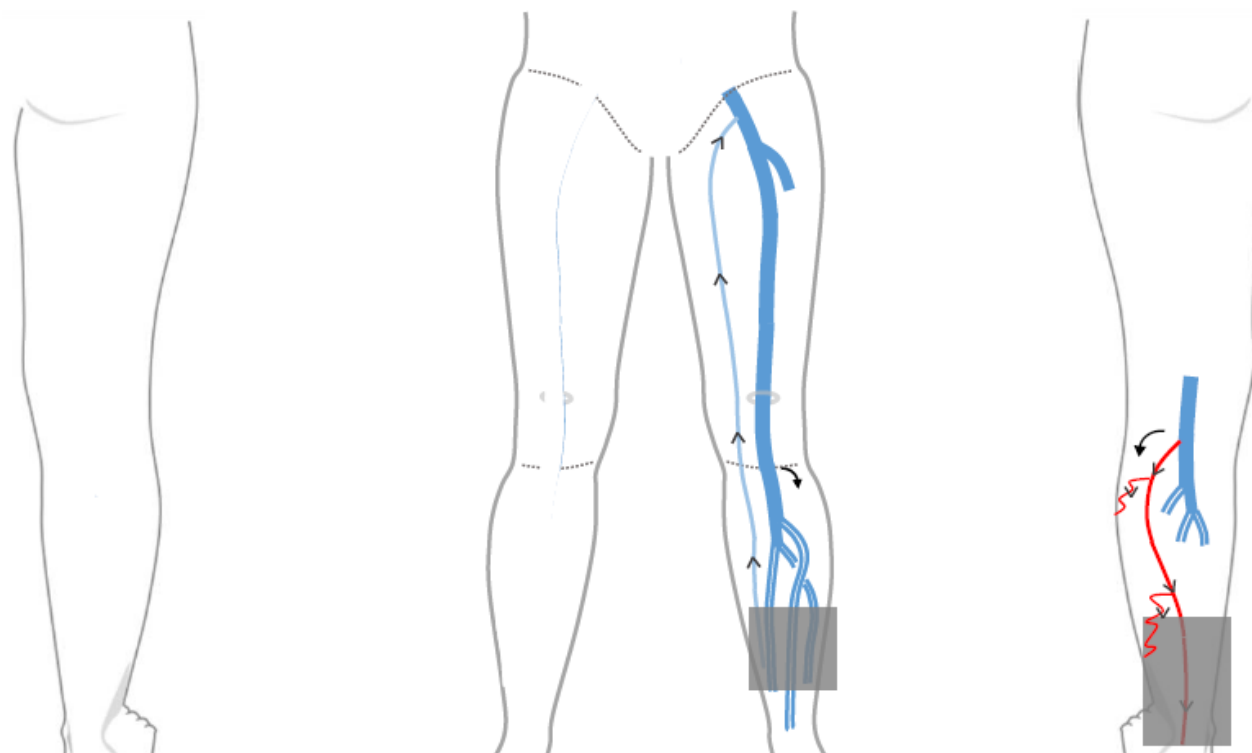
1. LSV previously treated and not detected from groin to knee. Incompetent LSV reforms at knee. VV arises off LSV at 5cm BK. Incompetent perforator communicates to LSV at mid-calf. LSV calibre: at knee 4.9mm and mid-calf 5.2mm.
2. Incompetent perforator gives rise to VV in medial mid-thigh level.
3. Incompetent GIACV detected at ~10cm AK draining into VV at 5cm AK. GIACV thrombosed below this level with no communication to SSV at knee. GIACV calibre: 3.1mm.
4. FV paired. Accessory FV thrombosed below distal thigh level. Main FV patent and competent.
5. Single PTV (3.7s) incompetent.
6. CFV, POPV, second PTV, ATVs and SSV patent and competent.

**Reported by:** W. Navarro | *W. Navarro*



Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

Limited assessment due to patient habitus. LSV and SSV below mid-calf not assessed due to ulcer dressings.

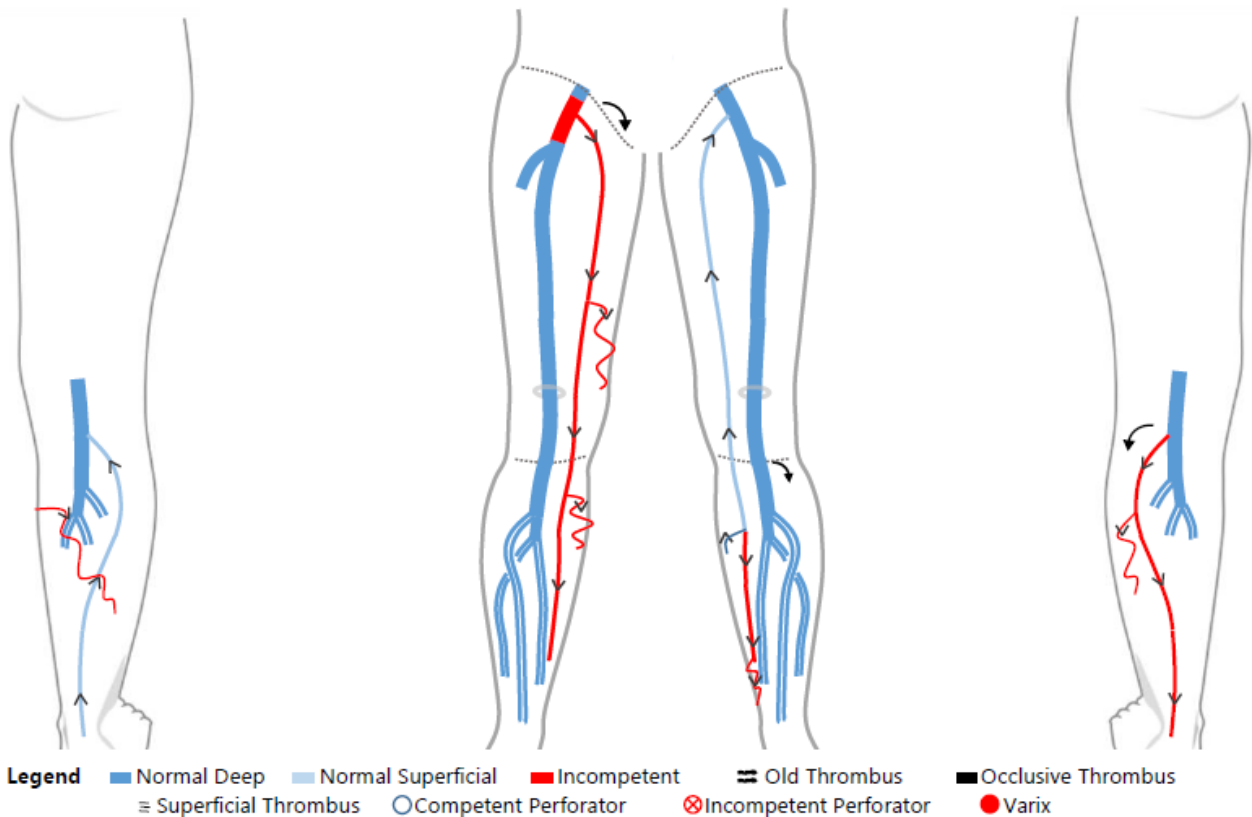
**LEFT LEG**

1. Sapheno-popliteal reflux, SPJ 5cm AK. VVs arise off SSV at knee and above mid-calf level. SSV calibre: AK 7.1mm, knee 10.9mm and mid-calf 7.1mm.
2. CFV, FV, POPV, PTVs, ATVs and LSV patent and competent.

Reported by: W. Navarro I *ant*

Right leg:

Left leg:



**Conclusion:**

**LEFT LEG**

1. LSV out of fascia BK. LSV becomes incompetent at 10cm BK after branch vein/VV communication. VV arises off LSV at ankle. LSV calibre: BK 3.3mm and mid-calf 2.2mm.
2. Sapheno-popliteal reflux, SPJ 5cm AK. VV arises off SSV at 5cm BK. SSV calibre: AK 6.1mm, knee 4mm and mid-calf 3.5mm.
3. CFV, FV, POPV, PTVs and ATVs patent and competent.

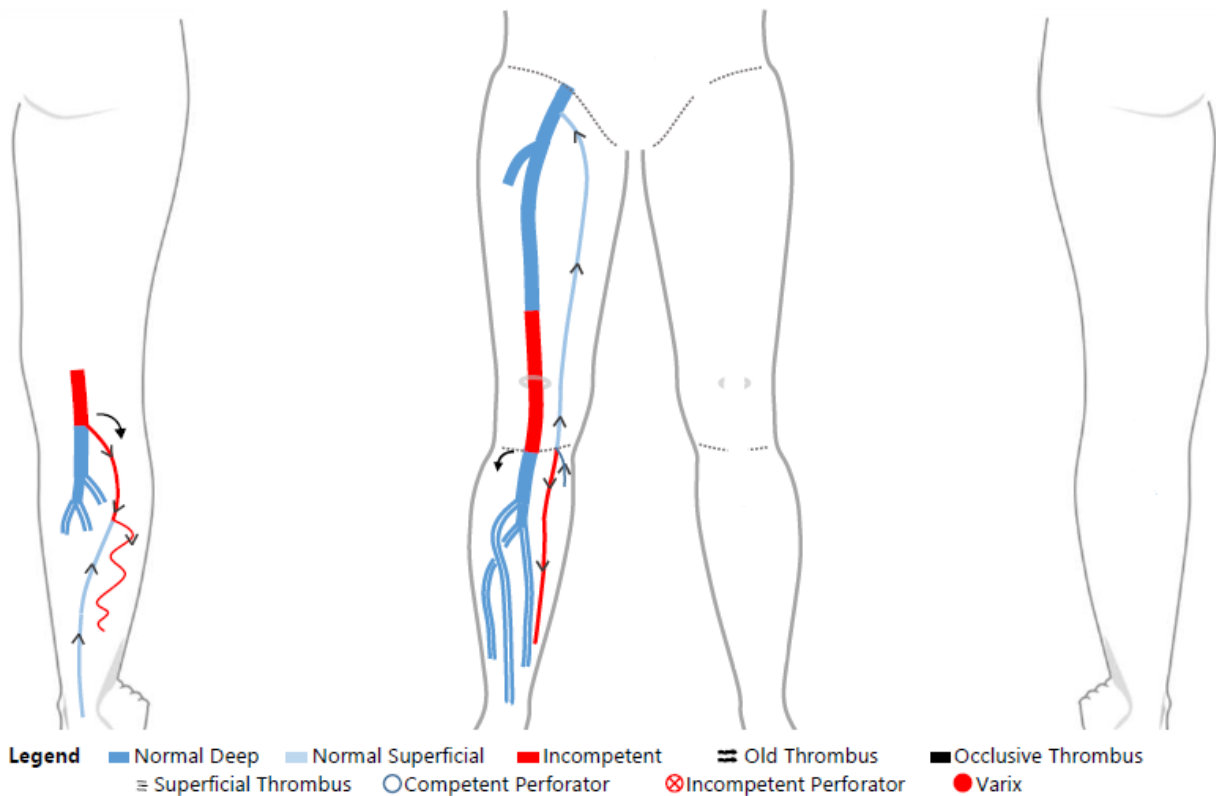
**RIGHT LEG**

1. Sapheno-femoral reflux. VVs arise off LSV at mid-thigh and 5cm BK. LSV calibre: at groin 10.9mm, mid-thigh 6.9mm, knee 4.7mm, BK 6.8mm and mid-calf 5.6mm.
2. CFV (1.5s) incompetent.
3. FV, POPV, PTVs, ATVs and SSV patent and competent.

Reported by: W. Navarro *WNV*

Right leg:

Left leg:



**Conclusion:**

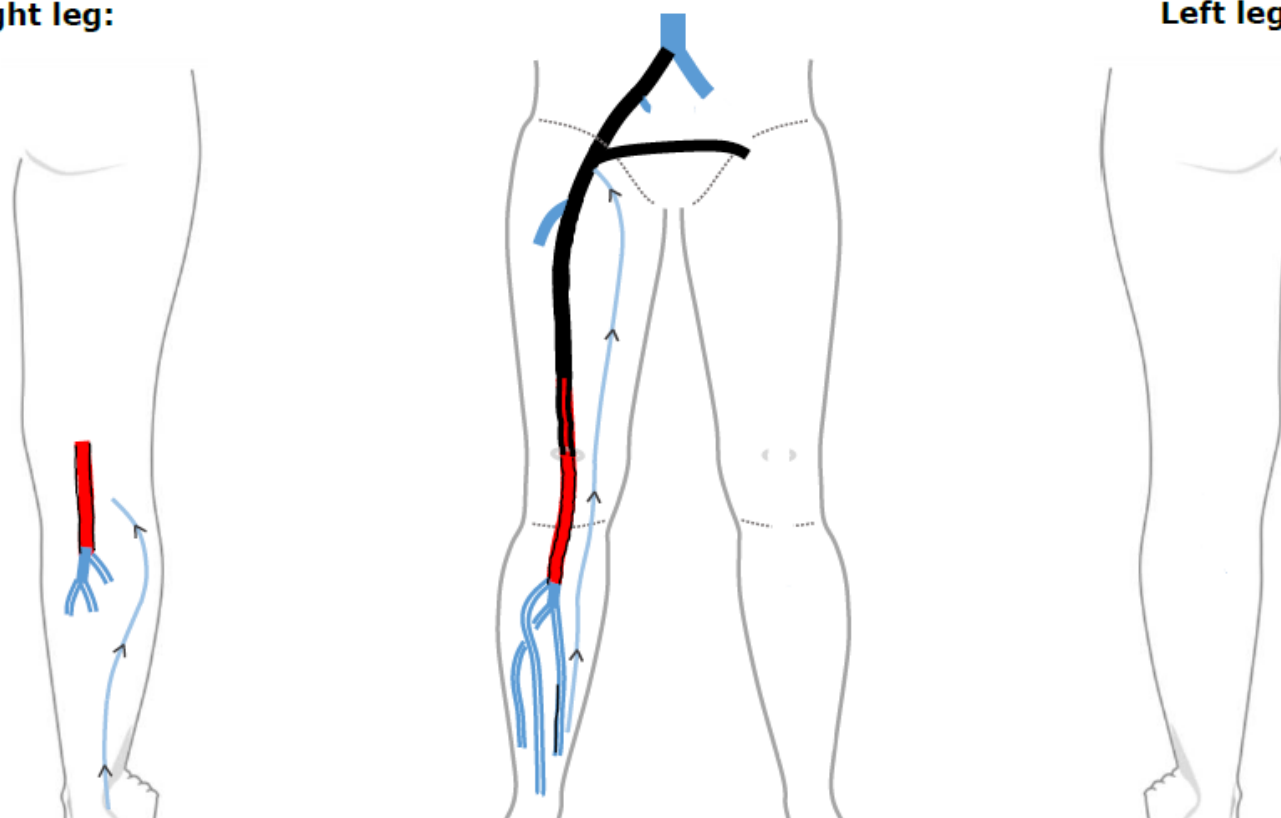
**RIGHT LEG**

1. Sapheno-popliteal reflux, SPJ 5cm AK. VV arises off SSV at 5cm BK. SSV competent below this level. SSV calibre: at SPJ 7.8mm, knee 11.2mm and mid-calf 3.3mm.
2. FV at knee (1.2s) and POPV AK (1.2s) incompetent.
3. LSV AK patent and competent. LSV becomes incompetent BK after branch vein communication. LSV calibre: at groin 2mm, knee 2.5mm and mid-calf 3.3mm.
4. CFV, remaining FV, POPV BK, PTVs and ATVs patent and competent.

Reported by: W. Navarro | *WNV*

Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

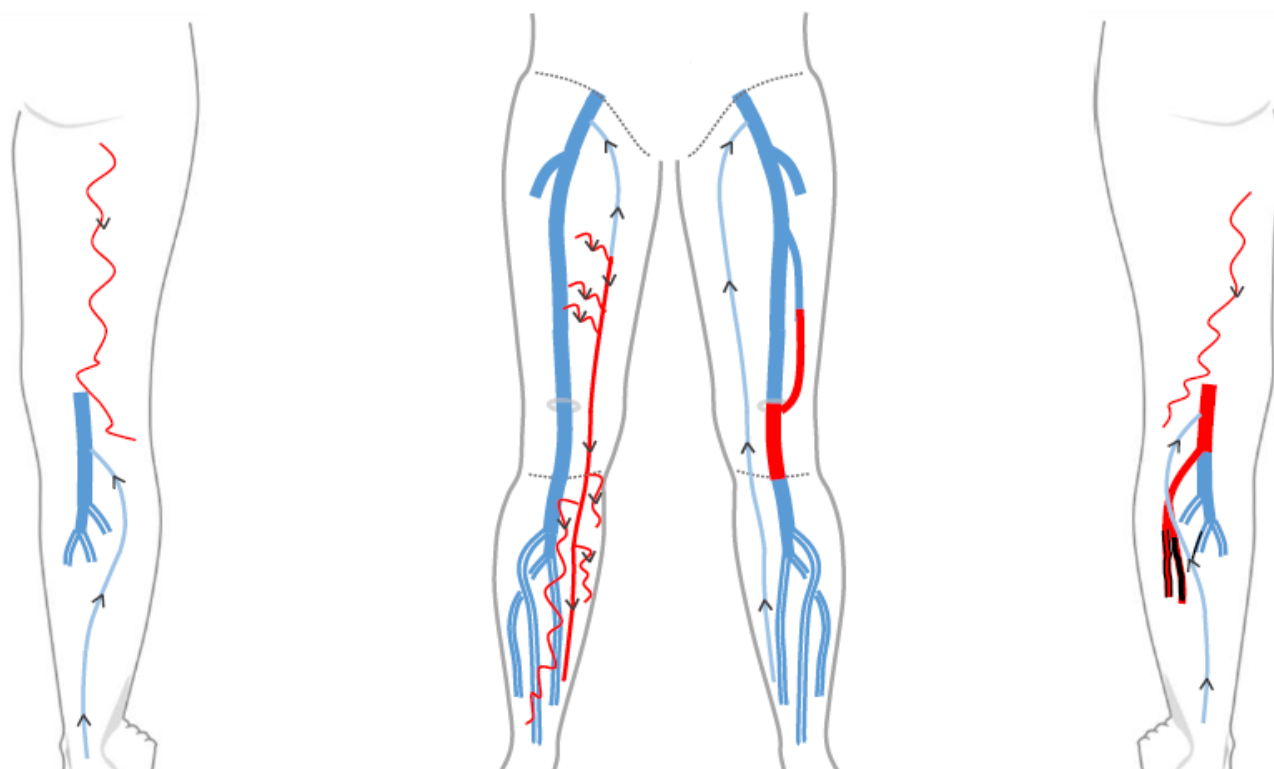
**RIGHT LEG**

1. IVC patent.
2. (R) CIV, EIV and CFV stents thrombosed.
3. (R)-(L) CFV graft thrombosed.
4. (R) PFV patent via collaterals.
5. (R) FV thrombosed and becomes partially recanalised at knee with incompetence (1.3s).
6. (R) POPV incompetent (1.8s) with minor old thrombus/scarring.
7. Single (R) PTV patent and competent with minor old thrombus.
8. Second PTV, ATVs, LSV and SSV patent and competent. LSV drains into collateral veins at groin.

**Reported by:** W. Navarro *[Signature]*

Right leg:

Left leg:



**Legend**

■ Normal Deep	■ Normal Superficial	■ Incompetent	≡ Old Thrombus	■ Occlusive Thrombus
≡ Superficial Thrombus	○ Competent Perforator	⊗ Incompetent Perforator	● Varix	

**Conclusion:**

Superficial veins

LEFT LEG

1. LSV and SSV patent and competent.
2. Posterior thigh VV detected ?source, travelling to posterior knee.

RIGHT LEG

3. LSV patent and competent at SFJ. LSV becomes incompetent at 15cm below groin skin crease after superficial small VV communication. VVs arise off LSV at knee, 5cm BK and 10cm BK. LSV calibre: at mid-thigh 4.4mm, knee 7.6mm and mid-calf 3.2mm.
4. SSV patent and competent.
5. Posterior thigh VV detected ?source, travelling to posterior knee.
6. Small superficial veins detected in anterior thigh ?source, communicating to LSV in proximal and mid-thigh levels.

Deep veins

LEFT LEG

1. FV paired. Single FV patent and competent. Accessory FV becomes incompetent (2.7s) in distal thigh.
2. POPV AK (1.1s) incompetent.
3. Both gastrocnemius veins and single PER vein partially incompressible with evidence of recanalised old thrombus.
4. CFV, POPV BK, PTVs and ATVs patent and competent.

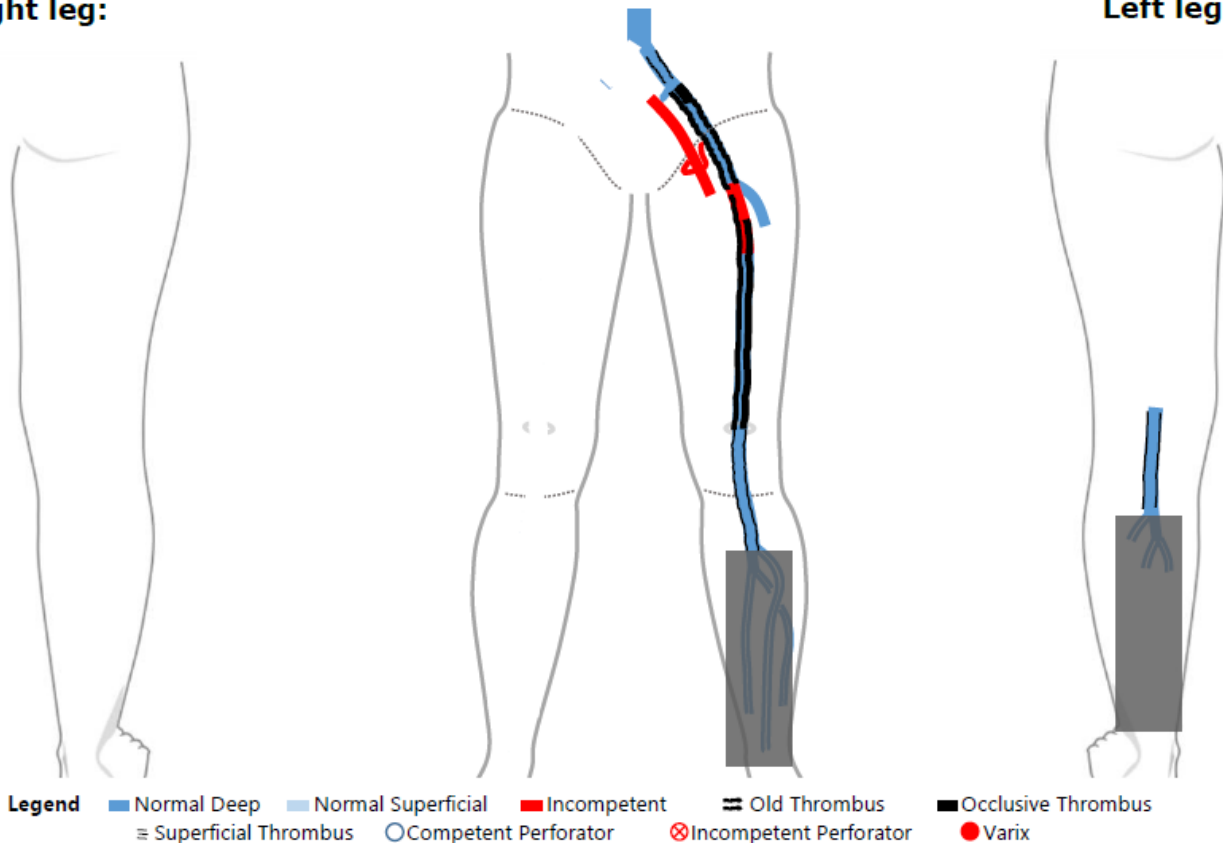
RIGHT LEG

1. CFV, FV, POPV, PTVs and ATVs patent and competent.

**Reported by:** W. Navarro

Right leg:

Left leg:



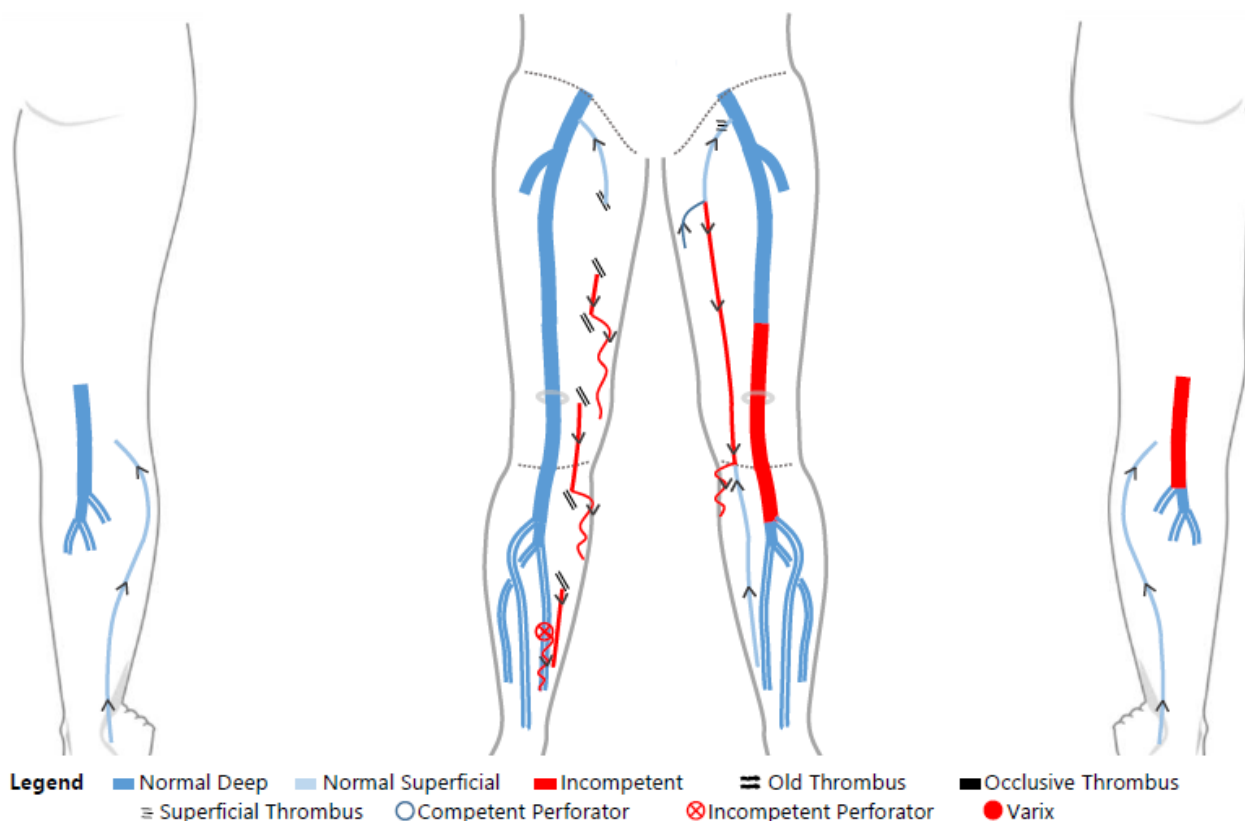
**Conclusion:**

1. IVC patent.
2. (L) CIV patent with minor old thrombus/ scarring.
3. (L) EIV thrombosed below the IIV level with some recanalisation. EIV patent below this level with pulsatile velocity waveforms.
4. (L) AV fistula detected communicating from CFA to caudal EIV/CFV.
5. (L) CFV patent with partially recanalised thrombus and pulsatile velocity waveforms.
6. (L) PFV patent.
7. (L) FV at groin patent with continuous retrograde flow and minor old thrombus. Remaining FV thrombosed with some recanalisation.
8. (L) POPV patent with evidence of old thrombus.

**Reported by:** W. Navarro | *W. Navarro*

Right leg:

Left leg:



**Conclusion:**

**LEFT LEG**

1. LSV patent and competent at SFJ with evidence of old thrombus. LSV becomes incompetent at 15cm BSC after branch vein communication. VV arises off LSV at knee. LSV competent below this level. LSV calibre: at groin 2.8mm, mid-thigh 3.5mm, knee 3.5mm, BK 2.9mm and mid-calf 2mm.
2. FV at knee (2.4s) and POPV (6.6s) incompetent.
3. CFV, remaining FV, PTVs, ATVs and SSV patent and competent.

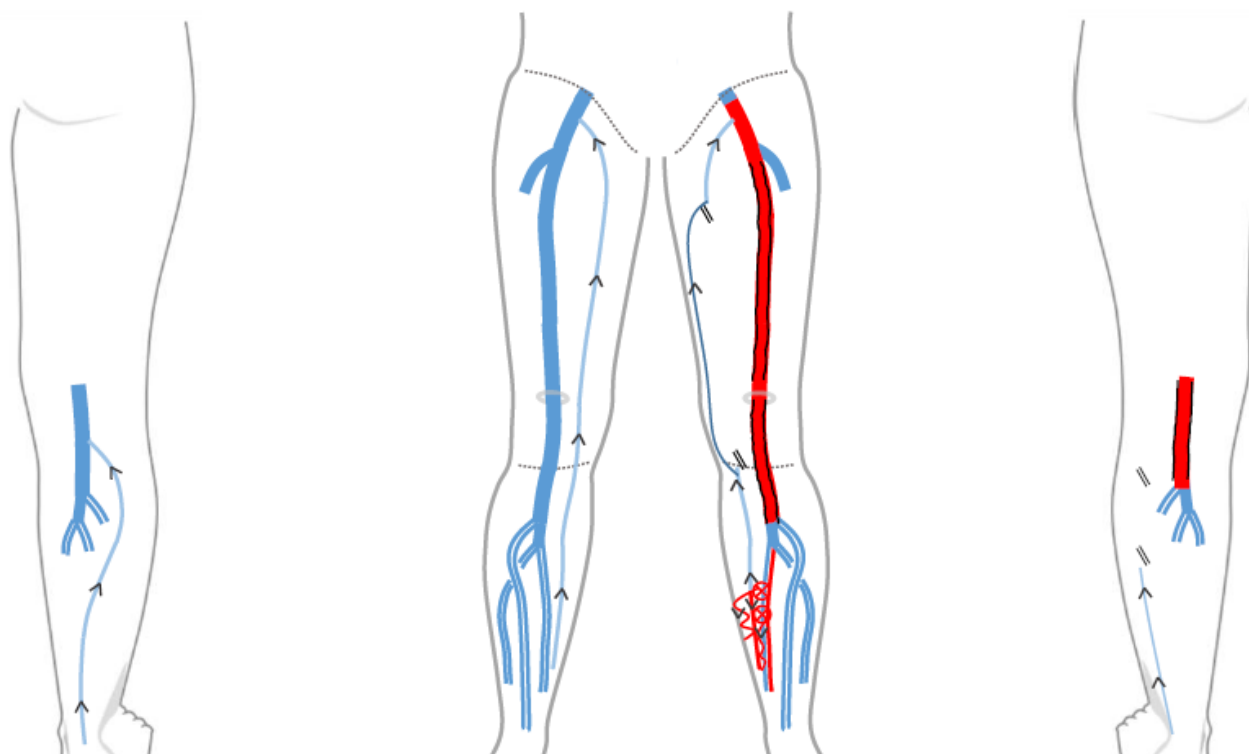
**RIGHT LEG**

1. LSV previously treated. LSV patent and competent at SFJ. LSV not detected in proximal thigh to mid-thigh. Incompetent LSV reforms at mid-thigh and becomes VV. LSV not detected below this level to ~7cm AK. Incompetent LSV reforms at 7cm AK and becomes VV BK. LSV not detected below this level to mid-calf. Incompetent LSV reforms at mid-calf. LSV calibre: at mid-thigh 3.4mm, knee 3.2mm and mid-calf 3mm.
2. Incompetent perforator in medial 10cm above ankle gives rise to VV.
3. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

**Reported by:** W. Navarro | *W. Navarro*

Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

**LEFT LEG**

1. CFV stent (1.7s) incompetent.
2. FV (3.4s), accessory FV in distal thigh (0.8s) and POPV (1.8s) incompetent with minor old thrombus.
3. Single PTV (1s) incompetent.
4. LSV previously treated. LSV at SFJ patent and competent. LSV not detected in proximal thigh to knee suggests thrombosed. Competent superficial branch vein detected in medial thigh communicating to LSV at knee and above proximal thigh. Competent LSV reforms at knee. LSV becomes incompetent at mid-calf after incompetent perforator communication. LSV calibre: at mid-calf 3.5mm.
5. Two incompetent perforators in medial mid-calf gives rise to VVs.
6. SSV previously treated and not detected from knee to 15m BK. Competent SSV reforms at 15cm BK.
7. Second PTV and ATVs patent and competent.

**RIGHT LEG**

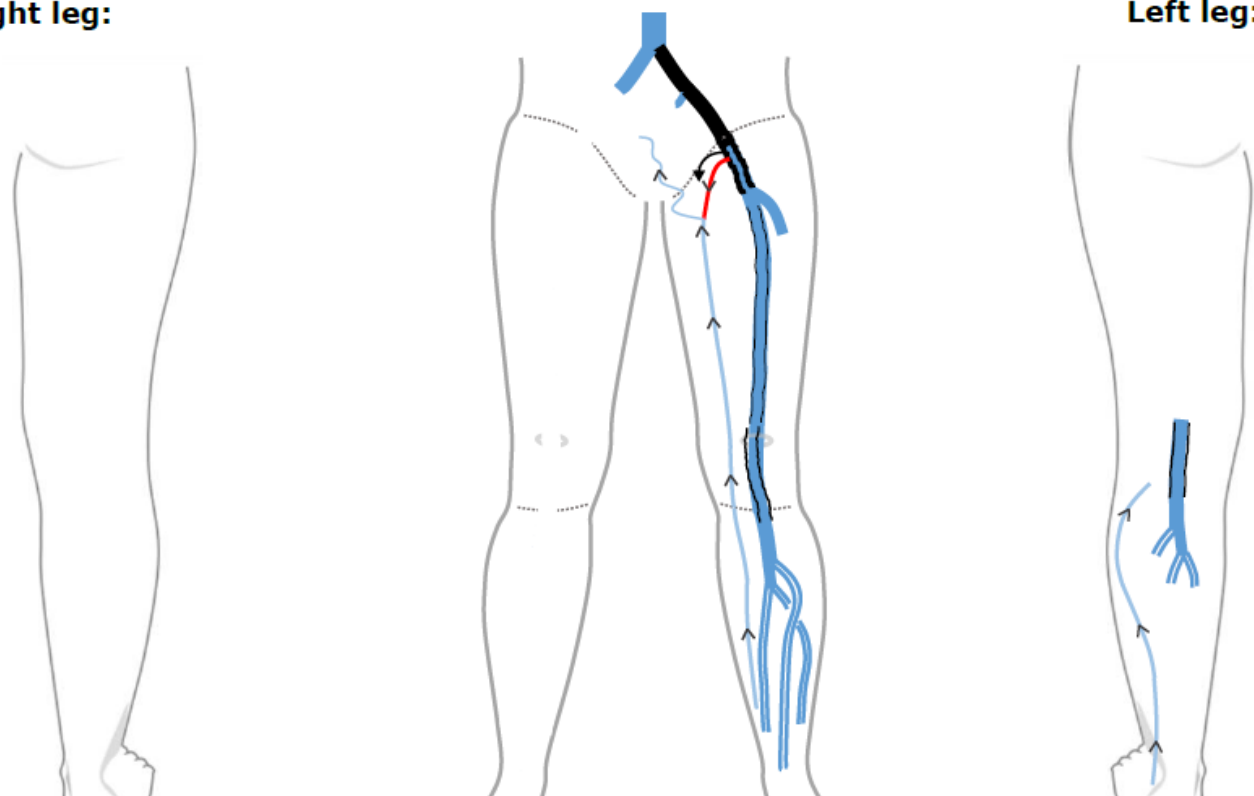
1. CFV, FV, POPV, PTVs, ATVs, LSV and SSV patent and competent. No evidence of acute DVT detected on duplex ultrasound.

**Reported by:** W. Navarro | *WNV*



Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

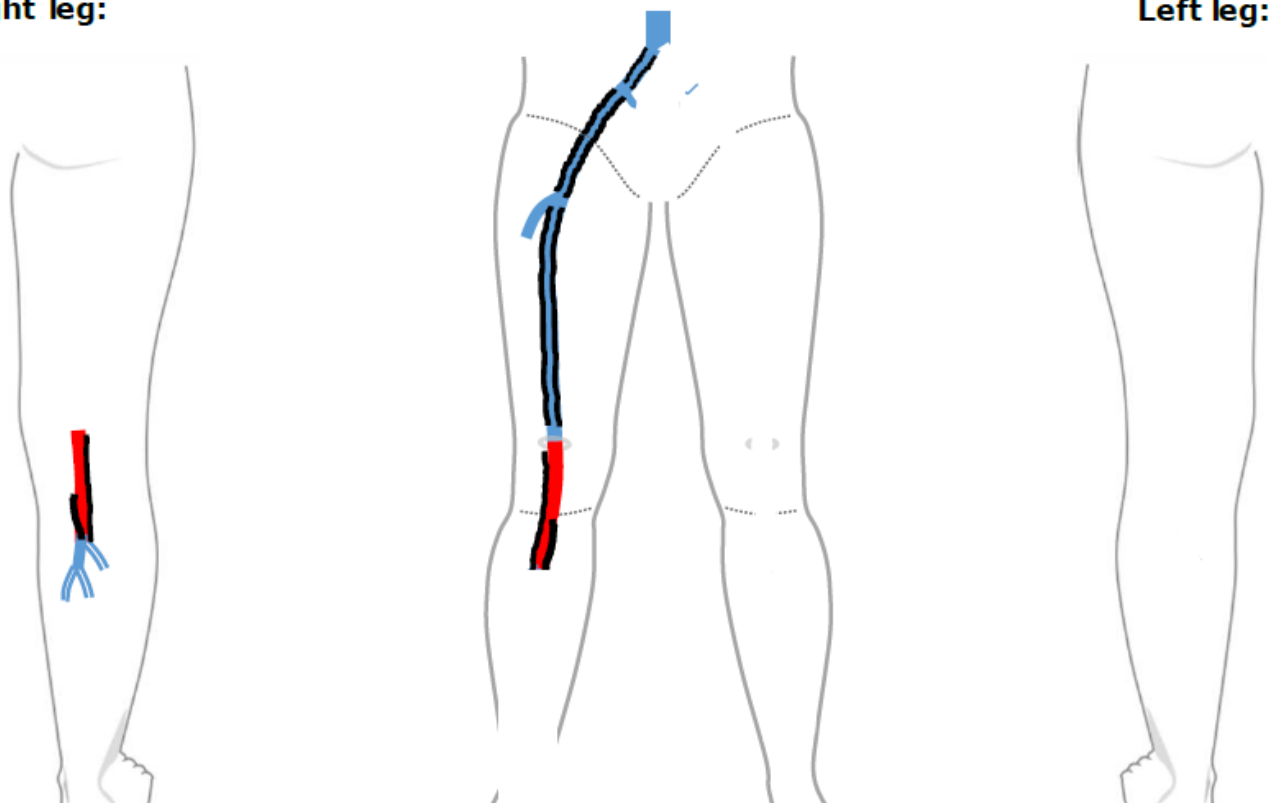
**Conclusion:**

1. IVC patent.
- LEFT LEG
2. CIV, EIV and CFV stents thrombosed. Minor recanalisation at caudal end of CFV stent.
3. PFV patent with minor old thrombus/ scarring.
4. CFV partially recanalised below stent and above SFJ level. CFV below SFJ level patent with minor old thrombus/scarring.
5. Continuous sapheno-femoral reflux. Collateral vein arises off LSV at 5cm below SFJ. LSV patent and competent below this level. LSV calibre: at groin 9.6mm.
6. FV and POPV AK patent and competent with minor old thrombus/ scarring.
7. POPV BK, PTVs, ATVs and SSV patent and competent.

Reported by: W. Navarro | *W. Navarro*

Right leg:

Left leg:



**Legend** ■ Normal Deep ■ Normal Superficial ■ Incompetent ■ Old Thrombus ■ Occlusive Thrombus  
 ■ Superficial Thrombus ○ Competent Perforator ⊗ Incompetent Perforator ● Varix

**Conclusion:**

1. IVC patent.
2. (R) CIV and EIV patent with evidence of old thrombus.
3. (R) PFV at groin patent.
4. (R) CFV patent and competent with evidence of subacute thrombus.
5. (R) FV patent and competent with recanalised thrombus throughout.
6. (R) POPV patent and (2.2s) incompetent with recanalised thrombus BK.

Reported by: W. Navarro | *WNV*