

OCTOBER 2022

Image Report



US VAS doppler vein map lower limb left

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Kamran Ali KHAN Study date: 25/10/2022

Study Result

Narrative & Impression

Patient NHS number: 624 257 5035

Exam:

US VAS doppler vein map lower limb left

Accession No.

R0A220263294

Indications:

Left leg swelling - please rule out deep or superficial venous insufficiency

Findings:

Left leg Venous insufficiency scan

DVT screening

Patent and compressible femoral - popliteal veins including the calf veins

No evidence of DVT

Reflux/Insufficiency study

No deep venous insufficiency

No SFJ incompetence

No LSV reflux

No SPJ incompetence

No SSV reflux

Scanned by Rhea Angel, Supervised by Helena Edlin

Result History

US VAS doppler vein map lower limb left (Order #40993001) on 25/10/2022 - Order Result History Report

All Result History

November 2022

Image Report



US VAS doppler vein map lower limb right

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Martin REGAN Study date: 1/11/22

PACS Images

[Show images for this exam](#) (If images do not open automatically, search PACS using NHS number)

Study Result

Narrative & Impression

Patient NHS number: 644 422 1293**Exam:**

US VAS doppler vein map lower limb right

Accession No.

R0A220166914

Indications:

Chronic right leg pain with mottling and positive Buerger's test

Findings:**RIGHT leg**

Technically difficult study due to body habitus

Unable to clearly see CFV and proximal FV and Profunda Vein due to depth and body habitus.

DVT ScreeningPatent CFV (where seen), FV, popliteal vein and calf veins with good colour filling
Where visualized, no obvious evidence of DVT in this scan**Reflux study**

No obvious evidence of deep venous insufficiency detected where scanned

Unable to test the SFJ due to depth and body habitus

No obvious LSV reflux

No obvious SPJ incompetence

No obvious SSV reflux (venous stasis seen in proximal SSV)

Targeted Distal ATA and PTA were patent with triphasic signals

R. Angel

Result History

US VAS doppler vein map lower limb right (Order #48243222) on 1/11/2022 - Order Result History Report

Percentile Graphs

Chart Review

Image Report

Image Report

US VAS doppler vein map lower limb right

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Nicholas Stuart GREAVES Study date: 3/11/22

Study Result

Narrative & Impression

Patient NHS number: 460 641 6874

Exam:
US VAS doppler vein map lower limb right

Accession No.
R0A220330037

Indications:
insufficiency

Findings:
RIGHT LEG Doppler Scan

Poor echo window of CFV and proximal FV and profunda vein due to depth and body habitus

DVT SCREENING
Where seen patent and compressible femoral - popliteal and crural veins
No obvious evidence of acute DVT

REFLUX STUDY

No obvious deep venous insufficiency

SFJ not visualized
No obvious LSV reflux

No true SPJ seen
NO SSV reflux

Scanned and reported by: Rhea Angel

Result History

US VAS doppler vein map lower limb right (Order #52615419) on 3/11/2022 - Order Result History Report

Percentile Graphs

No pregnancy episode available

Signed by

| Signed | Date/Time | Phone | Pager |
|-------------|------------|-------|-------|
| ANGEL, RHEA | 03/11/2022 | 17:29 | |

← →

Chart Review

Image Report

Image Report

← →

US VAS doppler lower limb veins left

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Gareth OWEN, NP Study date: 3/11/22

PACS Images

[Show images for this exam \(if images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 460 641 6874

Exam:
US VAS doppler lower limb veins left

Accession No.
R0A220203584

Indications:
Likely venous ulceration to both legs but arterial duplex prior to compression, patient diabetic & hypertensive

Findings:
LEFT LEG Doppler Scan

Poor echo window of CFV and proximal FV and profunda vein due to depth and body habitus

DVT SCREENING
Where seen patent and compressible femoral - popliteal and crural veins
No obvious evidence of acute DVT

REFLUX STUDY
No obvious deep venous insufficiency

SFJ not visualized
No obvious LSV reflux

No true SPJ seen
NO SSV reflux

Scanned and reported by: Rhea Angel


Result History

US VAS doppler lower limb veins left (Order #52615412) on 3/11/2022 - Order Result History Report

Percentile Graphs

No pregnancy episode available

Image Report



US VAS doppler vein map lower limb left

Order# 38972362

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Snehal BHAVSAR, RN Study date: 17/11/2022

PACS Images

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Addendum

Kindly refer patient to vascular team for further assessment if indicated.

Addended by Rhea ANGEL on 18/11/2022 12:15

Study Result

Narrative & Impression

Patient NHS number: 450 124 1454

Exam:
US VAS doppler vein map lower limb left

Accession No.
ROA220398188

Indications:
chronic left leg ulcers for last 4 years, not healing , supercificial skin peel , dry scab lower leg , doesn not look infected, has ezema , similar presentation in past , awt dermatology review

Findings:
Colour Duplex of the Deep Veins of the left Leg
Patient verbally consented to the scan.

DVT Screening
The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.
Normal phasic flow in the common femoral vein on respiration.
Conclusion: No evidence of left lower limb DVT.

Reflux Study
No evidence of deep venous insufficiency
The SFJ is patent and incompetent.
The LSV is patent, incompetent and slightly tortuous in the proximal thigh to knee level. In the proximal calf, the LSV branches and the tortuous incompetent branch feeds the tortuous varicosities in the calf. The LSV becomes competent in the mid-distal calf. The LSV connects back with the tortuous branch in the distal calf and the LSV becomes incompetent for the remainder of its' length.
No true SPJ seen
The SSV is patent and competent in the proximal and distal calf. Localised SSV reflux seen at the mid calf level via connection with a branch off the LSV
Scanned by Rhea Angel, Checked by Laura Haworth

Result History

US VAS doppler vein map lower limb left (Order #38972362) on 17/11/2022 - Order Result History Report - Result Edited

MRN: 08147834
Resuscitation: ASSUME FULL
NHS Number: 498 121 5592

Archive
GMCR

Search

Isolation: None

Allergies (2)

DISCHARGED: 23/11/2022
(1 D AGO)
Patient Class: Inpatient
Principal Problem: Ulcer

ATTENDANCE REASONS
Pain in lower limb

US VAS DOPPLER VEIN MAP
LOWER LIMB RIGHT
bilateral venous skin changes
with ulceration on lower legs

Ibraheem Suleiman
Khaled OBAIDAT
Ordering

Ht: 132.1 cm
Wt: 59.1 kg
BMI: 33.88 kg/m² !

RELEVANT LABS (LAST 90
DAYS)
CREATININE 41 umol/L !
PT 11.0 Seconds

ASSOCIATED PATHWAY
PERIOD
18 Week RTT (Next target
due in 96 days)

MEDICATION STATUS (8)
Done (8)

US VAS doppler vein map lower limb left

Order# 53531

Other readers: Toni COOPER (Radiographer); Rhea ANGEL (Radiographer) Ordering clinician: Ibraheem Suleiman Khaled OBAIDAT Study date: 10/11/2022

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Colour Duplex of the Deep Veins of the left Leg

J. [REDACTED] verbally consented to the scan.

DEEP

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius and Prox-Mid posterior tibial and peroneal veins are patent, competent and compressible.

Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of left lower limb DVT/DVI in deep vein visualised.

Scanned and reported by Toni Cooper.

SUPERFICIAL

Difficult to augment flow due to patient discomfort

No SFJ incompetence

No LSV reflux. Unable to scan distal calf level due to ulceration and dressing in place.

No SPJ incompetence

SSV incompetence identified from mid calf but unable identify source. Unable to scan distal calf level due to ulceration and dressing in place.

Scanned by Rhea Angel, Checked by Paula Mac Lure

Result History

US VAS doppler vein map lower limb left (Order #53535711) on 10/11/2022 - Order Result History Report

Percentile Graphs


No pregnancy episode available

Signed by

| Signed | Date/Time | Phone | Pager |
|-------------|------------------|-------|-------|
| ANGEL, RHEA | 10/11/2022 12:00 | | |

Exam Information

Image Report



US VAS doppler vein map lower limb right

Order# 53535709

Other reader: Paula MACLURE (Radiographer) Ordering clinician: Ibraheem Suleiman Khaled OBAIDAT Study date: 10/11/2022

PACS Images

Show images for this exam (If images do not open automatically, search PACS using NHS number)

Study Result

Narrative & Impression

Patient NHS number: 498 121 5592

Exam:
US VAS doppler vein map lower limb right

Accession No.
R0A220347658

Indications:
bilateral venous skin changes with ulceration on lower legs
Colour Duplex of the Deep Veins of the right Leg

██████████ consented to the scan.

The common femoral, profunda femoral, femoral, popliteal and gastrocnemius veins are patent and compressible. The proximal-mid posterior tibials and peroneal veins appear patent, competent and compressible. Unable to scan distally due to dressings/ulceration.

Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT/DVI detected from this scan.

Scanned and reported by Paula MacLure.

Superficial
Difficult to augment flow due to patient discomfort/ulceration.

No SFJ reflux.
No LSV reflux. Distal calf not assessed due to dressings/ulceration.

No SPJ identified. SSV appears patent and competent proximal-mid vessel. Distal SSV not assessed due to dressings/ulceration.

R. Angel

Result History


US VAS doppler vein map lower limb right (Order #53535709) on 10/11/2022 - Order Result History Report

Percentile Graphs

No pregnancy episode available

Signed by

Image Report



US VAS doppler lower limb veins right Order

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: David MURRAY Study date: 17/11/2022

PACS Images
[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result
Narrative & Impression
Patient NHS number: 616 600 8945

Exam:
US VAS doppler lower limb veins right

Accession No.
ROA220346899

Indications:
bilateral ankle swelling

Findings:
Colour Duplex of the Deep Veins of the right Leg

[REDACTED] FE verbally consented to the scan.

DVT screening:
The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.
Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT.

Reflux study:
No deep venous insufficiency

No SFJ incompetence
No LSV reflux

No true SPJ identified
No SSV reflux

Scanned by Rhea Angel, Checked by Ming Yeung

Scanned and reported by Rhea Angel.

Result History
US VAS doppler lower limb veins right (Order #40092443) on 17/11/2022 - Order Result History Report

Signed by

| Signed | Date/Time | Phone | Pager |
|-------------|------------------|-------|-------|
| ANGEL, RHEA | 17/11/2022 14:16 | | |

Image Report

US VAS doppler vein map lower limb left

Order# 40092445

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: David MURRAY Study date: 17/11/2022

Study Result

Narrative & Impression

Patient NHS number: 616 600 8945

Exam:
US VAS doppler vein map lower limb left

Accession No.
R0A220352995

Indications:
Bilateral ankle swelling

Findings:
Colour Duplex of the Deep Veins of the LEFT Leg
ally consented to the scan.
DVT screening:
The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.
Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT.

Reflux study:
No deep venous insufficiency

No SFJ incompetence
No LSV reflux

No true SPJ identified
No SSV reflux

Scanned by Rhea Angel, Checked by Toni Cooper

Result History

US VAS doppler vein map lower limb left (Order #40092445) on 17/11/2022 - Order Result History Report

Signed by

| Signed | Date/Time | Phone | Pager |
|-------------|------------------|-------|-------|
| ANGEL, RHEA | 17/11/2022 14:18 | | |


Exam Information

| Status | Exam Begun | Exam Ended |
|--------|------------------|------------------|
| Final | 17/11/2022 14:10 | 17/11/2022 14:10 |

External Results Report

Encounter

Image Report



US VAS doppler vein map lower limb left

Order# 38972362

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Snehal BHAVSAR, RN Study date: 17/11/2022

PACS Images

Show images for this exam (If images do not open automatically, search PACS using NHS number)

Addendum

Kindly refer patient to vascular team for further assessment if indicated.

Added by Rhea ANGEL on 18/11/2022 12:15

Study Result

Narrative & Impression

Patient NHS number: 450 124 1454

Exam:
US VAS doppler vein map lower limb left

Accession No.
ROA220398188

Indications:
chronic left leg ulcers for last 4 years, not healing , supericifical skin peel , dry scab lower leg , doesn not look infected, has ezema , similar presentation inpast , awt dermatology review

Findings:
Colour Duplex of the Deep Veins of the left Leg
[REDACTED] EY verbally consented to the scan.

DVT Screening
The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.
Normal phasic flow in the common femoral vein on respiration.
Conclusion: No evidence of left lower limb DVT.

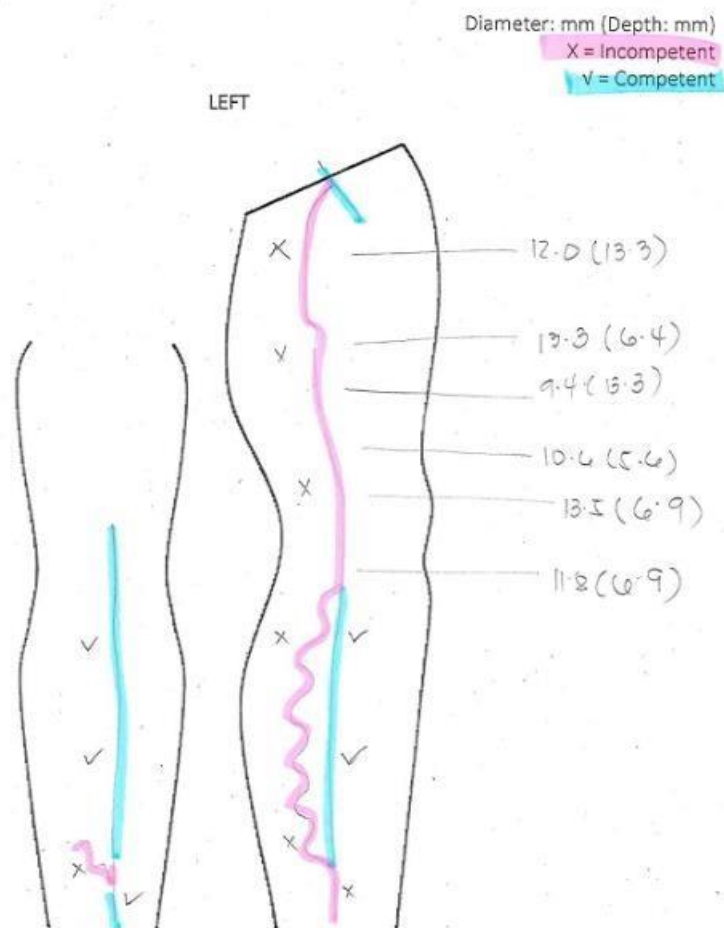
Reflux Study
No evidence of deep venous insufficiency
The SFJ is patent and incompetent.
The LSV is patent, incompetent and slightly tortuous in the proximal thigh to knee level. In the proximal calf, the LSV branches and the tortuous incompetent branch feeds the tortuous varicosities in the calf. The LSV becomes competent in the mid-distal calf. The LSV connects back with the tortuous branch in the distal calf and the LSV becomes incompetent for the remainder of its' length.
No true SPJ seen
The SSV is patent and competent in the proximal and distal calf. Localised SSV reflux seen at the mid calf level via connection with a branch off the LSV
Scanned by Rhea Angel, Checked by Laura Haworth

Result History

US VAS doppler vein map lower limb left (Order #38972362) on 17/11/2022 - Order Result History Report - Result Edited


Signed by

| | |
|---------------------------------------|--------------------|
| Hospital Number: RW3 00259360 | Consultant: Speed, |
| PACS Accession: RW3A ROA 220348188 | Date: 17-11-2022 |



Signed: Rhea Angel checked by Laura Haworth
Date: 17-11-2022

Image Report



US VAS doppler vein map lower limb right Order# 56146107

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Olivia MCCABE-ROBINSON Study date: 21/11/2022

PACS Images
[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result
Narrative & Impression
Patient NHS number: 400 131 4894

Exam:
US VAS doppler vein map lower limb right

Accession No.
ROA220375862

Indications:
Patient has ongoing bilateral bursting pain in calves. Bilateral superficial varicosities. Poor wound healing. Swelling to both calves. Recent undiagnosed MI. Please rule out DVTs.

Findings:
Colour Duplex of the Deep Veins of the right Leg
[REDACTED] verbally consented to the scan.

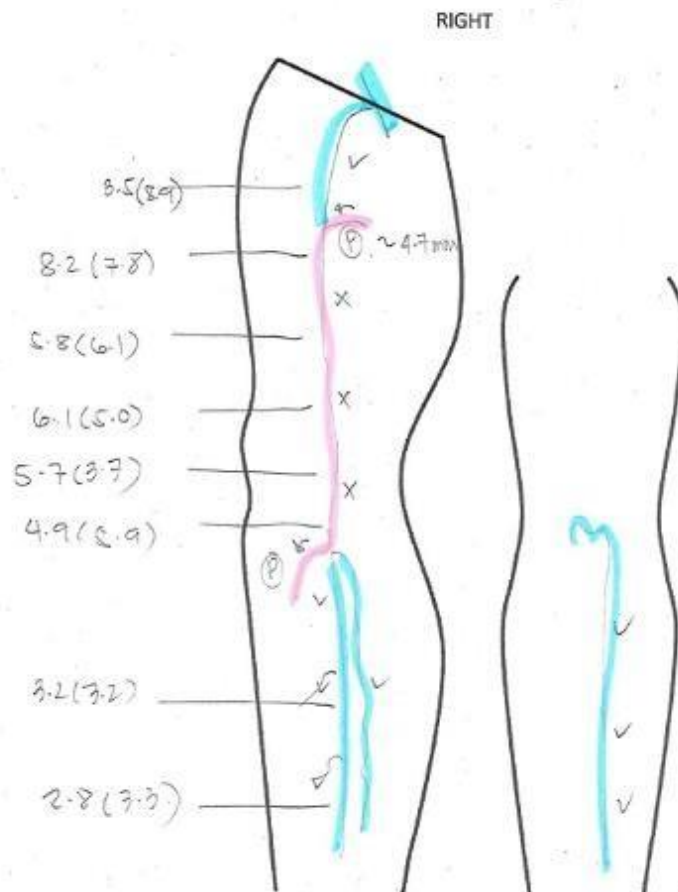
DVT Screening
The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.
Normal phasic flow in the common femoral vein on respiration.
Conclusion: No evidence of right lower limb DVT.

REFLUX study
No deep venous incompetence
No SFJ incompetence
LSV is competent proximally, however there is a dilated perforator arising from the proximal FV feeding into the LSV causing reflux down to level of proximal calf. LSV gives rise to the varicosities in the calf. The LSV gives rise to an incompetent perforator in the proximal calf, the LSV then becomes competent for the remainder of its length.
No SPJ incompetence
NO SSV reflux
Please see diagram report in SECTRA PACS
Scanned and reported by Rhea Angel checked by Laura Haworth

Discussion

Hospital Number: MFT 02 667482 Consultant: MCCABE-ROBINSON
PACS Accession: R0A R0A 220375862 Date: 21/11/22

Diameter: mm (Depth: mm)
X = Incompetent
✓ = Competent



Signed: L. E. Haworth Rhea Angel

Date: 21/11/22

1.

10/11/22

Image Report

US VAS doppler vein map lower limb left Order# 56146109

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Olivia MCCABE-ROBINSON Study date: 21/11/2022

PACS Images
[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result
Narrative & Impression
Patient NHS number: 400 131 4894

Exam:
US VAS doppler vein map lower limb left

Accession No.
ROA220375861

Indications:
Patient has ongoing bilateral bursting pain in calves. Bilateral superficial varicosities. Poor wound healing. Swelling to both calves. Recent undiagnosed MI. Please rule out DVTs.

Findings:
Colour Duplex of the Deep Veins of the left Leg
[REDACTED] verbally consented to the scan.

DVT Screening
The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.
Normal phasic flow in the common femoral vein on respiration.
Conclusion: No evidence of left lower limb DVT.

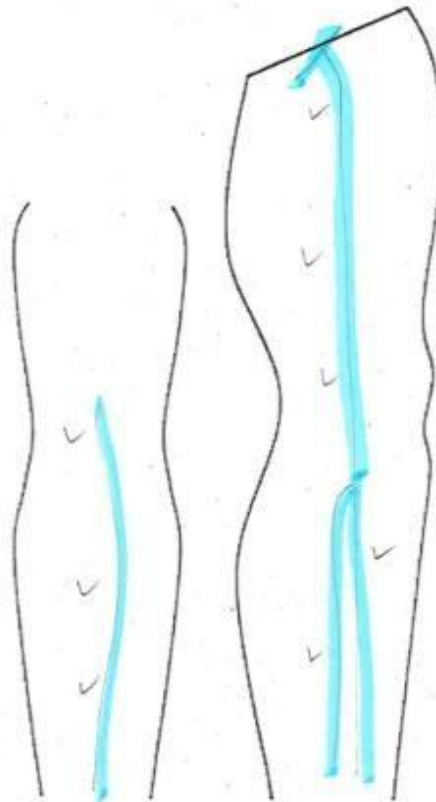
REFLUX study
No deep venous incompetence
No SFJ incompetence
NO LSV reflux
No true SPJ detected
No SSV reflux
Scanned and reported by Rhea Angel checked by Laura Haworth

Result History
US VAS doppler vein map lower limb left (Order #56146109) on 21/11/2022 - Order Result History Report

| | |
|---|-----------------------------|
| Hospital Number: RWS ^{men} 02667482 | Consultant: MCCABE-ROBINSON |
| PACS Accession: RWS R0A220375861 | Date: 21/11/22 |


Diameter: mm (Depth: mm)
X = Incompetent
✓ = Competent

LEFT



Signed: L. E. Haworth Rhea Angel
Date: 21/10/22

Image Report



US VAS doppler lower limb veins left

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Hira MANZOOR Study date: 29/11/2022

PACS Images

[Show images for this exam \(if images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: Missing

Exam:
US VAS doppler lower limb veins left

Accession No.
ROA220451033

Indications:
11/40 weeks pregnant lady ,well 3.to exclude dvt in the left leg.

Findings:
Colour Duplex of the Deep Veins of the left Leg
[REDACTED] verbally consented to the scan.
The common iliac vein appears partially patent, flow was not seen in continuity.
No colour Doppler seen in EIA suggesting vessel occlusion
The common femoral, proximal profunda, femoral, popliteal, gastrocnemius are dilated, hypoechoic, and incompressible suggesting acute vessel occlusion.
The peroneal and PTV appears patent and compressible
The SFJ and proximal LSV was also occluded.

Conclusion:
Acute DVT seen from the EIV to popliteal veins
Acute DVT seen in the gastrocnemius veins
Acute thrombophlebitis seen in the SFJ and proximal LSV

The patient has enrolled on to research study "improving clinical practice for patients with a blood clot" with protocol version 2 18.08.2022 and Informed Consent from V1 24.03.2022

Scanned and reported by Rhea Angel.

US VAS doppler lower limb veins left

Order# 57554047

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Helen Nicole MOLLOY Study date: 29/11/2022

PACS Images

[Show images for this exam](#) (If images do not open automatically, search PACS using NHS number)

Study Result

Narrative & Impression

Patient NHS number: 452 200 6446**Exam:**

US VAS doppler lower limb veins left

Accession No.

ROA220447122

Indications:

presents with a unilateral swollen erythematous leg, previous DVT in this leg.

Findings:**Colour Duplex of the Deep Veins of the left Leg**

██████████ verbally consented to the scan.

The common femoral, profunda femoral, femoral, popliteal, posterior tibial and peroneal veins are patent and compressible.

Normal phasic flow in the common femoral vein on respiration.

Acute thrombus seen in the gastrocnemius vein ~1cm from the popliteal vein. Thrombus appears to extend into superficial vein into distal SSV.
Thrombus also seen in the LSV and its branches from knee level down to distal calf.

Conclusion:**Negative for above knee DVT****Positive for ACUTE calf DVT****Positive for acute thrombophlebitis**

Scanned and reported by Rhea Angel.

DECEMBER 2022

US VAS doppler vein map lower limb right

Order# 57568967

Other readers: Rhea ANGEL (Radiographer); Paula MACLURE (Radiographer) Ordering clinician: Katherine Louise PYE Study date: 02/12/2022

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 712 133 1748**Exam:**


US VAS doppler vein map lower limb right

Accession No.

R0A220447089

Indications:

R sided venous ulcer cuasing bleeding, need USS to assess superficial and deep veins

Findings:**Ultrasound Doppler vein map RIGHT lower limb**AK verbally consented to the scan.**DVT Study**

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible. Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT.

REFLUX Study

NO deep venous incompetence identified.

SFJ incompetence identified.

LSV is incompetent proximally with an incompetent branch that coursed to anterior thigh. At mid thigh, LSV sheds another incompetent branch that loops back to distal thigh. At knee to proximal calf level, the LSV is tortuous and sheds branch that communicates to mid SSV. The remainder of the LSV is incompetent to distal calf where seen.

NO SPJ incompetence

SSV localised reflux at mid level where LSV branch connects in.

Please see PACS for diagram report.

Scanned and reported by Rhea Angel, checked by Paula MacLure

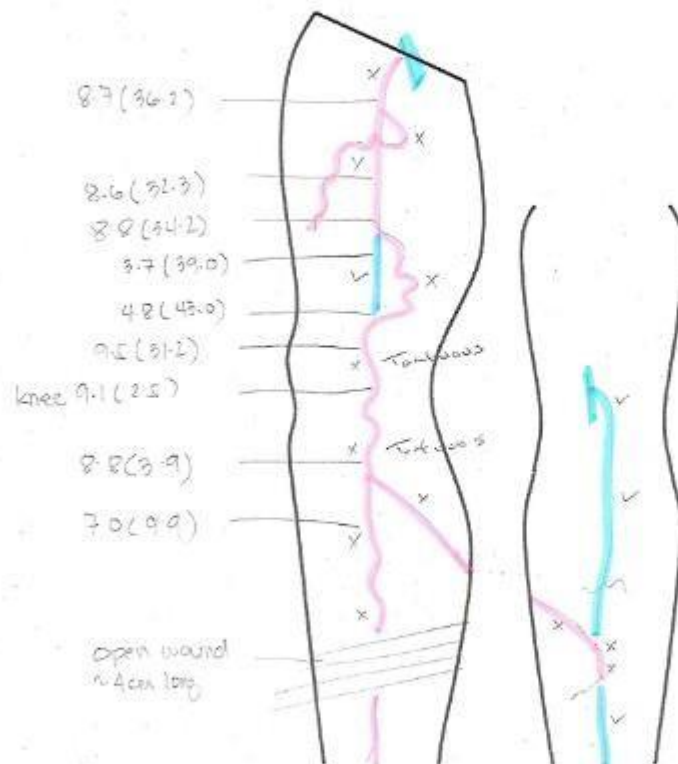
| | |
|--------------------------------|----------------------------------|
| Hospital Number: MFT 04768374 | Consultant: Katherine Lovik, PhD |
| PACS Accession: ROA 22044 2029 | Date: 02-12-2022 |

Diameter: mm (Depth: mm)

X = Incompetent

✓ = Competent

RIGHT



Signed: Rhea Angel checked by Paula MacLure
Date: 2-12-2022

US VAS doppler lower limb veins left

Order# 60550860

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Waleed Eltahir Kamal ELTAHIR Study date: 05/12/2022

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 618 961 2261**Exam:**

US VAS doppler lower limb veins left

Accession No.

R0A220475315

Indications:

Increasing pain and swelling in left leg for 2 weeks. Raised D-dimer. Need to rule out DVT.

Findings:**Colour Duplex of the Deep Veins of the left Leg**

[REDACTED] verbally consented to the scan.

Patient was with family member

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.

Normal phasic flow in the common femoral vein on respiration.

Conclusion:**No evidence of left lower limb DVT.****Incidental finding if arterial occlusion. Please see arterial report**

Please refer patient to vascular surgery team

Please suggest further imaging if indicated

Scanned and reported by Rhea Angel.

US VAS doppler lower limb veins right

Order# 61524230

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Madeleine ATKINSON Study date: 08/12/2022

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 480 432 4429**Exam:**

US VAS doppler lower limb veins right

Accession No.

R0A220496989

Indications:

R leg swelling, D dimer 778. to exclude DVT please

Findings:**Colour Duplex of the Deep Veins of the right Leg**

[REDACTED] verbally consented to the scan.

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.

Normal phasic flow in the common femoral vein on respiration.

? Anaechoic structure appearing to emanate from popliteal fossa suggestive of ?bakers cyst

Evidence of swelling/ oedema seen at calf region

Conclusion: No evidence of right lower limb DVT.

Scanned and reported by Rhea Angel.

US VAS doppler upper limb veins right

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Eleanor MOUBRAY, DDS Study date: 12/12/2022

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 618 544 1861

Exam:

US VAS doppler upper limb veins right

Accession No.

ROA220506842

Indications:

?R upper limb DVT

Findings:

Colour Duplex of the right Upper Limb Deep and Superficial Veins

██████████ verbally consented to the scan.

The internal jugular, brachial, radial and ulnar veins are patent and compressible where possible.

The cephalic and basilic veins are compressible throughout their length.

Dilated vessel with mixed echogenic thrombus seen within the subclavian to axillary vein suggestive of acute / ageing DVT.

Conclusion:

Evidence of right upper limb DVT detected from this scan.

Scanned and reported by Rhea Angel.

US VAS doppler lower limb veins left

Ort

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Nasir MAJEED Study date: 19/12/2022

PACS Images

[Show images for this exam](#) (If images do not open automatically, search PACS using NHS number)

Study Result

Narrative & Impression

Patient NHS number: 638 479 1315

Exam:

US VAS doppler lower limb veins left

Accession No.

R0A220534832

Indications:

Lef leg pain last 1 week, history of varicose vein but pain worse compare to before and leg swollen

Findings:

Colour Duplex of the Deep Veins of the left Leg

[REDACTED] verbally consented to the scan.

[REDACTED] was present - radiologist

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.

Normal phasic flow in the common femoral vein on respiration.

Small localized area of acute thrombophlebitis seen at the mid/distal calf level from a branch of LSV. <5cm in length.

Conclusion:

No evidence of left lower limb DVT.

Localized thrombophlebitis seen in the mid/distal calf level

Scanned and reported by Rhea Angel.

US VAS doppler vein map upper limb left

Other reader: Rhea ANGEL (Radiographer) Ordering clinician: Susan TRAVERS, NP Study date: 20/12/2022

PACS Images

• Show images for this exam (If images do not open automatically, search PACS using NHS number)

Study Result

Narrative & Impression

Patient NHS number: 460 580 6253

Exam:

US VAS doppler vein map upper limb left

Accession No.

ROA220501762

Indications:

PRE AVF

Findings:

Colour Duplex of the left Upper Limb Veins - AVF Formation

verbally consented to the scan.

Diagram report on Sectra PACS.

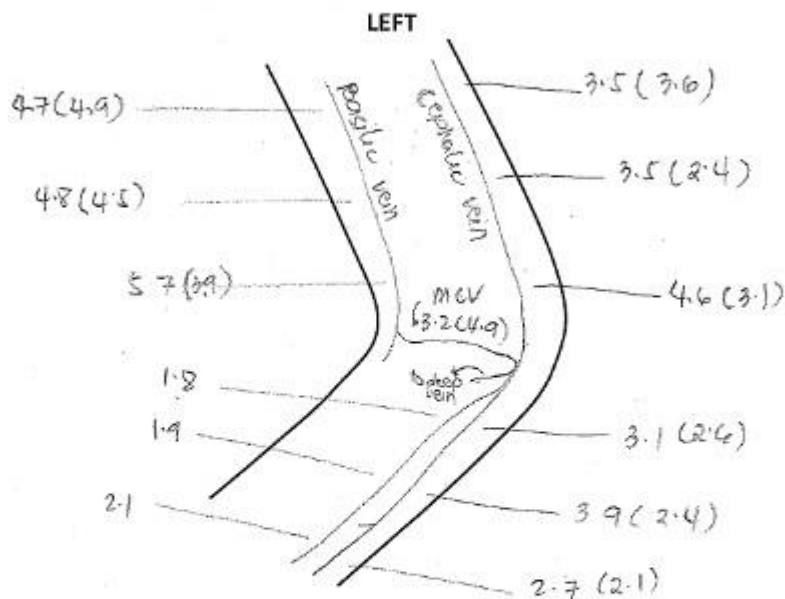
Scanned and reported by Rhea Angel.

Hospital Number: MFT 01102717

D.O.B: 21-11-1951

Accession Number: ROA 220501762

Diameter: mm (Depth: mm)



| Left Arteries | Diameter (mm) | Disease grading/Calcification |
|---------------|---------------|---------------------------------------|
| Brachial | 4.5 | Mildly diseased trifurcated signal |
| Radial | 2.1 | |
| Ulnar | 2.1 | |

Date: 20-12-2022

Signed: Rhea Angel

US VAS doppler lower limb veins right

Other readers: Rhea ANGEL (Radiographer); Paula MACLURE (Radiographer) Ordering clinician: Kamran Ali KHAN Study date: 09/01/2023

PACS Images

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Study Result

Narrative & Impression

Patient NHS number: 648 716 7320

Exam:

US VAS doppler lower limb veins right

Accession No.

R0A220475343

Indications:

Bilateral lower limb varicose veins (R>L)

Deep Veins of the right Leg

ly consented to the scan.

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible. Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT.

Reflux study

No deep venous incompetence

No SFJ incompetence identified.

? Incompetent pelvic veins appear to connect into the LSV in the very proximal thigh.

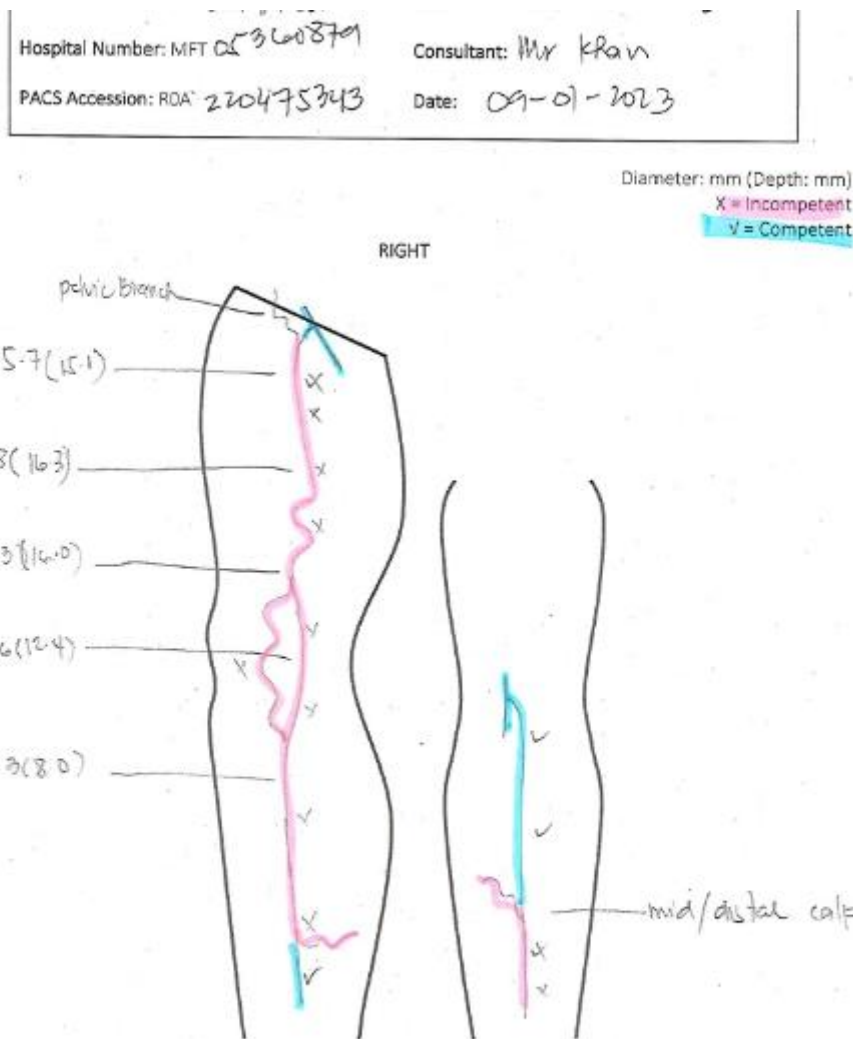
LSV reflux from proximal thigh and throughout to distal calf level. There is an incompetent LSV branch from mid/distal thigh looping back at knee level.

NO SPJ incompetence

SSV reflux at mid/distal calf level only fed by incompetent LSV branch.

Please see diagram report in SECTRA PACS

Scanned and reported by Rhea Angel checked by Paula MacLure



Signed: Rhea Angel
Date: 09-01-2023

US VAS doppler vein map lower limb left

Order# 3530816

Other readers: Rhea ANGEL (Radiographer); Paula MACLURE (Radiographer) Ordering clinician: Kamran Ali KHAN Study date: 09/01/2023

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 648 716 7320**Exam:**

US VAS doppler vein map lower limb left

Accession No.

R0A230617569

Indications:

varicose veins

Findings:**Colour Duplex of the Deep Veins of the left Leg**

Verbally consented to the scan.

DVT Study

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible. Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of left lower limb DVT.**Reflux Study**

No deep venous incompetence

No SFJ incompetence identified.

LSV reflux identified from very proximal thigh to mid/distal thigh. Incompetent branch arises from the mid/distal thigh and loops back into knee level. LSV becomes incompetent from proximal to distal calf.

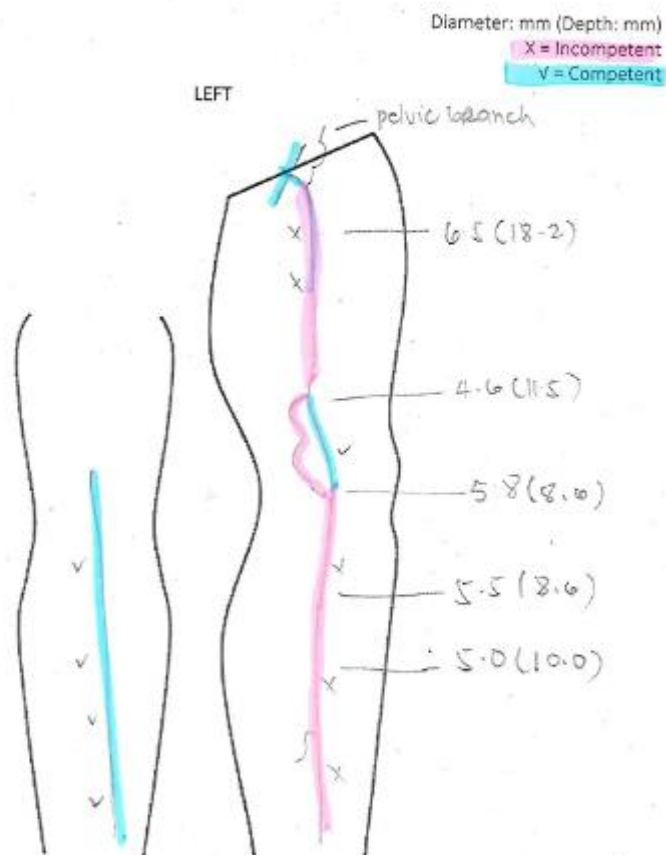
No true SPJ seen

NO SSV reflux

Please see diagram report in SECTRA PACS

Scanned and reported by Rhea Angel checked by Paula MacLure

| | |
|-------------------------------|---------------------|
| Hospital Number: MFT 05360879 | Consultant: Mr Khan |
| PACS Accession: ROA 230617509 | Date: 09-01-2023 |



Signed: Rhea Angel

Date: 9-01-2023

US VAS doppler vein map lower limb right

Order# 50845065

Other readers: Rhea ANGEL (Radiographer); Jessica LAI-HUMPHRIES (Radiographer) Ordering clinician: Kamran Ali KHAN Study date: 09/01/2023

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 454 106 8303**Exam:**

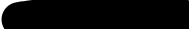
US VAS doppler vein map lower limb right

Accession No.

ROA220475079

Indications:

Right lower limb varicose veins with sup thrombophlebitis

Findings:**Colour Duplex of the Deep Veins of the right Leg** verbally consented to the scan.

DVT study

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible. Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT.**Relux study**

No deep venous incompetence

No SFJ incompetence

LSV reflux seen proximally (~4-5 cm from origin) extending to mid thigh only where the LSV sheds incompetent tortuous branch. LSV becomes competent distally down to distal calf.

LSV dimensions : diameter (depth) in mm:

Proximal thigh 5.9 (13.2)

Mid thigh 4.8 (5.6)

Distal thigh 4.7 (3.9)

Proximal calf 5.2 (2.3)

No true SPJ

No SSV reflux

Please see diagram report at SPECTRA PACS

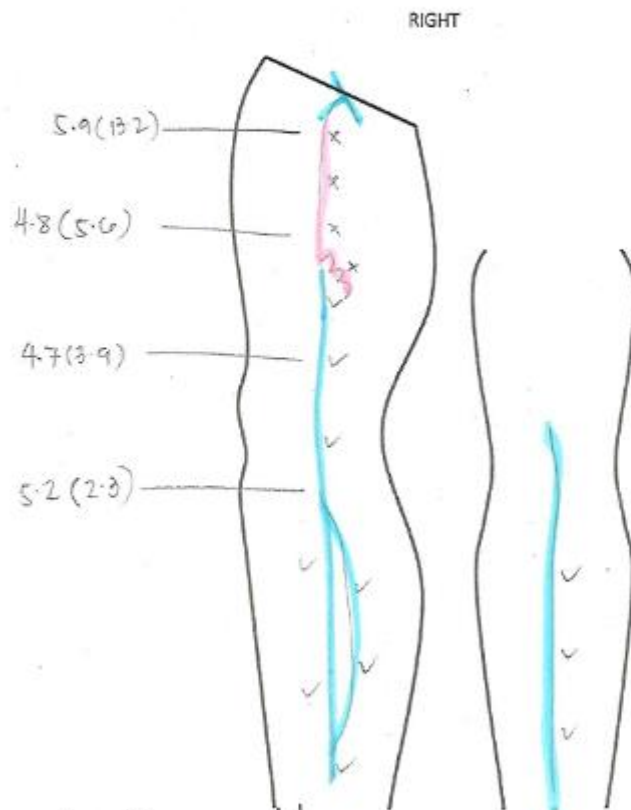
Scanned and reported by Rhea Angel, Checked by Jessica Lai-Humphries

Hospital Number: MFT 018 33473 Consultant: Mr Khan
PACS Accession: ROA 2204 750 79 Date: 09-01-2023

Diameter: mm (Depth: mm)

X = Incompetent

V = Competent



Signed: Rhea Angel

Date: 09-01-2023

(LSV check).

US VAS doppler vein map lower limb left

Order# 56323841

Other readers: Rhea ANGEL (Radiographer); Helena EDLIN (Radiographer) Ordering clinician: Gareth OWEN, NP Study date: 10/01/2023

PACS Images

[Show images for this exam](#) (If images do not open automatically, search PACS using NHS number)

Study Result

Narrative & Impression

Patient NHS number: 486 127 0065

Exam:

US VAS doppler vein map lower limb left

Accession No.

R0A220488625

Indications:

non healing left leg ulcer

Findings:

Colour Duplex of the Deep Veins of the left Leg

[REDACTED] verbally consented to the scan.

DVT Screening

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.

Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of left lower limb DVT.

Reflux Study

Deep venous incompetence involving the CFV, FV and popliteal vein.

SFJ incompetence

LSV reflux seen at proximal to mid thigh level. At mid thigh, the LSV sheds dilated incompetent varicosities that communicate back to distal thigh level. The LSV becomes incompetent again from this point down to distal calf level. At mid calf, the LSV sheds a network of dilated incompetent varicosities communicating with the mid calf SSV. Incompetent dilated perforators were also seen at mid and distal calf levels which appears to communicate with the LSV and its network branches.

SPJ incompetence. SPJ is located ~ 1-2 cm prox to the knee crease.

Proximal SSV incompetence. Distally, the SSV appears chronically phlebotic.

Please see diagram report which includes vein diameter measurements in SECTRA PACS

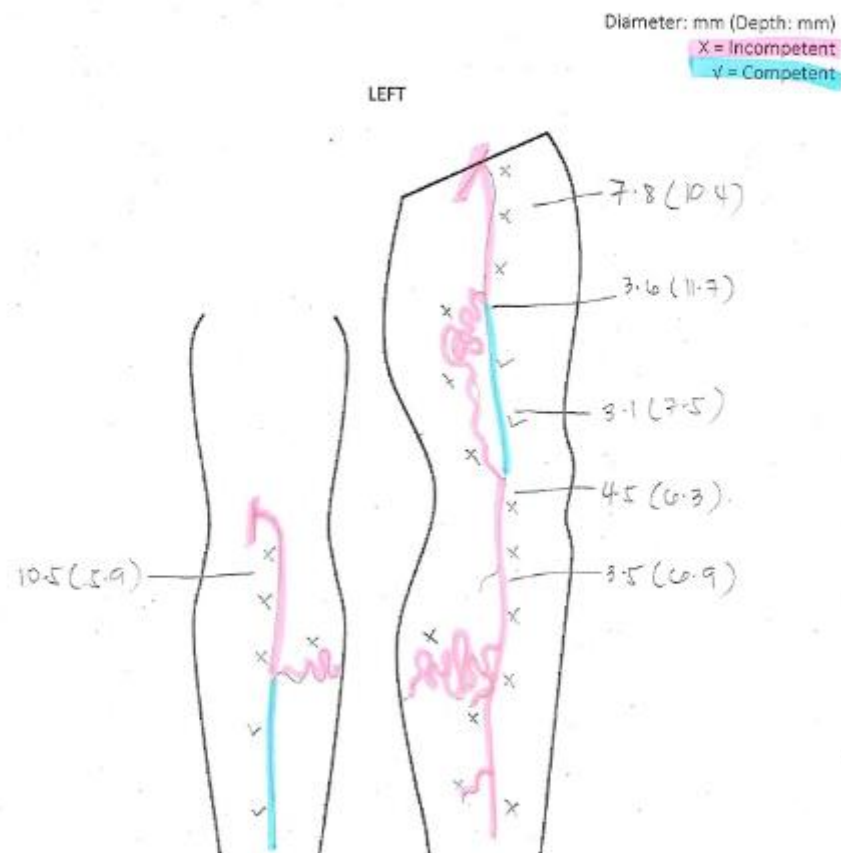
Scanned and reported by Rhea Angel, checked by Helena Edlin

Hospital Number: MFT 048 52204

Consultant: Dr. Riding

PACS Accession: ROA 220488625

Date: 10-01-2023



Signed: Rhea Angel checked by:

Date: 10-01-2023

US VAS doppler vein map lower limb right

Order# 61570924

Other readers: Rhea ANGEL (Radiographer); Helena EDLIN (Radiographer) Ordering clinician: David RIDING Study date: 10/01/2023

PACS Images

[Show images for this exam \(If images do not open automatically, search PACS using NHS number\)](#)

Study Result

Narrative & Impression

Patient NHS number: 442 120 2959**Exam:**


US VAS doppler vein map lower limb right

Accession No.

ROA220498331

Indications:

Please assess incompetence and suitability for RFA.

Findings:**Colour Duplex of the Deep Veins of the right Leg** verbally consented to the scan.**DVT screening**

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible.

Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT.

Reflux study

Segmental incompetence seen at proximal femoral vein only. The rest of the deep veins are competent.

Evidence of thrombophlebitis seen along the LSV at proximal thigh, knee, and calf level.

SFJ incompetence

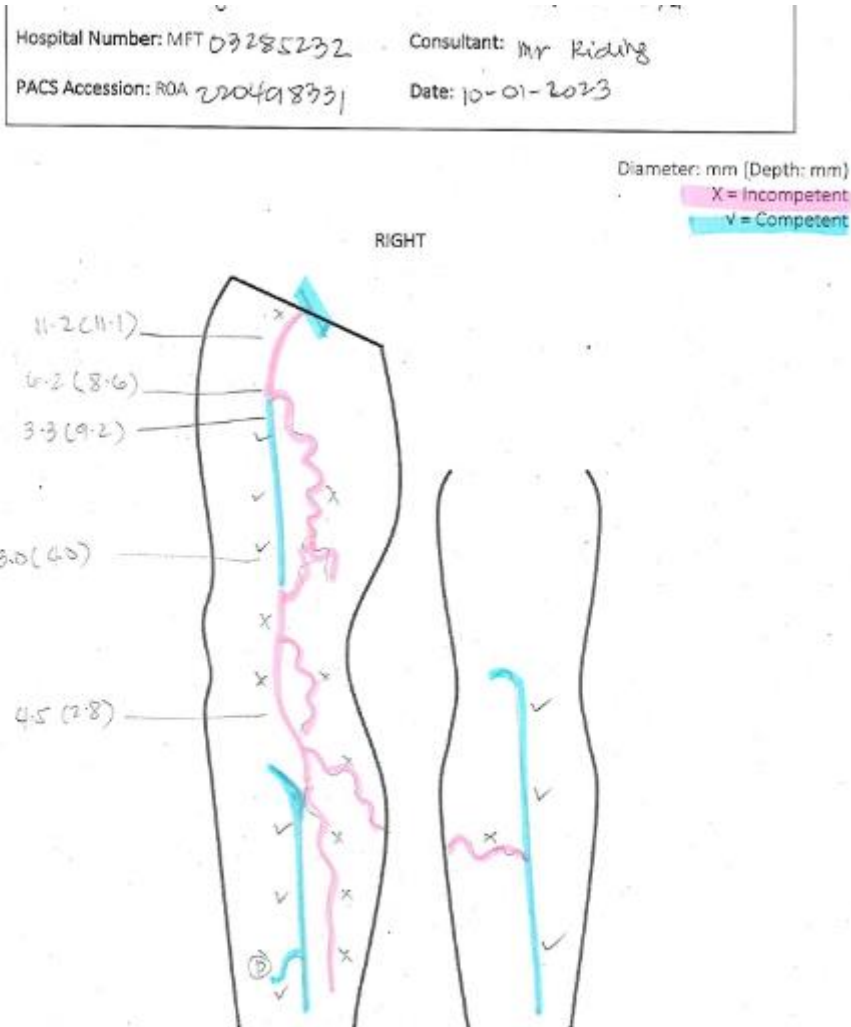
The proximal LSV is dilated and incompetent. At ~10-12 cm from origin, the LSV sheds beads of tortuous incompetent varicosities that communicate back to distal thigh level. The main LSV then becomes competent at mid level. At distal thigh, the LSV becomes incompetent and sheds another branch of varicosities that communicate to mid SSV. The main LSV at calf is competent with a posterior arch branch that is phlebotic and incompetent

NO SPJ incompetence

NO SSV reflux

Please see diagram report for vein diameters which can be found in SECTRA PACS

Scanned and reported by Rhea Angel checked by Helena Edlin



Signed: Rhea Angel checked by:
Date: 10-01-2023

US VAS doppler lower limb veins right

Order# 7578335

Other readers: Rhea ANGEL (Radiographer); Toni COOPER (Radiographer) Ordering clinician: Kamran Ali KHAN Study date: 12/01/2023

PACS Images[Show images for this exam](#) (if images do not open automatically, search PACS using NHS number)**Study Result**

Narrative & Impression

Patient NHS number: 604 735 9086**Exam:**


US VAS doppler lower limb veins right

Accession No.

R0A220508497

Indications:

right leg varicose veins. To rule out DVT

Findings:**Colour Duplex of the Deep Veins of the right Leg** verbally consented to the scan.**DVT Study**

The common femoral, profunda femoral, femoral, popliteal, gastrocnemius, posterior tibial and peroneal veins are patent and compressible. Normal phasic flow in the common femoral vein on respiration.

Conclusion: No evidence of right lower limb DVT/DVI detected from this scan.

Reflux study

No deep venous incompetence

SFJ incompetence.

Segmental LSV reflux seen at proximal thigh and knee level as well as some mild reflux seen at calf level. At proximal/mid thigh, the LSV sheds dilated tortuous branches with a branch communicating back to distal thigh while other varicose branches loop back into LSV at knee level. At proximal calf, the LSV sheds tortuous branches that feed into varicosities at shin and medial calf. Varicose branches also arise from the mid and distal calf.

No true SPJ

No SSV reflux

Please see diagram report with measurements in SECTRA PACS

Scanned by Rhea Angel, checked by Paula MacLure

Hospital Number: MFT 01254711

Consultant: Mr. Khan

PACS Accession: ROA 220568497

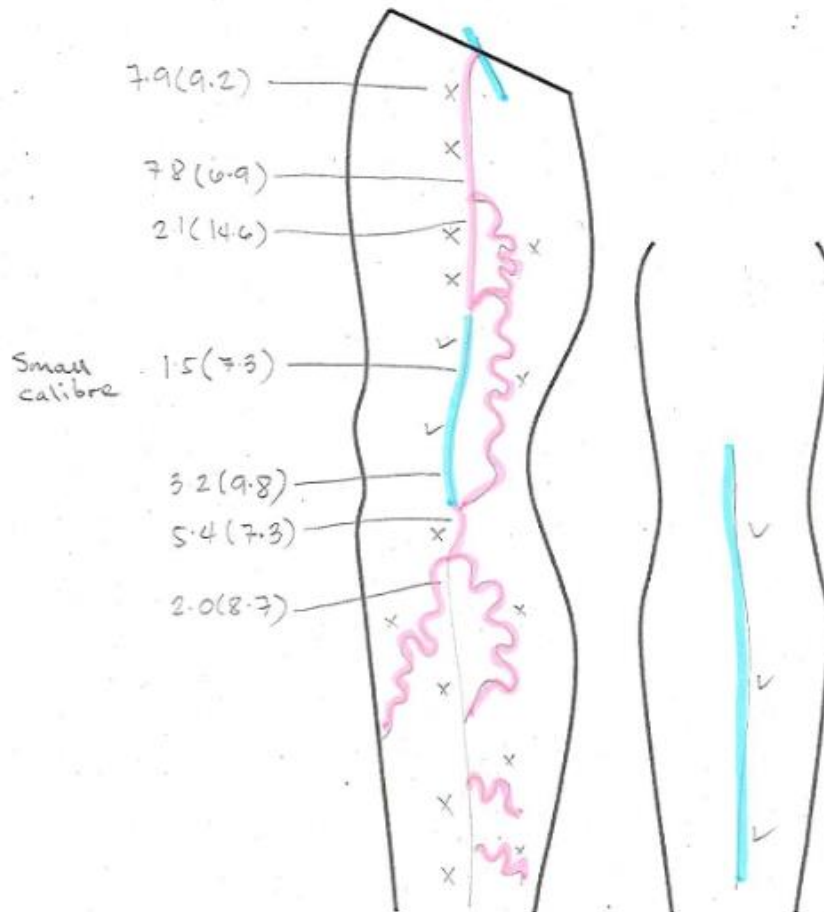
Date: 12-01-2023

Diameter: mm (Depth: mm)

X = Incompetent

✓ = Competent

RIGHT



Signed:

Rhea Angel checked by Paula MacLure

Date:

12-01-2023