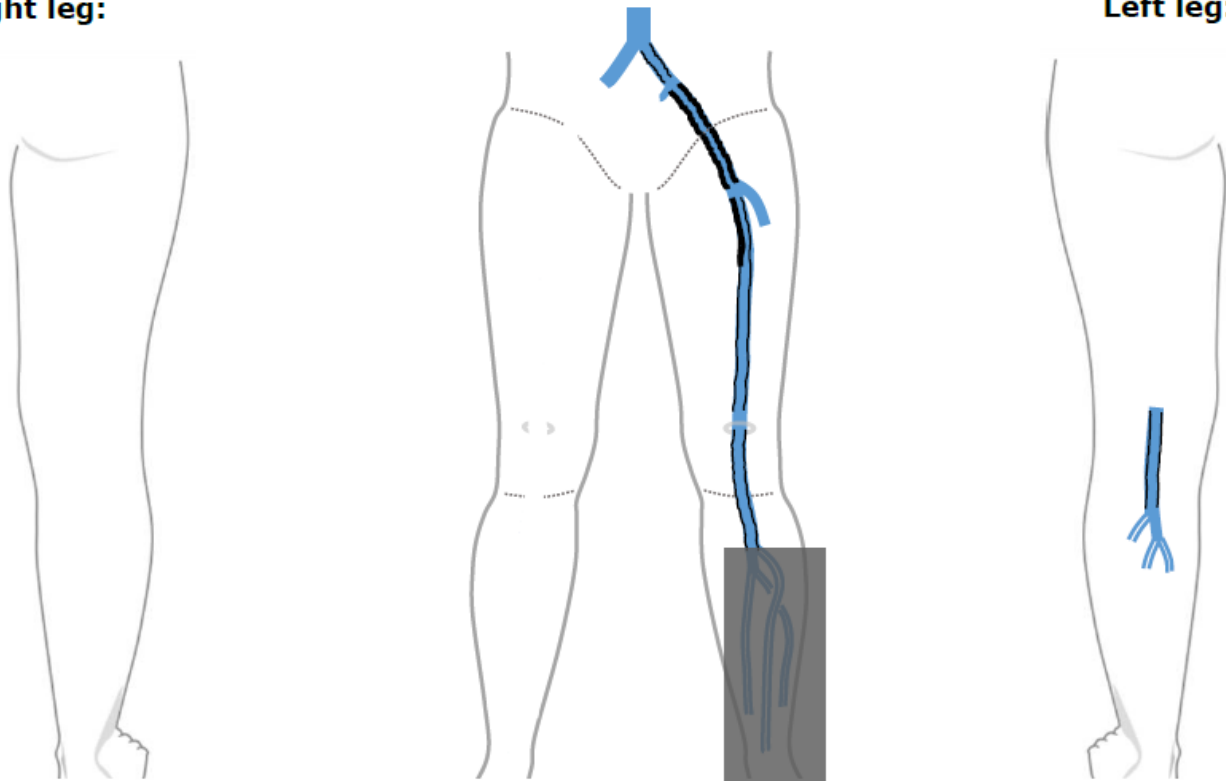


Right leg:

Left leg:



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

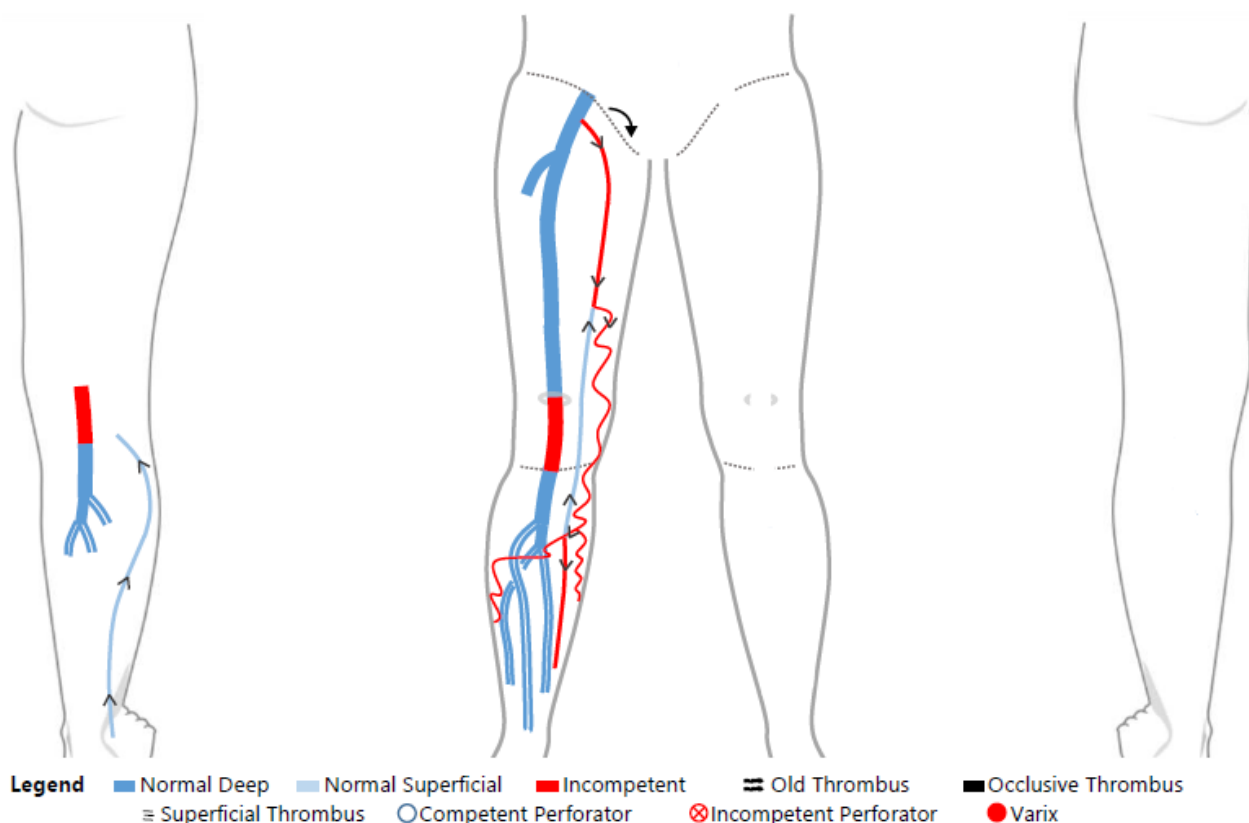
Conclusion:

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:

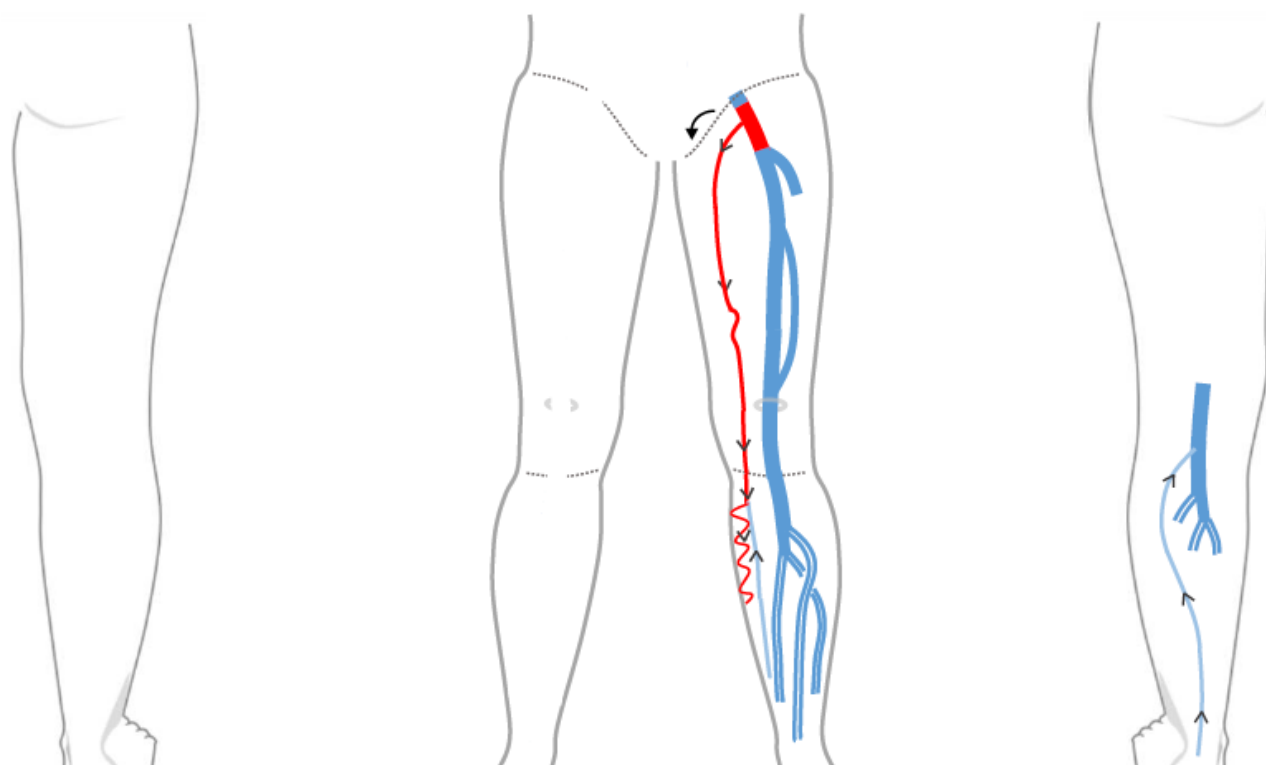
RIGHT LEG

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:

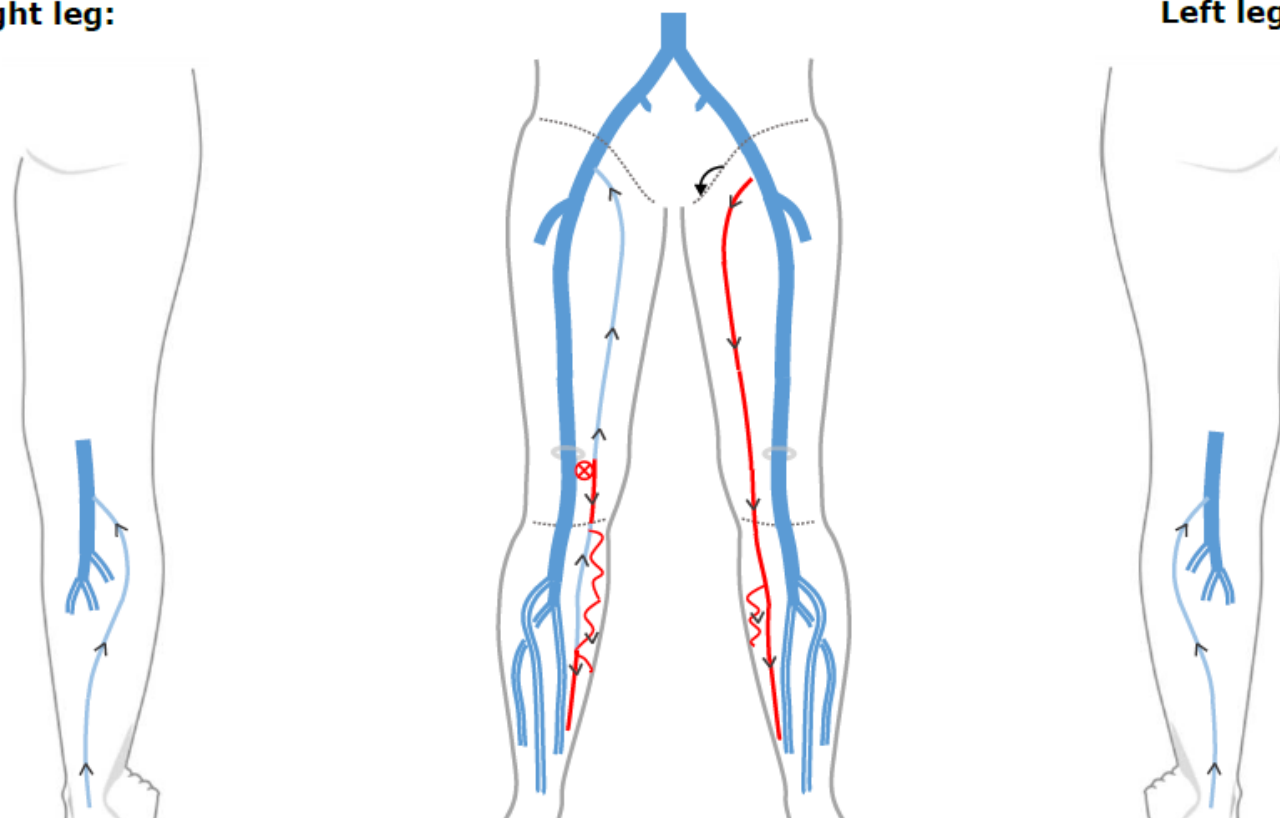
LEFT LEG

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.

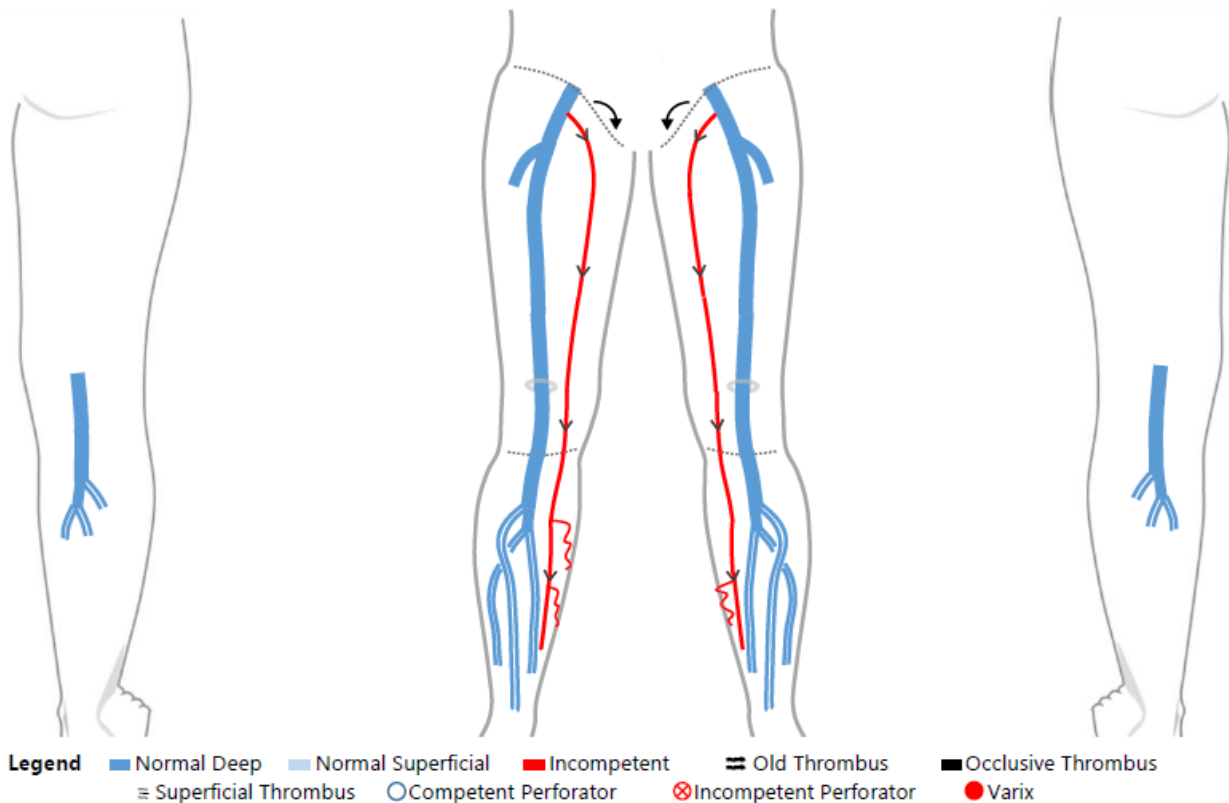
RIGHT LEG

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.

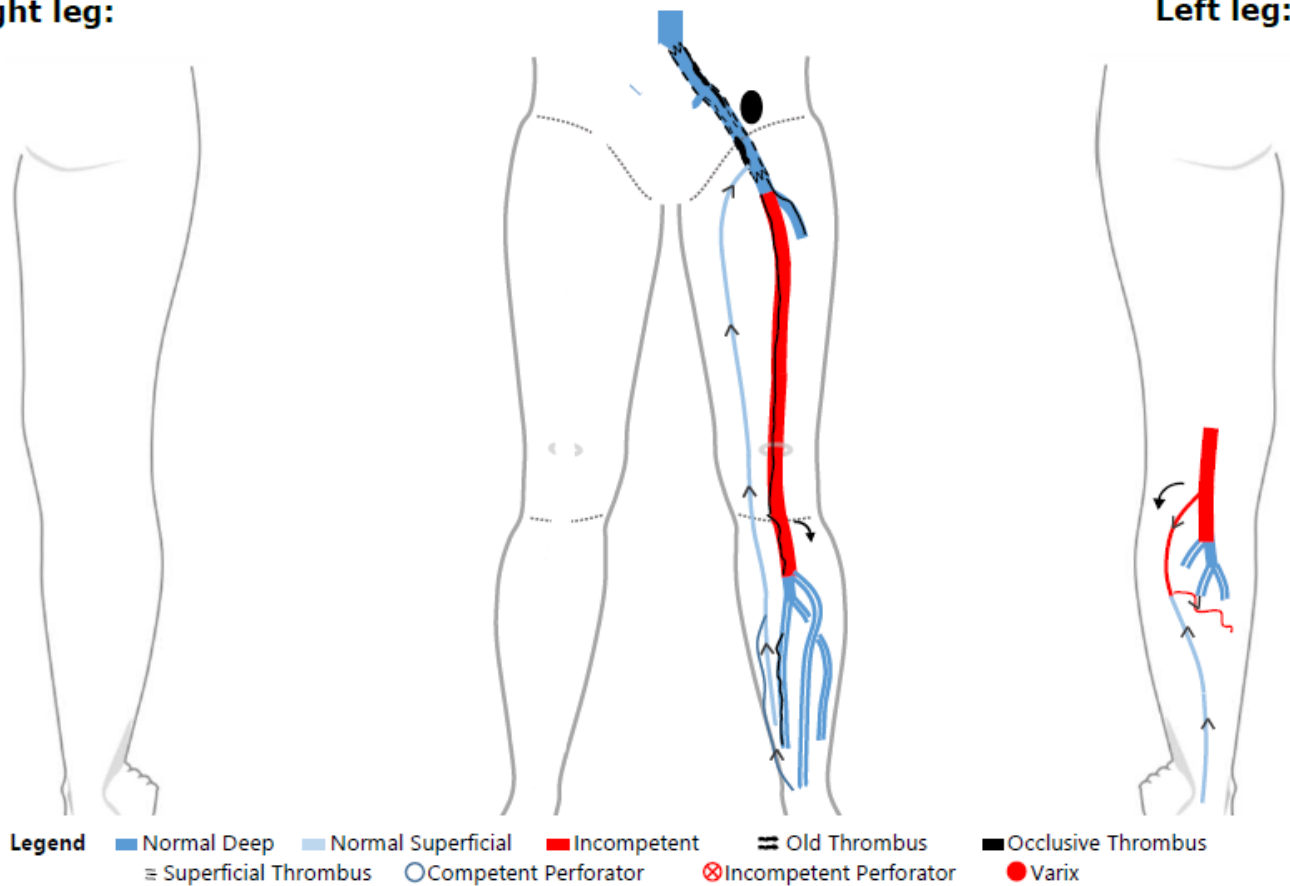
2. CFV, FV and POPV patent.

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.

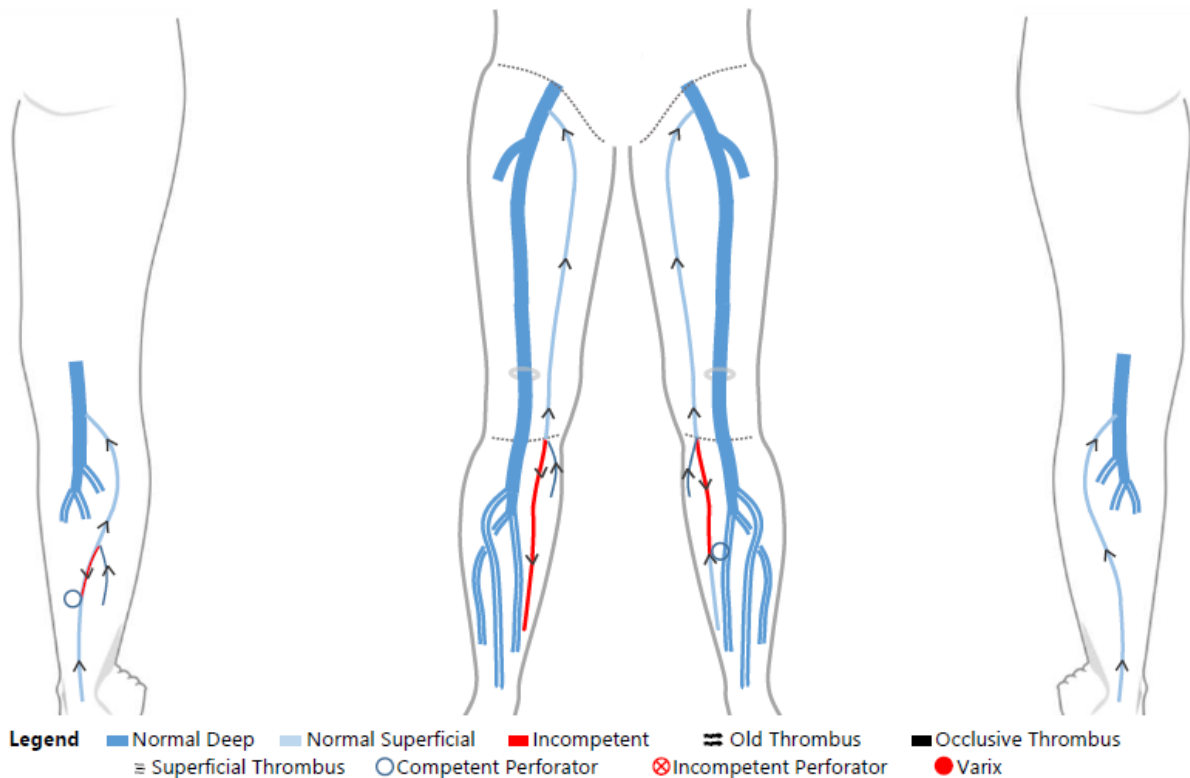
LEFT LEG

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.

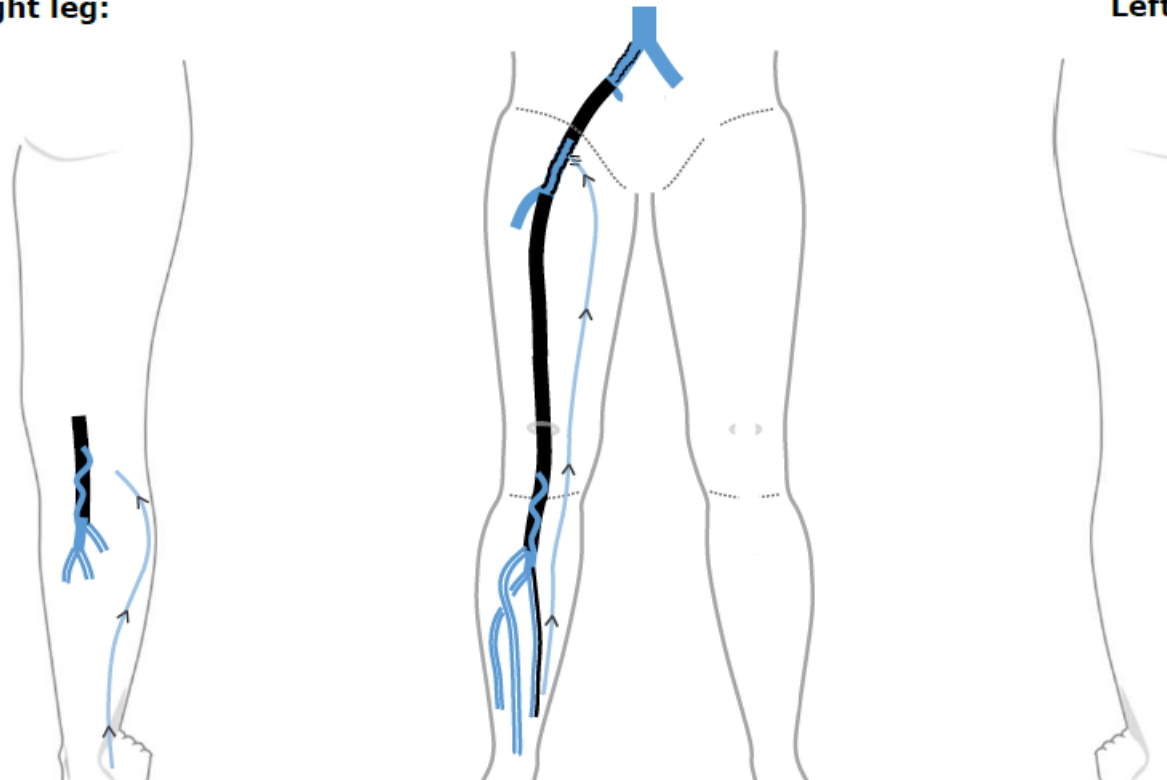
LEFT LEG

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 I *W. Navarro I*

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.

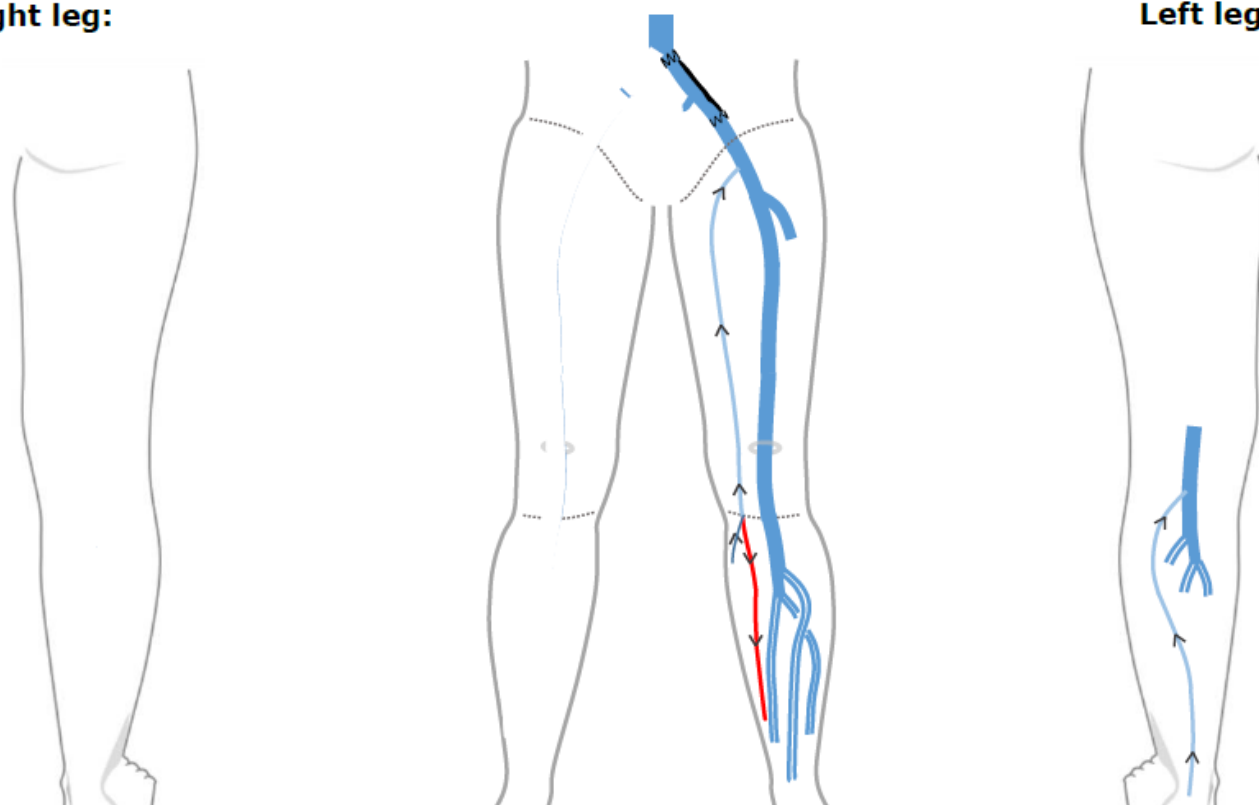
Summary and next planned surveillance:

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.

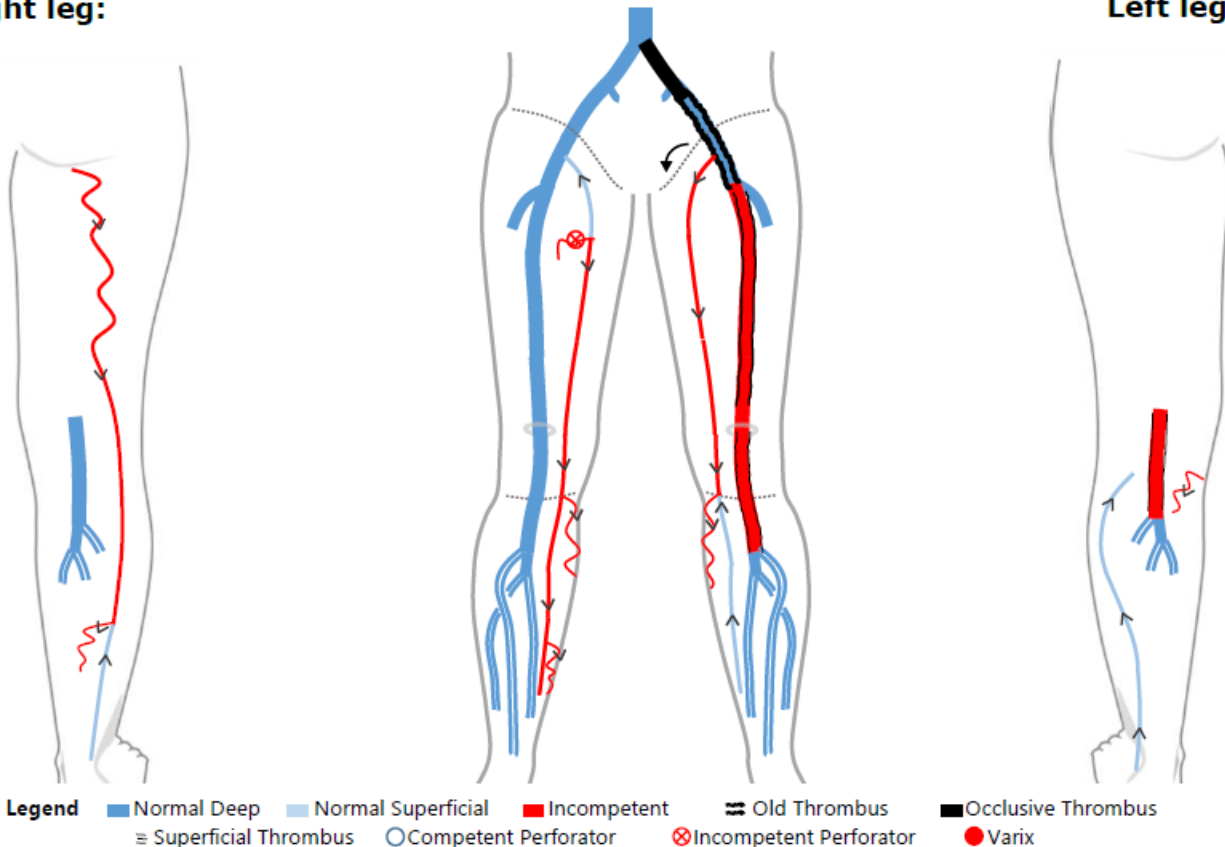
Summary and next planned surveillance:

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.

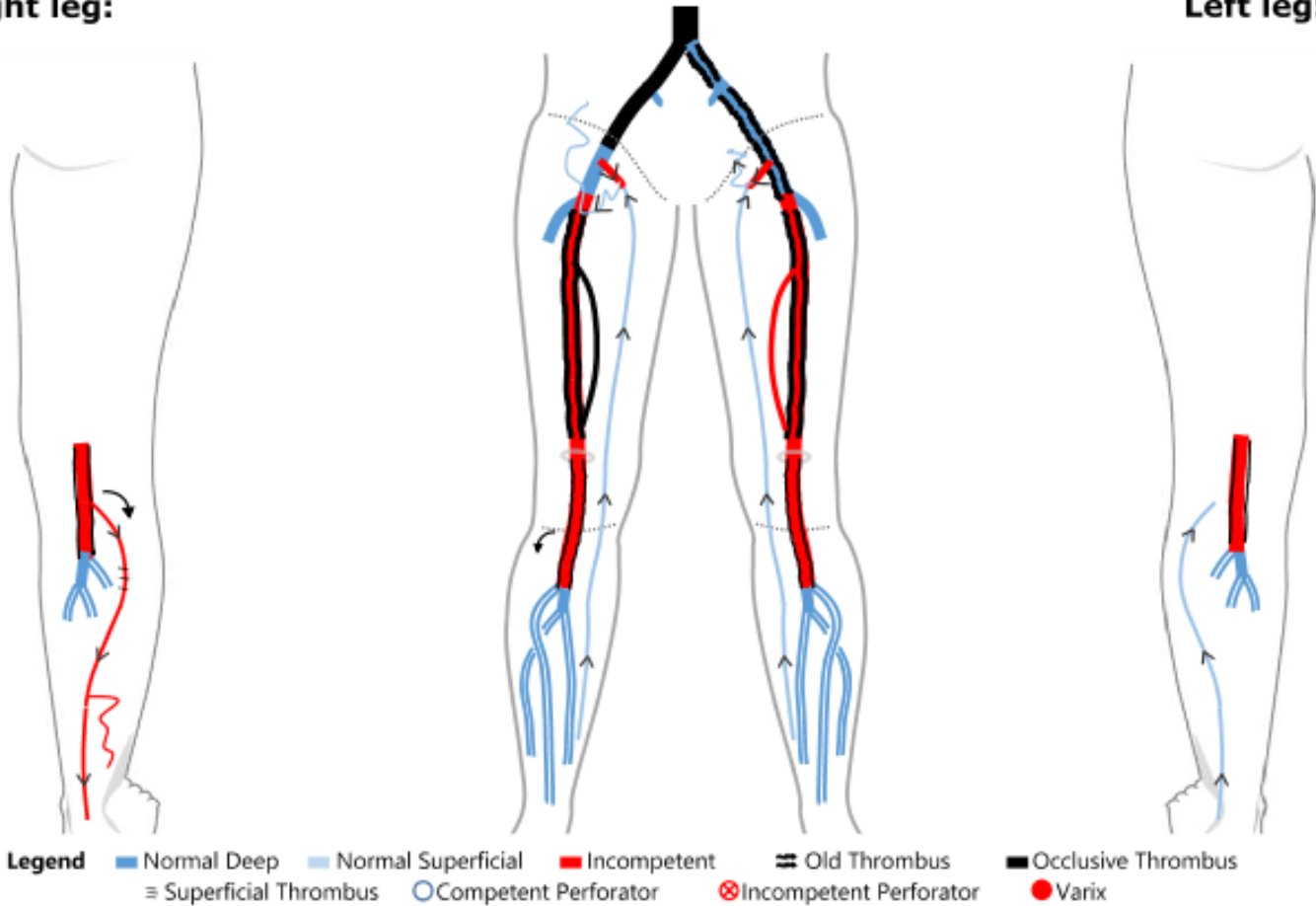
RIGHT LEG

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:

1. IVC not detected, ?thrombosed.
2. (L) CIV and EIV patent with evidence of old thrombus.
3. (R) CIV and EIV thrombosed.

LEFT LEG

1. CFV patent and competent with evidence of old thrombus.
2. Continuous sapheno-femoral reflux into collateral veins just below the SFJ level. LSV patent and competent below this level.
3. Paired FV (2.8s) and POPV (2.4s) incompetent with evidence of old thrombus.
4. PFV, PTVs, ATVs and SSV patent and competent.

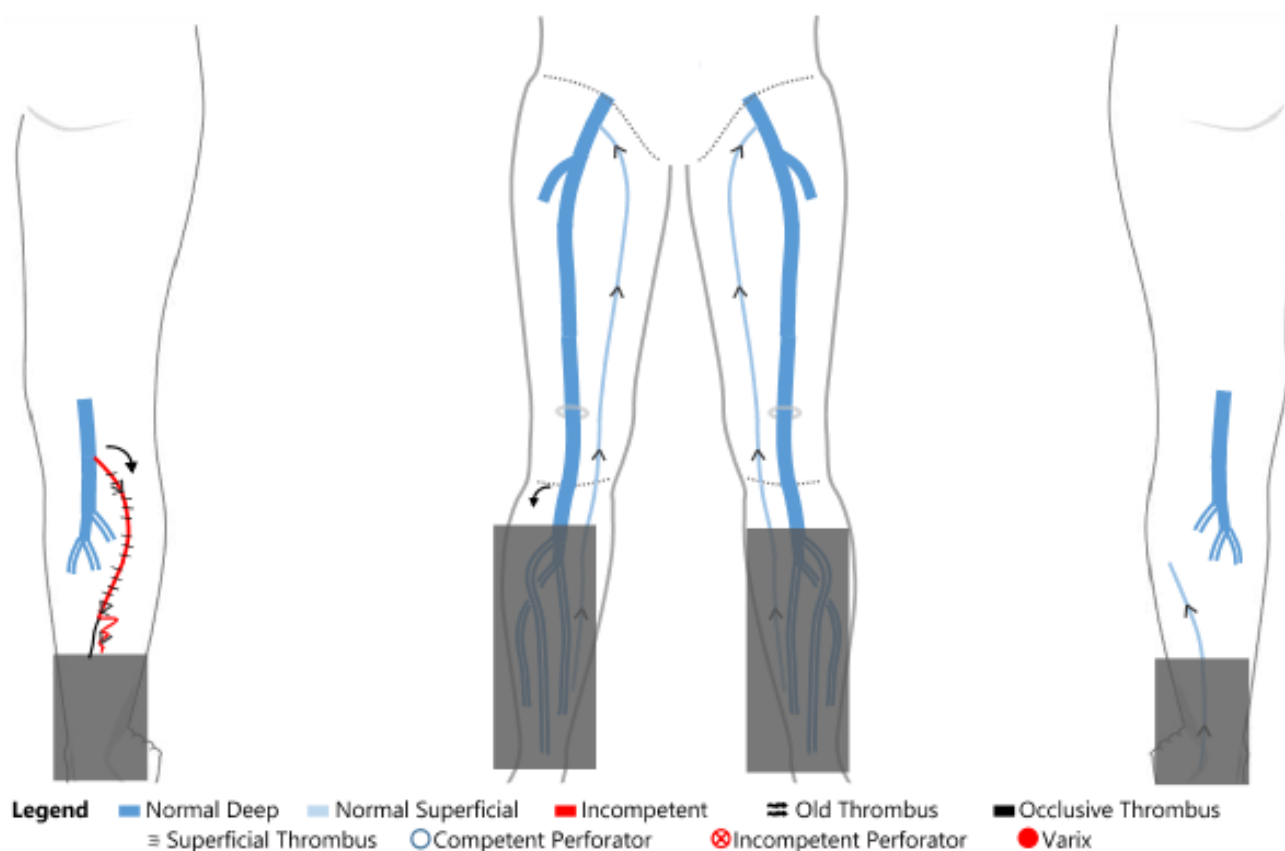
RIGHT LEG

1. CFV patent and competent with evidence of old thrombus.
2. Continuous sapheno-femoral reflux into collateral veins just below the SFJ level. LSV patent and competent below this level.
3. Single FV (1.2s) incompetent with evidence of old thrombus. Accessory FV thrombosed.
4. Paired POPV (1.5s) incompetent with evidence of old thrombus.
5. Sapheno-popliteal reflux, SPJ 5cm AK. SSV with minor old thrombus/scarring at knee. VV arises off SSV just above mid-calf level. SSV calibre: AK 4.6mm, knee 7.2mm and mid-calf 2.9mm.
6. PFV, PTV and ATVs patent and competent.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

Limited assessment, bilateral PTVs, ATVs, LSVs below proximal calf and SSVs below mid-calf not assessed due to bandage.

LEFT LEG

1. SSV not detected at knee. SSV reforms just BK and patent and competent.
2. CFV, FV, POPV and LSV above proximal calf patent and competent.

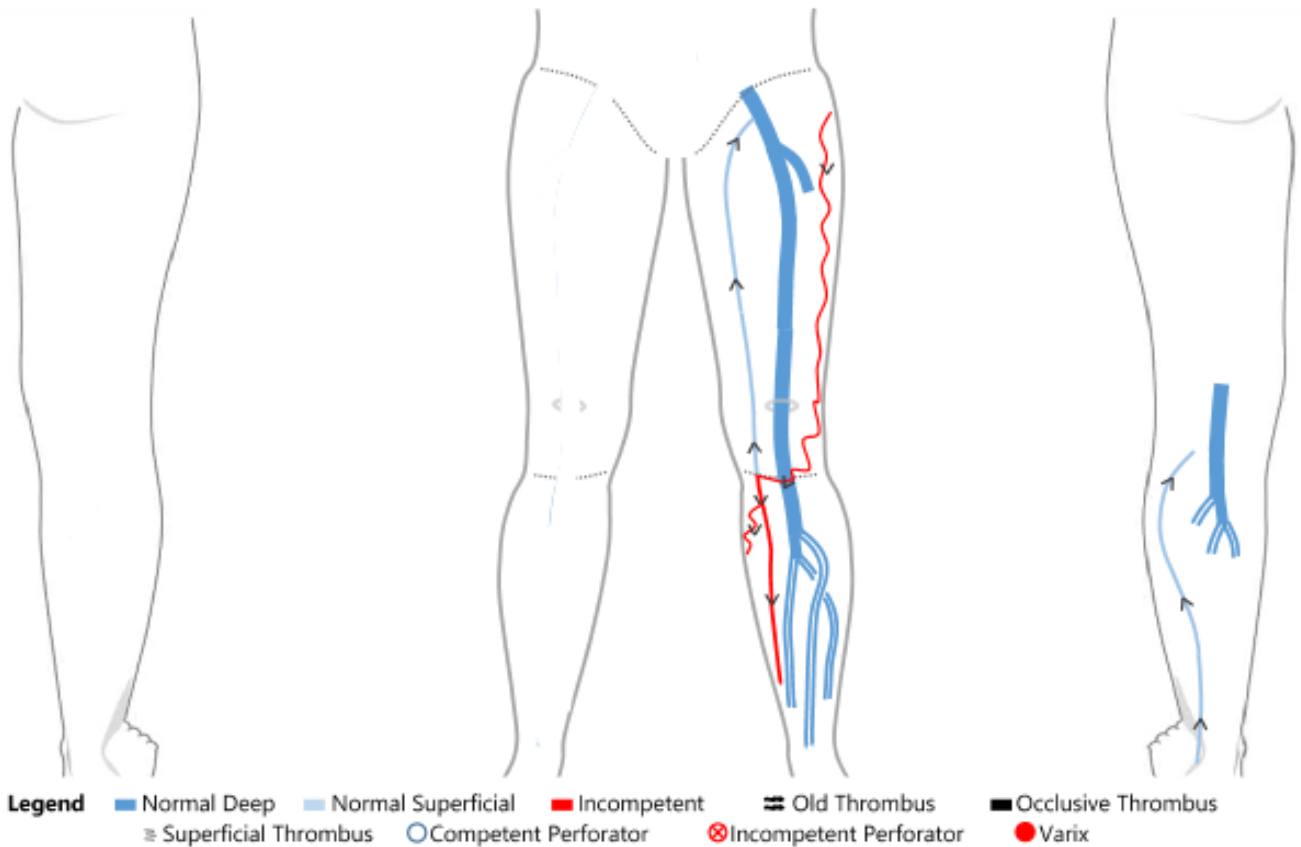
RIGHT LEG

1. Sapheno-popliteal reflux, SPJ AK. SSV with old thrombus from SPJ to above mid-calf. VV arises off SSV above mid-calf level. SSV becomes thrombosed below this level. SSV calibre: at knee 2.6mm and at mid-calf 1.9mm.
2. CFV, FV, POPV and LSV above proximal calf patent and competent.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

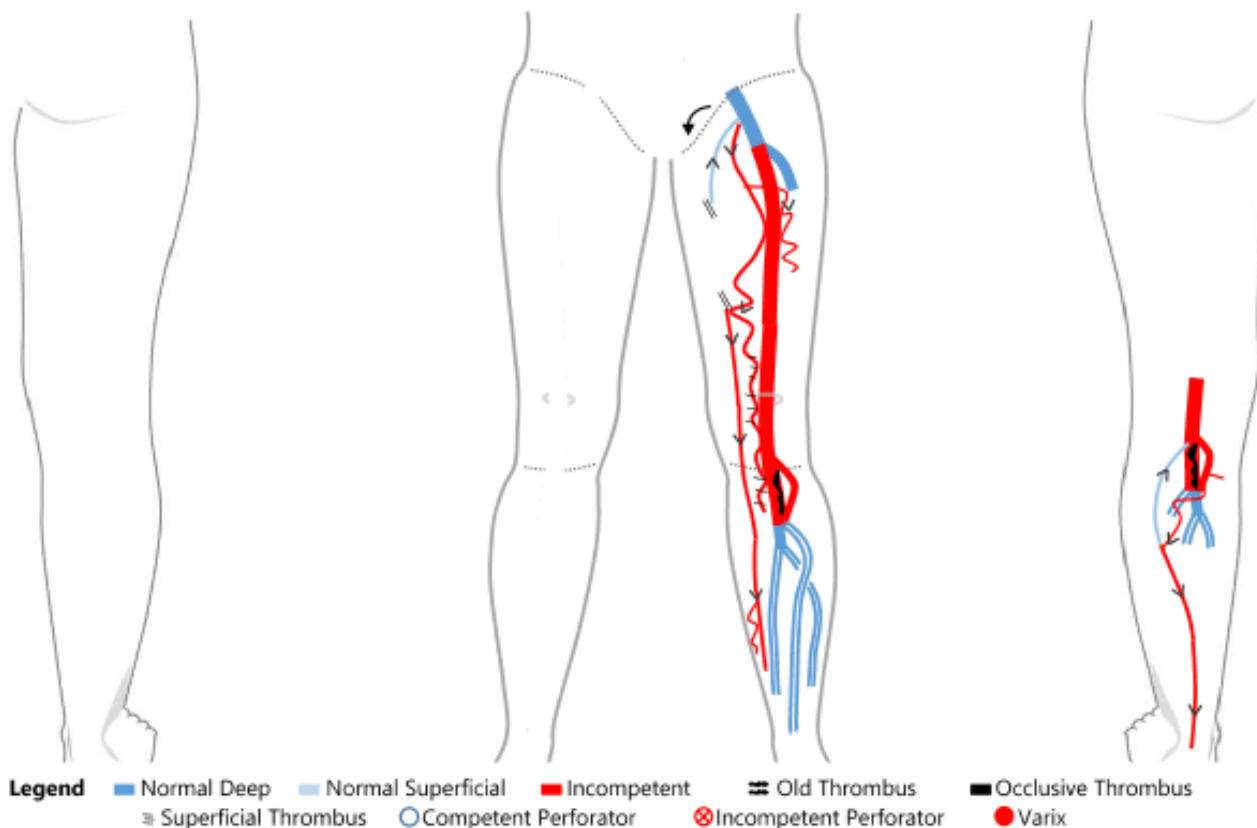
LEFT LEG

1. Lateral thigh VV, ?source, travels to lateral knee.
2. LSV becomes incompetent just BK after branch vein/VV communication. VV arises off LSV just below this level. LSV calibre: at knee 3.7mm, at 5cm BK 2.2mm and mid-calf 3.2mm.
3. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

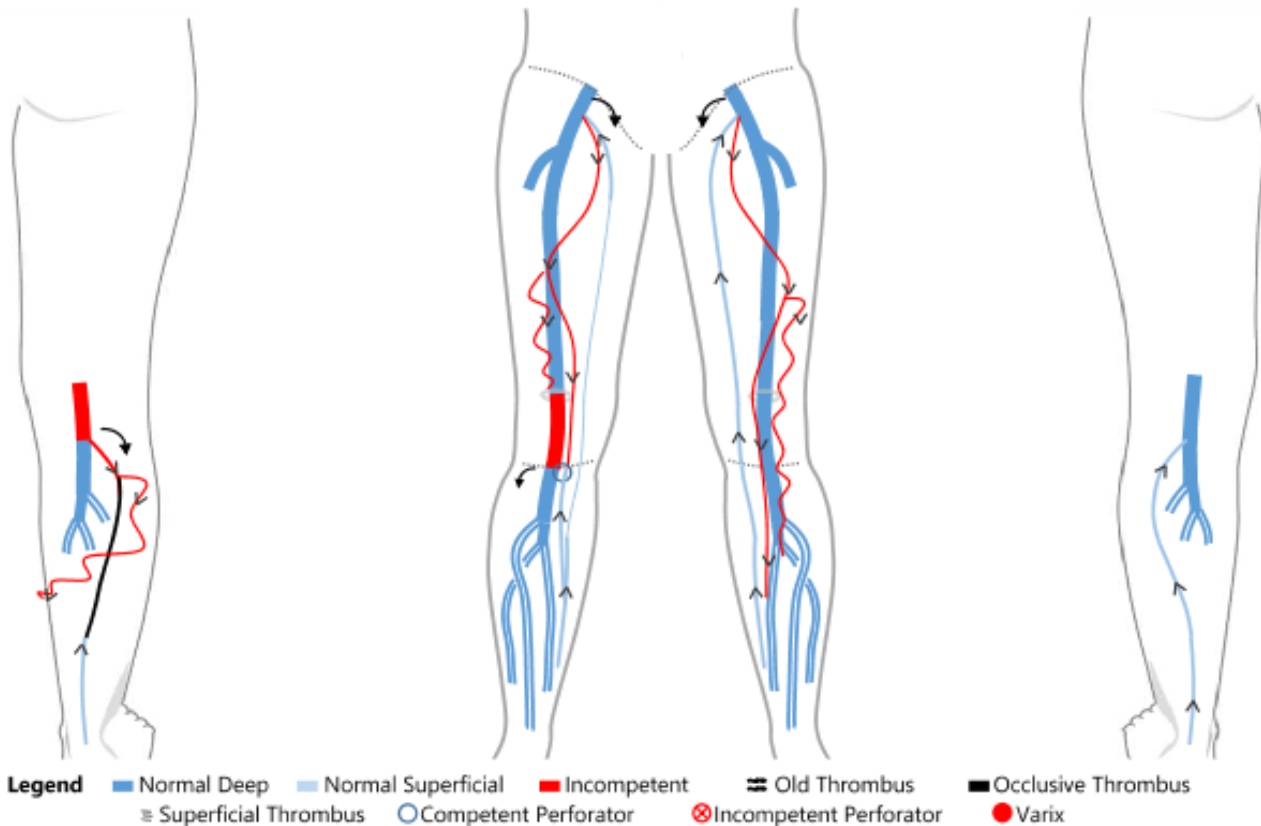
LEFT LEG

1. Sapheno-femoral reflux into anterior accessory saphenous vein (AASV). VV arises off AASV at 10cm BSC. AASV becomes VV at 20cm BSC with recanalised thrombus from medial AK to calf level. AASV calibre: at SFJ 13.4mm, below SFJ 5.4mm and proximal thigh 4.9mm.
2. LSV previously treated. LSV competent from SFJ to proximal thigh. LSV not detected below this level to mid-thigh. Incompetent LSV reforms at mid-thigh via VV. VV arises off LSV at mid-calf. LSV calibre: at mid-thigh 5.1mm, knee 5.2mm, BK 4.5mm and mid-calf 3mm.
3. SPJ AK patent and competent. SSV becomes incompetent in proximal calf after VV communication. SSV calibre: at mid-calf 3.5mm.
4. FV (2.3s) incompetent.
5. POPV (2.1s) incompetent and paired BK. Single POPV BK with recanalised thrombus.
6. CFV, PTVs and ATVs patent and competent.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

LEFT LEG

1. Sapheno-femoral reflux into anterior accessory saphenous vein (AASV). VV arises off AASV at mid-thigh level. AASV superficial and slightly tortuous below this level. AASV calibre: at groin 4.3mm, mid-thigh 4.7mm and knee 3.4mm.
2. CFV, FV, POPV, PTVs, ATVs, LSV and SSV patent and competent.

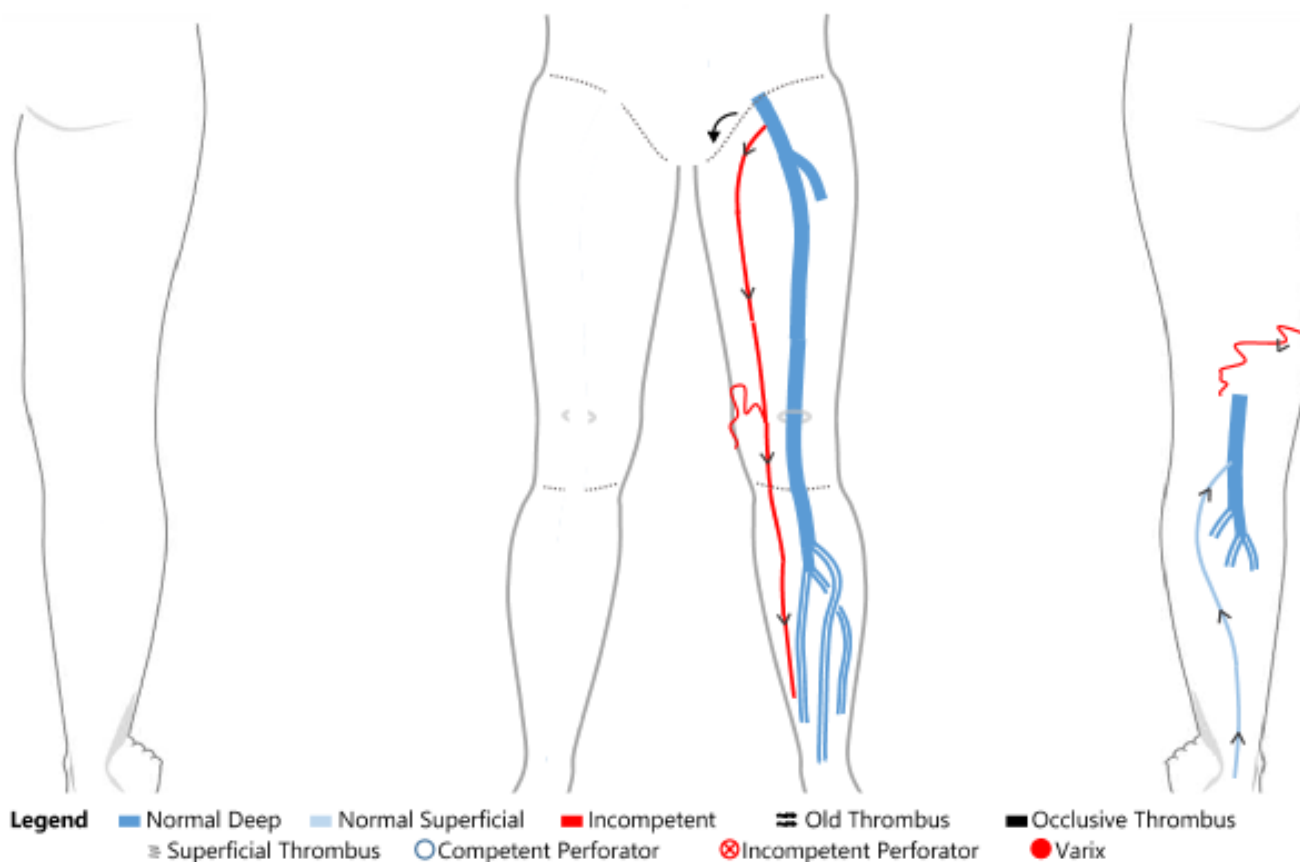
RIGHT LEG

1. Sapheno-femoral reflux into anterior accessory saphenous vein (AASV). VV arises off AASV at mid-thigh level. AASV superficial and becomes slightly tortuous below mid-thigh level. AASV becomes competent BK after competent perforator communication. AASV communicates to LSV at mid-calf. AASV calibre: at groin 5.2mm, mid-thigh 3.7mm and knee 3.8mm.
2. LSV patent and competent above proximal thigh and at mid-calf levels. LSV very small from proximal thigh to knee, calibre <2mm-?patency at this level.
3. Sapheno-popliteal reflux, SPJ AK. VV arises off SSV at knee travelling to medial calf. SSV thrombosed below this level to mid-calf. Competent SSV reforms at mid-calf. SSV calibre: at knee 4.5mm.
4. POPV AK (1.7s) incompetent.
5. CFV, FV, POPV BK, PTVs and ATVs patent and competent.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

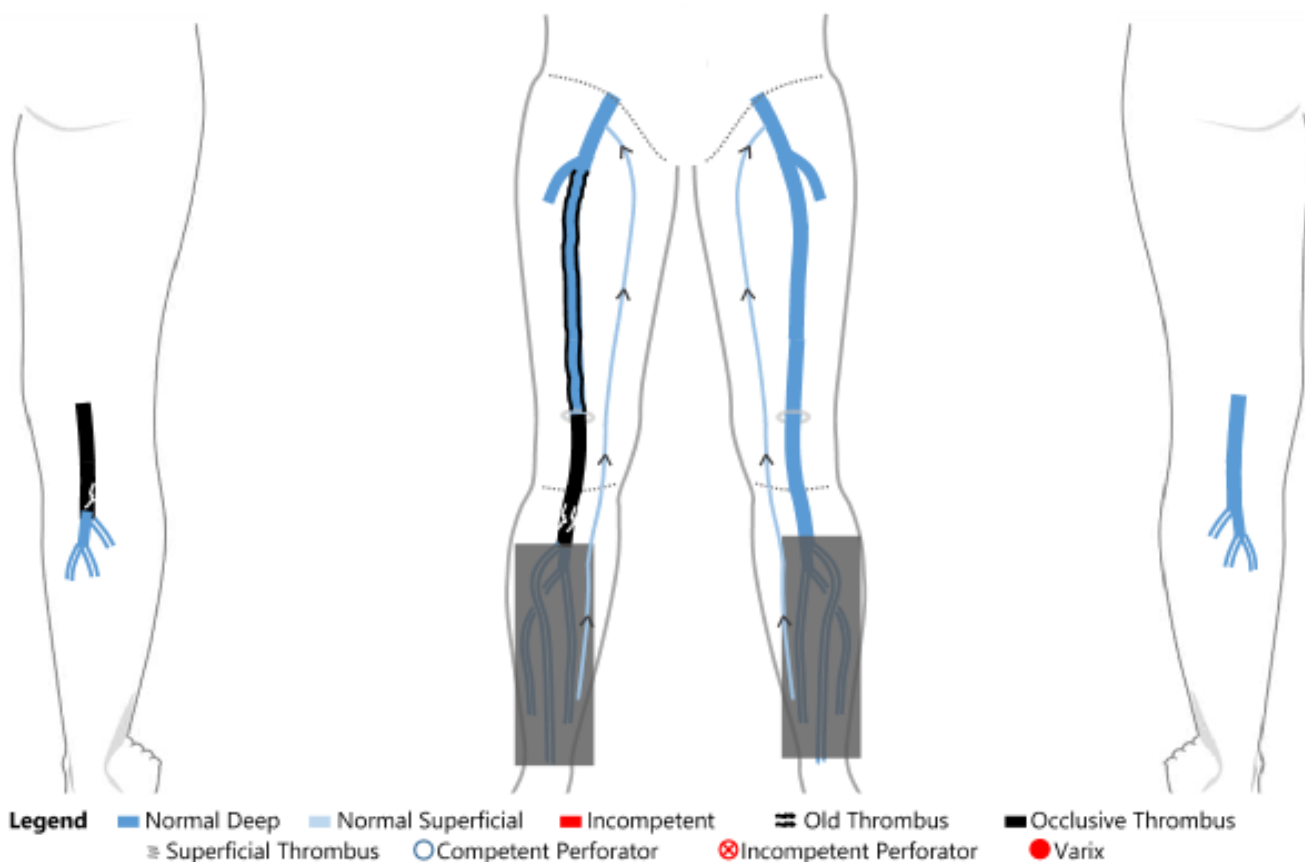
LEFT LEG

1. Sapheno-femoral reflux. VV arises off LSV at 10cm AK travelling to posterior thigh. LSV calibre: at groin 7.3mm, mid-thigh 6.4mm, 15cm AK 9.7mm, knee 3.7mm and mid-calf 2.7mm.
2. CFV, paired FV, POPV, PTVs, ATVs and SSV patent and competent.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

LEFT LEG

1. LSV patent and competent. LSV calibre: at groin 4.8mm, mid-thigh 3.1mm, knee 3.1mm and mid-calf 3.3mm.
2. CFV, FV and POPV patent and competent.

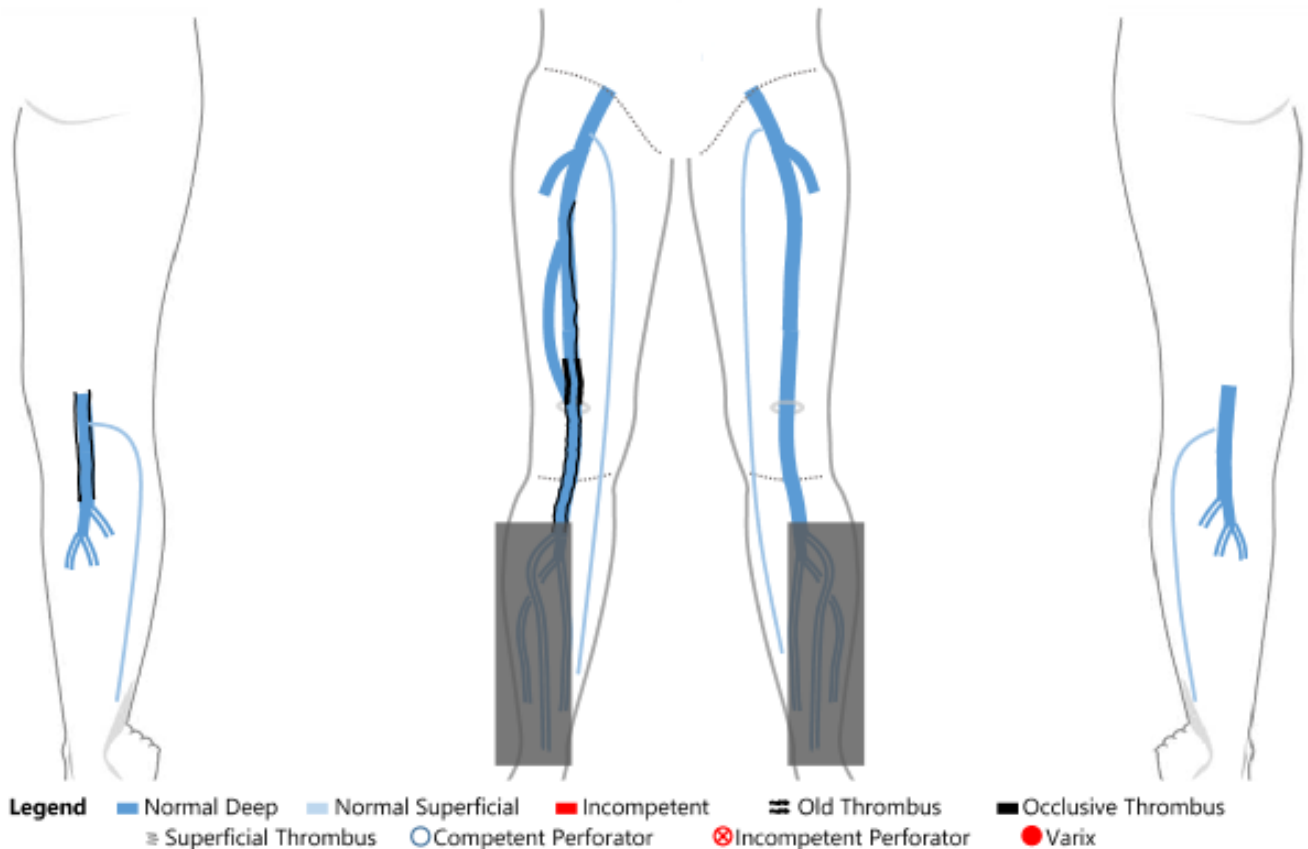
RIGHT LEG

1. LSV patent and competent. LSV becomes superficial from mid-thigh to mid-calf. LSV calibre: at groin 7.1mm, mid-thigh 6.7mm, knee 7.5mm and mid-calf 3.5mm.
2. CFV patent and competent.
3. FV patent with evidence of old thrombus throughout.
4. POPV thrombosed with minor recanalisation BK. Pulsatile velocity waveforms demonstrated at recanalised segments suggests arterio-venous communication from POPA collaterals. POPA aneurysm noted.

Reported by: W. Navarro
 Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

Limited assessment, venous competence not assessed as patient scanned supine and unable to tolerate leg compressions.

LEFT LEG

1. CFV, FV and POPV patent with no evidence of DVT detected on duplex ultrasound. CFV calibre: 12.1mm. FV calibres: at groin 6.5mm, mid-thigh 6mm and knee 8.9mm. POPV calibres: AK 8.1mm and BK 7.3mm.
2. LSV patent, calibres: at groin 5.3mm, mid-thigh 3.3mm, knee 4.7mm, BK 3mm and mid-calf 2.4mm.
3. SSV patent, calibres: at knee 3.5mm and mid-calf 2.1mm.

RIGHT LEG

1. CFV patent, calibre: 13.2mm.
2. FV paired below proximal thigh level. Single FV patent with evidence of old thrombus from proximal thigh to knee. Single FV calibres: at groin 6.8mm, mid-thigh 4.8mm and knee 2.7mm. Accessory FV patent, calibres: at mid-thigh 4.2mm and knee 4.7mm.
3. POPV patent with evidence of old thrombus, calibres: AK 9mm and BK 5.3mm.
4. LSV patent, at groin 4mm, mid-thigh 2.1mm, knee 2.8mm and mid-calf 2mm.
5. SSV patent, calibres: at knee 1.9mm and mid-calf 2.9mm.

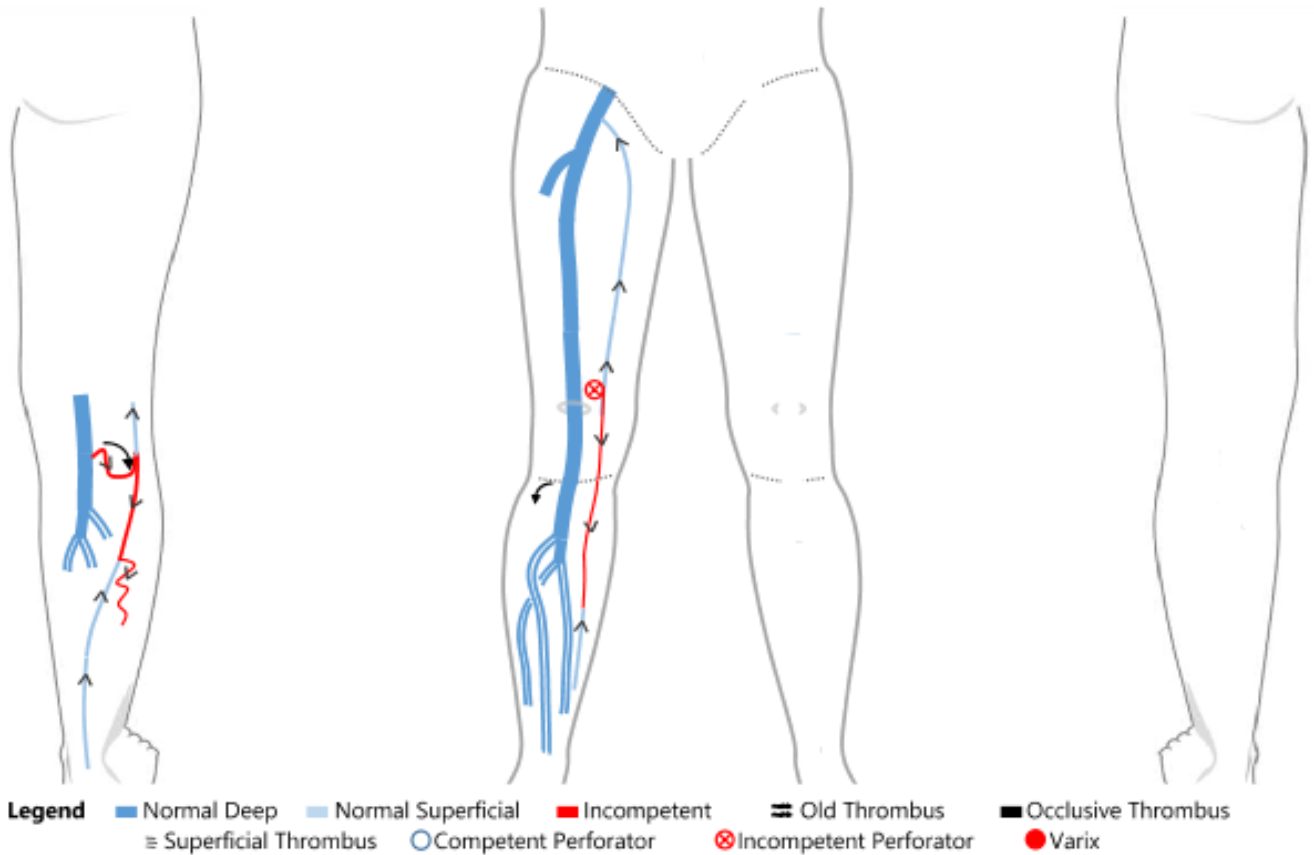
Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB VENOUS

Date: **01.02.2023**

Right leg:

Left leg:



Conclusion:

RIGHT LEG

1. CFV, FV, POPV, PTVs and ATVs patent and competent. No evidence of DVT detected on duplex ultrasound.
2. ?Sapheno-popliteal reflux, very tortuous SPJ or incompetent perforator at 5cm AK. VV arises off SSV at 10cm BK. SSV competent below this level. SSV calibre: at knee 3.6mm and mid-calf 2.5mm.
3. LSV becomes incompetent at 10cm AK after incompetent perforator communication. LSV calibre: at knee 2.7mm.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

LEFT LEG

1. Sapheno-femoral reflux into anterior accessory saphenous vein (AASV). AASV becomes VV above mid-thigh level travelling to medial knee and postero-lateral knee. AASV calibre at groin 7.1mm.
2. LSV previously treated. LSV patent and competent at above proximal thigh. LSV not visualised below this level to knee. Incompetent LSV reforms at knee via VV. VVs arise off LSV at 5cm BK and mid-calf. LSV calibre: at knee 3.3mm and mid-calf 2.5mm.
3. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

RIGHT LEG

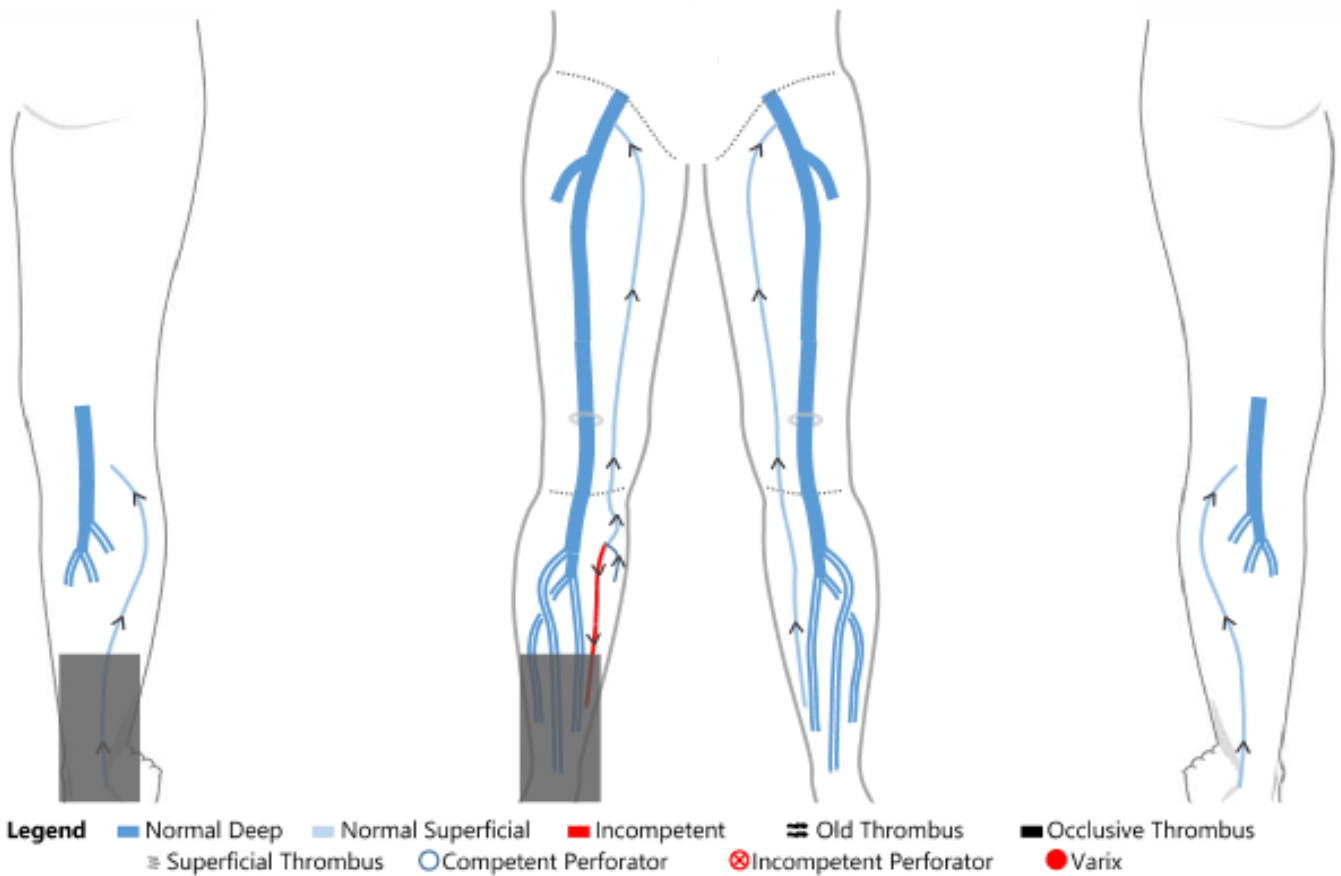
1. Sapheno-femoral reflux into AASV. AASV becomes VV at mid-thigh level. AASV calibre at groin 6.1mm.
2. CFV, FV, POPV, PTVs, ATVs, LSV and SSV patent and competent.

Reported by: W. Navarro

Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

LEFT LEG

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

RIGHT LEG

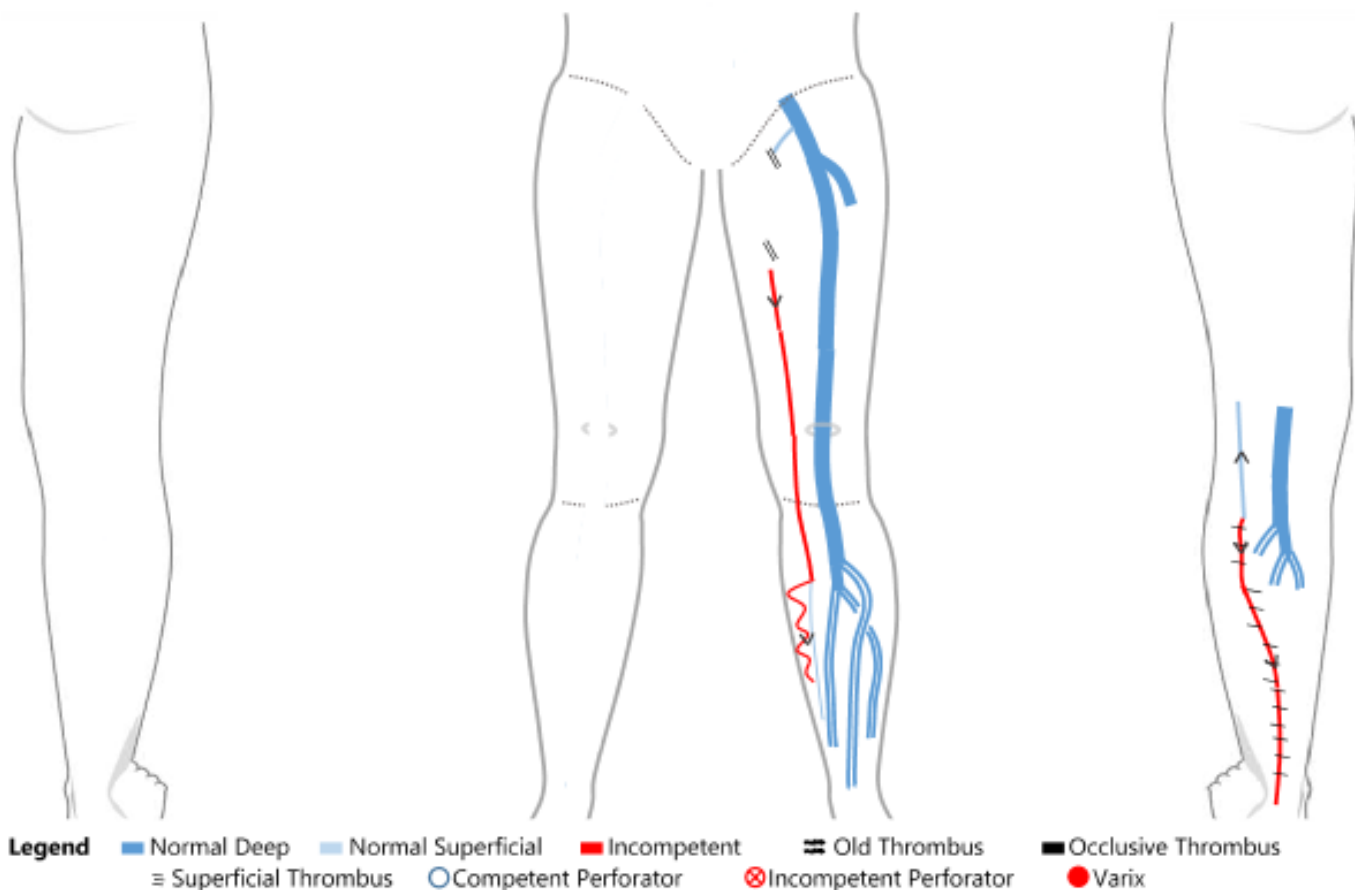
Limited assessment: PTVs, ATVs, LSV and SSV below mid-calf not assessed due to wound dressings.

1. LSV patent and competent above 10cm BK. LSV becomes incompetent at 10cm BK after branch vein communication. LSV out of fascia and slightly tortuous just BK. LSV calibre: BK 2.5mm.
2. CFV, paired FV, POPV, PTVs, ATVs and SSV above mid-calf patent and competent.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

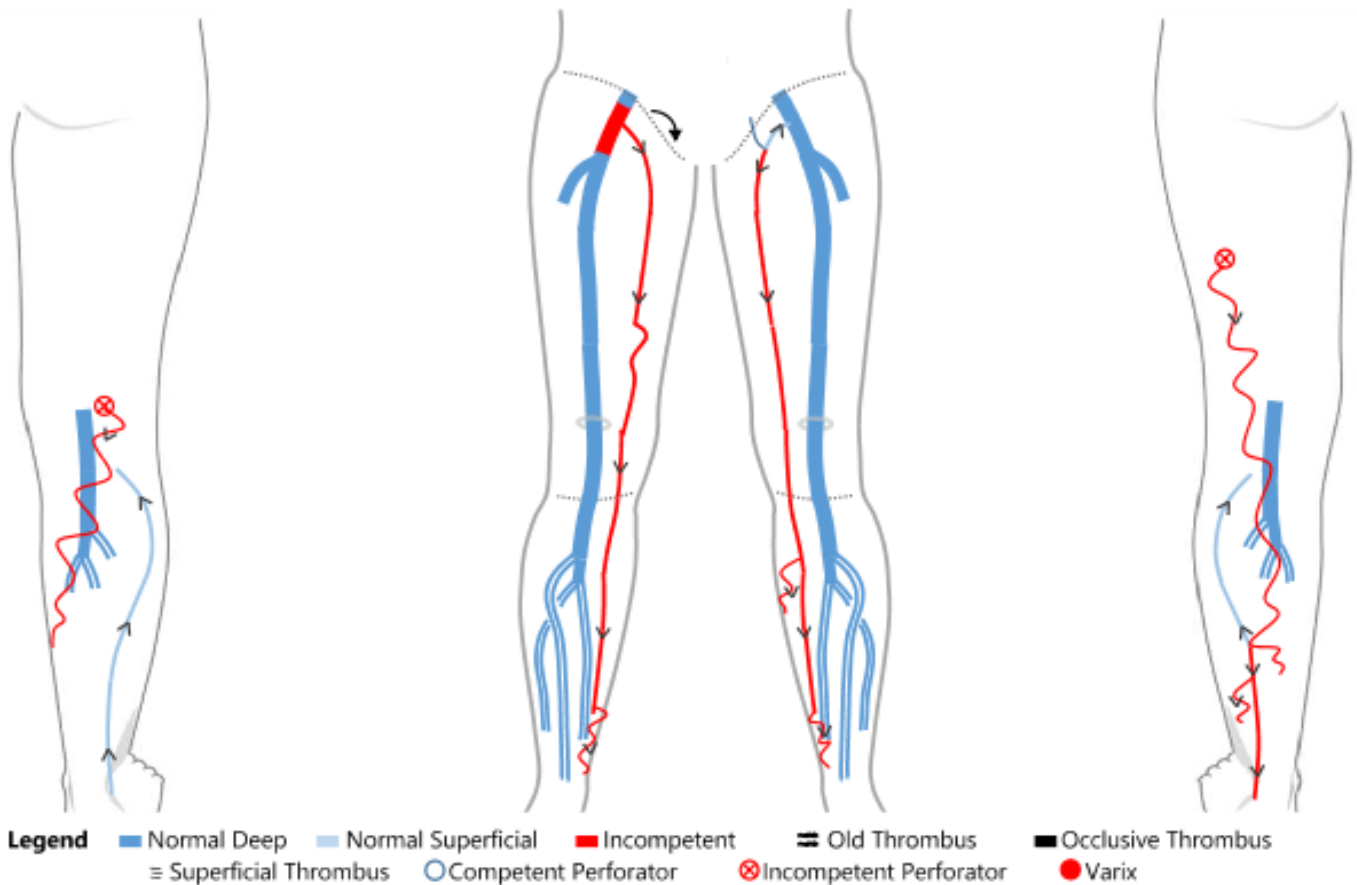
LEFT LEG

1. LSV previously treated. Residual LSV detected at SFJ. LSV not detected below this level to ~15cm BSC. Incompetent LSV reforms at 15cm BSC and gives rise to VV at 5cm BK. LSV becomes very small below this level, ?competence. LSV calibre: at 15cm BSC 6.7mm, mid-thigh 5.1mm, knee 8mm and below 5cm BK ~1mm.
2. SSV patent and competent AK, SPJ not detected. SSV with minor old thrombus BK and becomes incompetent. SSV calibre: at mid-calf 1.7mm.
3. CFV, FV, POPV, PTVs and ATVs patent and competent.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

Right leg:

Left leg:



Conclusion:

LEFT LEG

1. LSV becomes incompetent ~1.4cm after ?superficial epigastric vein communication. VVs arise off LSV at 10cm BK and at ankle level. LSV calibre: at groin 5.7mm, mid-thigh 4.2mm, knee 4.2mm, BK 3.8mm and mid-calf 3.1mm.
2. Incompetent perforator gives rise to VV in postero-lateral 15cm AK.
3. SSV becomes incompetent at mid-calf after VV communication. VV arises off SSV just below this level. SSV calibre: at mid-calf 2.6mm.
4. CFV, FV, POPV, PTVs and ATVs patent and competent.

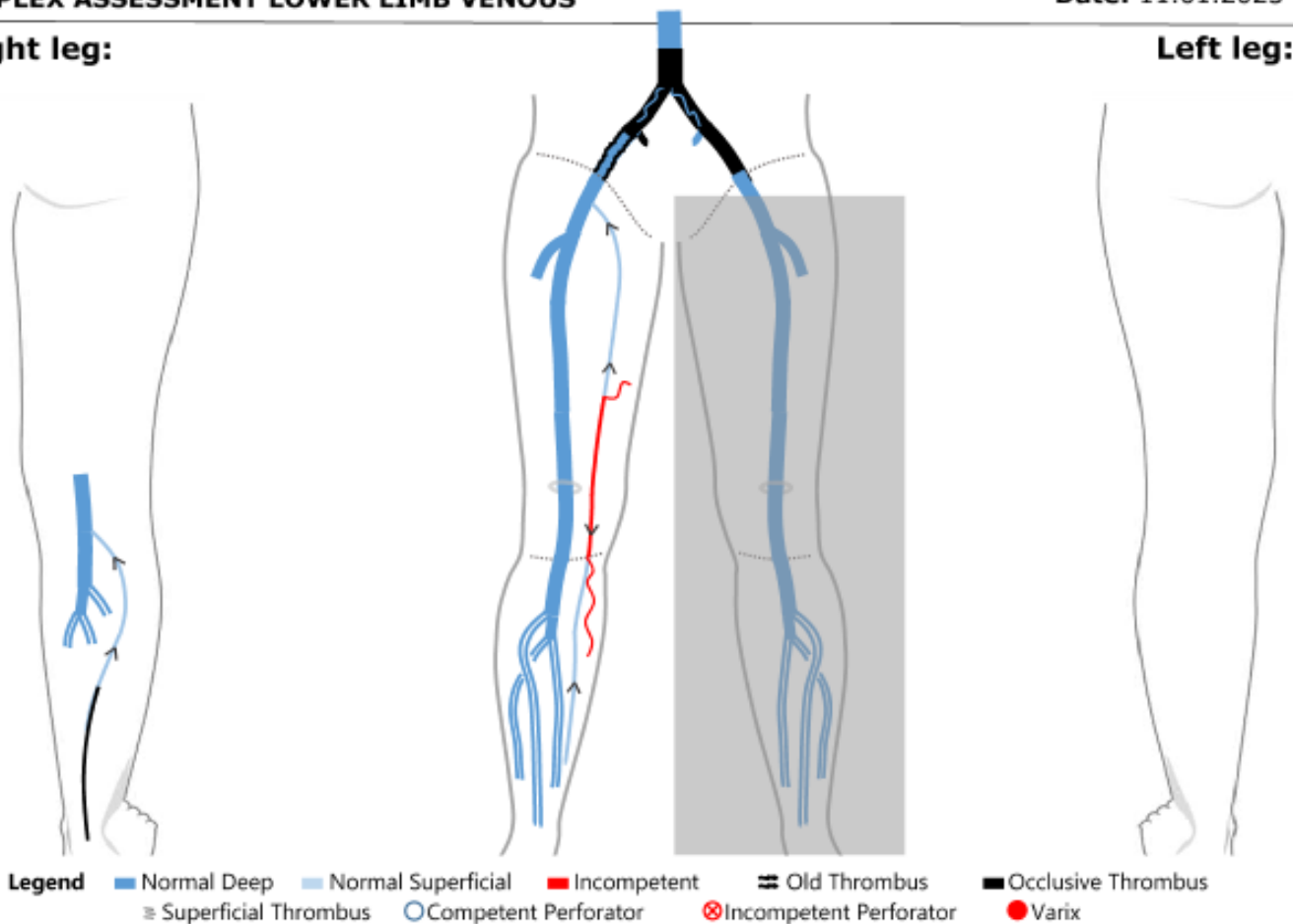
RIGHT LEG

1. Sapheno-femoral reflux. LSV slightly tortuous at mid-thigh. VV arises off LSV at ankle level. LSV calibre: at groin 10.2mm, mid-thigh 12.9mm, knee 6.9mm and BK 6.9mm.
2. Incompetent perforator at ~5cm AK gives rise to VV.
3. CFV (2.7s) incompetent.
4. FV, POPV, PTVs, ATVs and SSV patent and competent.

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Right leg:

Left leg:



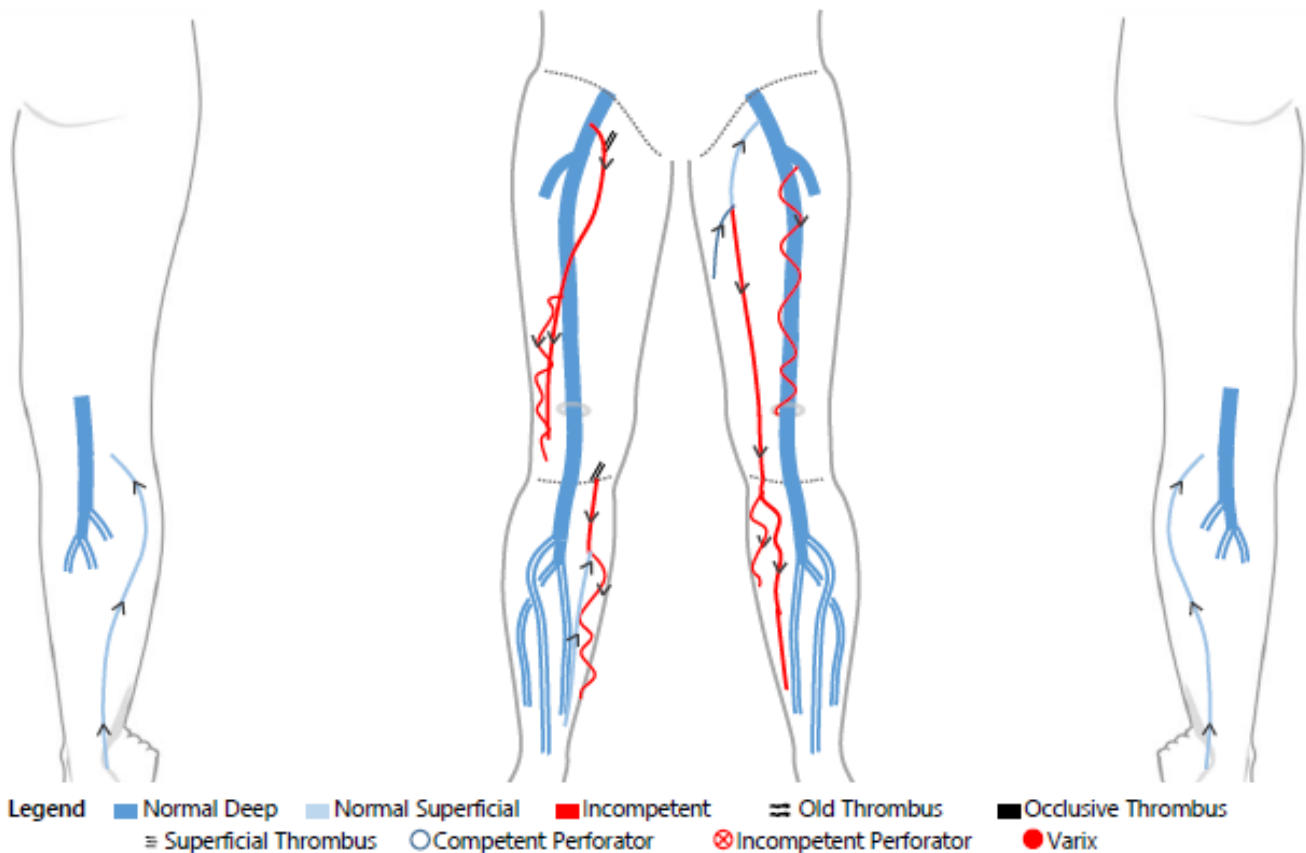
Conclusion:

1. Short segment of IVC thrombosed just above the iliac confluence. IVC patent above the thrombosed segment with minor mural thrombus.
2. Bilateral CIVs thrombosed with minor recanalisation.
3. (L) EIV thrombosed. EIV/CFV patent at inguinal level. No further assessment of (L) lower limb veins.
4. (R) short segment of EIV thrombosed just below the IIV confluence. EIV patent below this level with minor mural thrombus.
5. (R) LSV patent and competent at groin. LSV becomes incompetent at mid-thigh after branch vein communication. VV arises off LSV at 5cm BK. LSV patent and competent below this level. LSV calibre: at mid-thigh 2.1mm and knee 2.7mm.
6. (R) SSV patent and competent at knee to proximal calf. SSV becomes thrombosed below mid-calf level.
7. (R) CFV, PFV, FV, POPV, PTVs and ATVs patent and competent.

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Right leg:

Left leg:



Conclusion:

LEFT LEG

1. LSV becomes incompetent in proximal thigh after branch vein communication. LSV superficial below proximal thigh level. VV arises off LSV at knee. LSV tortuous BK. LSV calibre: at mid-thigh 3.1mm and knee 5.5mm.
2. Anterior thigh VV, ?source travels to medial knee.
3. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

RIGHT LEG

1. ?LSV previously treated. LSV not detected in proximal thigh to knee. Incompetent LSV reforms at knee. VV arises off LSV at 10cm BK. LSV competent below this level. LSV calibre: at knee 3.4mm and mid-calf 3.1mm.
2. Sapheno-femoral reflux into anterior thigh vein. VV arises off anterior thigh vein at mid-thigh. Anterior thigh vein calibre: at groin 7.4mm and mid-thigh 4.8mm.
3. CFV, FV, POPV, PTVs, ATVs and SSV patent and competent.

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