**Countess of Chester Hospital** 

NHS Foundation Trust

The Countess of Chester Health Park

Liverpool Road

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Study Description: **US Doppler lower limb veins Rt** Study Date: **26/04/2023**

**Indication:**

right leg vv with dry skin please complete reflux

**Report:**

**RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

**\* Patient has had previous right VV intervention**

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration, suggesting proximal vein patency.

All visualised deep veins appear patent and with no evidence of previous DVT.

Slightly incompetent (reflux >0.5s <1.0s) flow noted in the proximal SFV.

Incompetent (reflux >1.0s) gastrocnemius vein noted.

All other deep vein and segments appear competent.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is patent, fully compressible and incompetent.

Long Saphenous vein (LSV) is patent, fully compressible incompetent in the thigh, tracking a relatively linear course within the fascia in the thigh and into the proximal calf.

The LSV in the proximal calf is incompetent, and incompetent branch noted at 32cm. In the proximal calf at 29cm the LSV leaves the fascia and becomes highly tortuous and branches, as it tracks down to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.63cm

Mid- thigh - 0.71cm

Distal thigh - 0.55cm

Proximal calf - 0.48cm

Sapheno-popliteal junction (SPJ) is patent and competent. The Short Saphenous vein (SSV) is patent and competent along its length in the calf.

Incompetent perforator (gastrocnemius source) noted in the mid calf at 22cm, appears to communicate with the competent SSV.

**Conclusion**

**Patient has had previous right lower limb VV intervention.**

**Evidence of an incompetent Gastrocnemius vein.**

**LSV is incompetent in the thigh and calf.**

**Priority:** **++ Significant or Unexpected Finding ++**

**Reported by:**

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