**Countess of Chester Hospital** 

NHS Foundation Trust

The Countess of Chester Health Park

Liverpool Road

Chester

CH2 1UL

Study Description: **US Doppler lower limb veins Both** Study Date: **10/05/2023**

**Indication:**

for reflux study - extensive vv both legs, swollen right leg

**Report:**

**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

**RIGHT**

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

Evidence of non-occlusive mixed and chronic thrombus in the right POP V, no evidence of acute thrombus at this time. All other deep veins appear patent and fully compressible and competent.

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

Sapheno-femoral junction (SFJ) is incompetent.

An incompetent anterior thigh vessel (ATV) arises at the level of the SFJ and tracks to the anterior thigh, appears linear for approx. 8cm distal to the groin, and there is evidence of STP scarring. Large incompetent branch forming VV branches noted off the ATV in the proximal thigh at approx. 78cm. The incompetent ATV appears to leave the fascia in the proximal thigh at 76cm and tracks tortuously down into the calf.

Transverse (AP) dimensions of ATV:

Proximal thigh - 0.93cm

Long Saphenous vein (LSV) appears patent, fully compressible, competent in the thigh, and tracking a relatively linear course within the fascia until it leaves the fascia in the distal thigh.

A LSV was not identified in the proximal calf, a LSV appears to reform in the fascia in the mid-calf at 20cm and appears slightly incompetent to the ankle. Incompetent perforator noted in the mid-calf at 18cm forming VV. Competent perforator noted in the distal calf.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) appears continuous with a competent vein of Giacomini.

The SSV in the proximal calf appears patent, compressible and competent.

VV branches (ATV tributary) communicates, and an incompetent gastrocnemius perforator communicate with the SSV in the mid-calf at 30cm and 28cm respectively, subsequently the SSV is incompetent in the mid-calf and slightly incompetent in the distal calf.

Transverse (AP) dimensions of SSV:

Mid calf – 0.45cm

**RIGHT CONCULSION**

**Evidence of a non-occlusive mixed and old DVT in the POP V. No evidence of acute thrombus at this time, all other deep vein appears patent and competent.**

**SFJ and ATV in the thigh are incompetent. LSV competent in the thigh and slightly incompetent in the calf. 2 x incompetent perforator noted in the calf.**

**LEFT**

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

Evidence of chronic thrombus in the left distal POP V, flow where seen appears incompetent. No evidence of acute thrombus at this time. All other deep veins appear patent. The CFV, distal SFV, and 1 x Per V appear incompetent. All other deep veins / segments appear competent.

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

Sapheno-femoral junction (SFJ) is incompetent.

An incompetent anterior thigh vessel (ATV) arises at the level of the SFJ and tracks to the anterior thigh, appears linear for approx. 6cm distal to the groin, after which it appears to leave the fascia in the proximal thigh at 78cm, and tracks tortuously down into the calf.

Transverse (AP) dimensions of ATV:

Proximal thigh - 0.54cm

Long Saphenous vein (LSV) appears patent, fully compressible, incompetent in the thigh, and tracking a relatively linear course within the fascia. In the mid-thigh at approx. 68cm, an incompetent perforator communicates with the LSV, and an incompetent branch noted off the LSV forming VV branches. Distal to this the LSV become very small in caliber and difficult to track and assess competent.

In the proximal calf a LSV was not visualised. A LSV appears to reform in the fascia via a competent perforator in the proximal calf at approx. 22cm. The LSV in the calf appears competent to the ankle.

Incompetent perforator noted in the mid-calf at approx. 17cm forming VV.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.83cm

Mid- thigh - 0.70cm

Distal thigh - 0.15cm

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) appears continuous with a competent vein of Giacomini.

The SSV in the proximal calf appears patent, compressible and competent along its length.

**LEFT CONCULSION**

**Evidence of a non-occlusive old DVT in the distal POP V. No evidence of acute thrombus at this time, all other deep vein appear patent.**

**CFV, SFV mid-distal, POP V and 1 x Per v appear incompetent.**

**SFJ and ATV in the thigh are incompetent. LSV is competent in the thigh. Incompetent perforator noted in the calf.**

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

**Reported by:**

Nia Steeves

Clinical Vascular Scientist

Countess Of Chester Nhs Trust

Final Date & Time: 10/05/2023 11:57:52