**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: **03/04/2023**

**Indication:**

b/l ll vv. reviewed privately by SD, meets ccg criteria for int, please complete reflux study

**Report:**

**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

**(Previous VV intervention bilaterally >20yrs ago).**

**RIGHT**

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

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

Incompetent flow (reflux >1.0s) identified in the distal SFV and POP V. All other deep veins appear competent.

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

Sapheno-femoral junction (SFJ) was no identified? due to previous intervention.

A vein noted proximal to the SFJ, which appears incompetent (appears to track up to groin,? pelvic source), this branch appears to communicate with a LSV in the fascia in the right groin. The LSV is incompetent in the proximal thigh. The LSV tracks within the fascia for approx. 18cm distal to the groin. The LSV leaves the fascia in the mid/distal thigh at 57cm, where is bifurcates into smaller multiple veins.

A LSV appears to re-form in the fascia in the distal calf at 14cm and appears competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh – 0.27cm

Mid- thigh – 0.21cm

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

**RIGHT CONCULSION**

**Evidence of deep vein incompetency in the right proximal lower limb.**

**Evidence of superficial vein incompetency in the right proximal lower limb.**

**LEFT**

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

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

Incompetent flow (reflux >1.0s) identified in the CFV, SFV, POP V and gastrocnemius veins.

All other deep veins appear competent.

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

SFJ appears competent.

LSV is patent, compressible, competent in the thigh, tracking a relatively linear course within the fascia, until it leaves the fascia in the distal thigh at 52cm.

A LSV appear to reform back in the fascia in the distal calf at approx. 5cm (via VV branch from an incompetent gastrocnemius vein, see below for more detail) and is incompetent to the ankle.

Transverse (AP) dimensions of LSV:

Distal calf – cm

SPJ is patent and competent. As the SPJ forms the SSV within the fascia it communicates with an incompetent gastrocnemius vein, subsequently the SSV is incompetent along its length in the calf.

Transverse (AP) dimensions of SSV:

Proximal calf – 0.25cm

Mid calf -0.24cm

Distal calf – 0.20cm

A large VV branches was identified off an incompetent gastrocnemius vein in the posterior proximal calf at approx. 20cm. This tortuous VV branch, tracks medially and forms an incompetent LSV in the distal calf at 5cm.

Incompetent perforator noted in mid medial calf at approx. 14cm.

**LEFT CONCULSION**

**Evidence of deep vein incompetency in the left proximal lower limb and left calf.**

**Evidence of superficial vein incompetency in the left calf.**

**Incompetent perforator noted in left mid-calf**

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

**Reported by:**

Nia Steeves

Clinical Vascular Scientist

Countess Of Chester Nhs Trust

Final Date & Time: 03/04/2023 12:22:19