**Countess of Chester Hospital** 

NHS Foundation Trust

The Countess of Chester Health Park

Liverpool Road

Chester

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Study Description: **US Doppler lower limb veins Both** Study Date: **25/04/2023**

**Indication:**

30 yr h/o VV, previous ulcers to left shin following trauma. reflux scan please to assess for further intervention. H/O polycythemia vera on hydroxycarbamide and aspirin

**Report:**

**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

\* Patient has previously had multiple VV intervention on the right and left lower limbs.

**RIGHT**

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration, suggesting proximal vein patency. All visualised deep veins appear patent with no evidence of previous DVT.

Incompetent flow (reflux >1.0s) noted in the CFV, SFV, PFV, POP V and 1 x PTV. All other deep veins appear competent.

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

Sapheno-femoral junction (SFJ) was evident and is patent compressible and incompetent.

Neovascularisation noted off the SFJ for approx. 6cm in the proximal thigh, leading to

1) a incompetent, tortuous anterior thigh vein which leaves the fascia in the proximal thigh at 76cm, forming VV branches that track down the thigh into the calf.

2) an incompetent Long Saphenous vein (LSV) which tracks tortuously and leaves it fascia in the mid-thigh at 69cm, which tacks tortuously down into the calf.

The LSV appears to reform back in the fascia in the distal calf at 17cm and appears competent to the ankle.

Incompetent perforator noted of an incompetent PTV in the distal calf at 11cm, forming VV branch.

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

The SSV in the proximal calf is competent.

Evidence of a large branch in the mid calf at 25cm which appears to be siphoning flow up to the tortuous LSV branch in the distal thigh.

Incompetent perforator noted in the mid posterior calf at 22cm, subsequently the SSV is incompetent to the ankle.

**Right Conclusion**

**Evidence of deep vein incompetency in the thigh and calf.**

**Evidence of Neovascularisation in the proximal thigh, and incompetent superficial veins.**

**LEFT**

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration, suggesting proximal vein patency. All visualised deep veins appear patent with no evidence of previous DVT.

Incompetent flow (reflux >1.0s) noted in the CFV, PFV, POP V and gastrocnemius veins. All other deep veins appear competent.

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

Very small SFJ was evident and is patent compressible and incompetent.

Neovascularisation noted off the SFJ for approx. 6cm in the proximal thigh, leading to

1) a incompetent, tortuous anterior thigh vein which leaves the fascia in the proximal thigh at 76cm, forming VV branches that track down the thigh into the calf.

2) an incompetent Long Saphenous vein (LSV) which tracks tortuously and leaves it fascia in the mid-thigh at 67cm, which tacks tortuously down into the calf.

The LSV appears to reform back in the fascia in the distal calf at 17cm and appears incompetent to the ankle.

Incompetent perforator communicating with the LSV in the distal calf was noted at 17cm.

SPJ was patent compressible and incompetent.

The SSV in the proximal calf is incompetent (AP diameter 0.65cm).

Incompetent branches noted off the SSV in the proximal calf at 33cm and 25cm forming VV branches.

Incompetent perforator (gastrocnemius source) noted in the mid-calf at 24cm. Incompetent branch noted off the SSV in the mid-calf at 22cm, distal to this the SSV appears competent to the ankle.

**Left Conclusion**

**Evidence of deep vein incompetency in the thigh and calf.**

**Evidence of Neovascularisation in the proximal thigh, and incompetent superficial veins.**

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

**Reported by:**

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Countess Of Chester Nhs Trust

Final Date & Time: 25/04/2023 09:17:13