



Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Chronic Superficial thrombophlebitis, Poor images, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Incompetent	Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Appears Competent	Patent	Competent
L Saphenous Vein Above	See notes		See notes	
L Saphenous Vein Below	Areas of Old Thrombus	Incompetent	Areas of Old Thrombus	Incompetent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopliteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Reforms mid calf	Appears competent	Reforms mid calf	Appears competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

*Very challenging assessment due to poor tissue skin condition, very poor tissue resolution and poor quality images obtained. Patient states previous bilateral varicose vein surgery.

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins were poorly visualised, however appear patent where seen with no evidence of previous DVT bilaterally. Incompetence noted in right popliteal vein; all other deep veins appear competent.

RIGHT

Neovascularisation noted in the groin, with associated varicosities which track distally throughout the medial

Assessed by

Stephanie Wright, Vascular

Printed on 28/06/2023 at 8:17 am

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thigh. Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears incompetent in the very proximal thigh. LSV branches and leaves the fascia in proximal thigh (67cm) and is not identified in the mid to distal thigh, ?due to previous vein stripping. LSV reforms in the proximal calf (29cm) and is incompetent with an incompetent LSV perforator noted (28cm). LSV appears incompetent/slightly incompetent to the ankle with numerous branches noted and areas of old superficial thrombophlebitis identified throughout the calf.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.54cm,

Proximal calf- 0.5cm,

Sapheno-popliteal junction (SPJ) and vein of giacomini were not identified. Short Saphenous vein (SSV) was not identified in the proximal calf. SSV reforms in the mid calf and appears competent to the ankle.

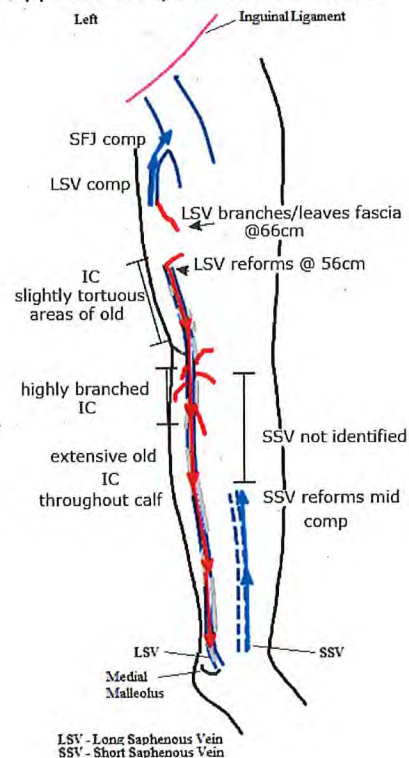
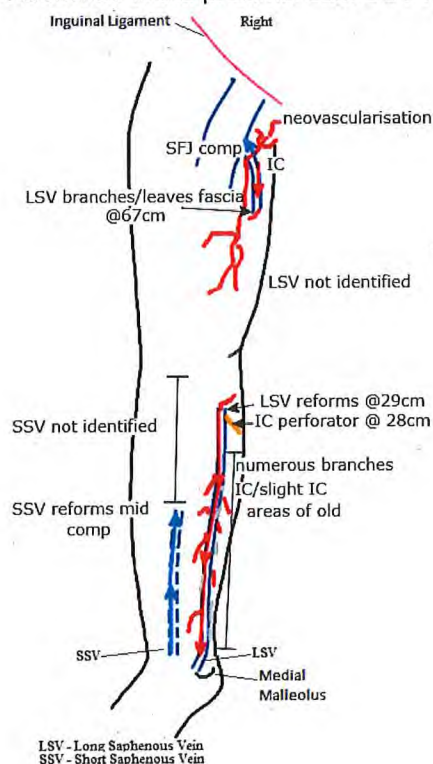
LEFT

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent in the very proximal thigh. LSV branches and leaves the fascia in proximal thigh (66cm) and is not identified distal to this, ?previous vein stripping. LSV reforms via a branch in the mid thigh (56cm) and appears incompetent and slightly tortuous, with areas of old superficial thrombophlebitis noted in the mid to distal thigh. LSV appears highly branched in the proximal calf, and remains incompetent to the ankle with extensive areas of old superficial thrombophlebitis noted throughout the calf.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.46cm,

Sapheno-popliteal junction (SPJ) and vein of giacomini were not identified. Short Saphenous vein (SSV) was not identified in the proximal calf. SSV reforms mid calf and appears competent to the ankle.





Patient

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Reason Varicose vein

Outcome DVT negative, Poor images, patient habitus, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Competent		
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein	Patent	Competent		
Anterior Tibial Vein	Patent	Competent		
Peroneal Vein	Patent	Competent		
Soleal Vein	Not Identified			
Gastrocnemius	Patent	Competent		
Superficial Veins				
Saphenofemoral Junction	Patent	Slight Incompetence		
L Saphenous Vein Above	Patent	Isolated Incompetence		
L Saphenous Vein Below	Patent	Competent		
Vein of Giacomini	Not Identified			
Saphenopopliteal Junction	Patent	Competent		
S Saphenous Vein	Patent	Competent		
Evidence of D.V.T.				
Above the knee	No			
Popliteal	No			
Below the knee	No			

Notes**RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging assessment due to patient body habitus and depth of vessels. All measurements are proximal to the medial malleolus unless otherwise stated.

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent/patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) was challenging to assess due to body habitus, however appears slightly competent. Trickle-flow incompetence noted in the proximal thigh long Saphenous vein (LSV). LSV branch noted in proximal thigh (64cm); LSV remains incompetent distal to this. Incompetent LSV branch noted in distal thigh (52cm), which renders the LSV competent. LSV appears slightly tortuous in the proximal calf

Assessed by Stephanie Wright, Vascular

Printed on 27/06/2023 at 10:56 am

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and remains competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.69cm,

Mid thigh - 0.54cm,

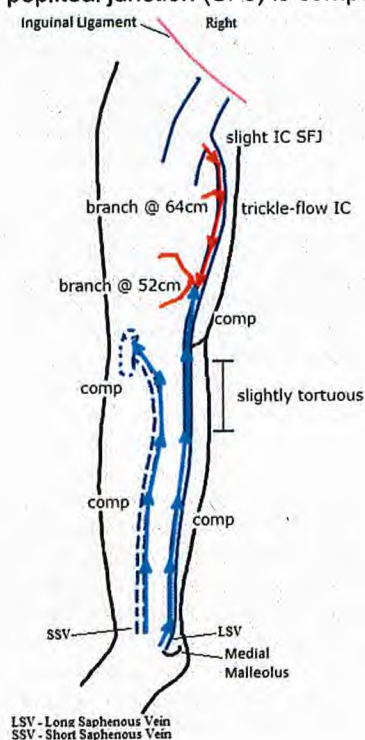
Distal thigh - 0.43cm.

Proximal calf- 0.31cm,

Mid calf - 0.35cm,

Distal calf - 0.38cm.

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent.





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason Varicose vein

Outcome DVT negative, Competent

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Patent		Patent	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Not Identified		Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins appear widely patent/patent and competent with no evidence of previous DVT bilaterally.

RIGHT

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along length to the ankle.

Assessed by Stephanie Wright, Vascular :

Printed on 28/06/2023 at 2:23 pm

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Patient

NHS No

D.O.B.

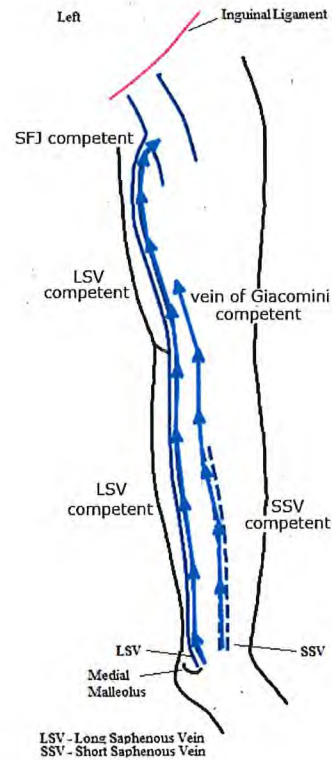
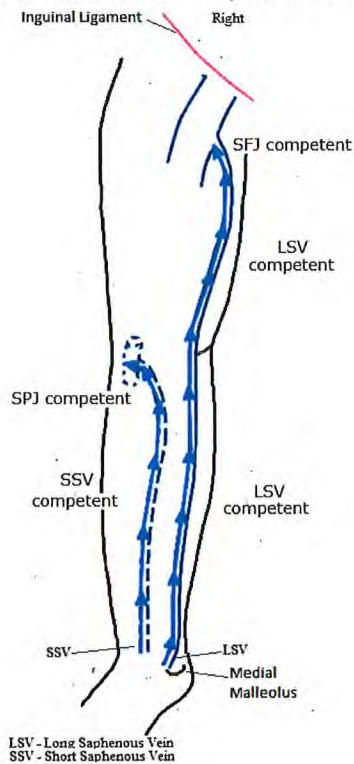
Patient Ref

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent along length to the ankle.

LEFT

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along length to the ankle.

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





Patient

NHS No

D.O.B.

Patient Ref

Reason Varicose vein**Outcome** DVT negative, Superficial oedema, Chronic Superficial thrombophlebitis, Poor images, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Patent	Competent
Profunda Vein			Patent	Competent
Superficial Femoral Vein			Patent	Competent
Popliteal Vein			Patent	Competent
Posterior Tibial Vein			Patent	Competent
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein			Patent	
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Not Identified	
L Saphenous Vein Above			Patent	Isolated Incompetence
L Saphenous Vein Below			Patent	Isolated Incompetence
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Patent	Competent
S Saphenous Vein			Areas of Old Proximal	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging assessment due to patient pain/discomfort and movement upon augmentation of flow. Poor patient tolerance.

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency.

All visualised deep veins were difficult to visualise due to poor tissue resolution and extensive superficial oedema, but appear patent, competent and compressible.

Sapheno-femoral junction (SFJ) was not identified. Neo-vascularisation identified in the groin which reforms

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 8:47 am

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the Long Saphenous vein (LSV) in the very proximal thigh (77cm). LSV is noted to be incompetent in the proximal thigh. Incompetent LSV branch mid thigh (62cm) forms the medial thigh varicosities. Distal to this branch, the LSV becomes very small calibre and is difficult to trace, ?petering out in distal thigh, unable to augment flow due to small calibre, however likely competent.

Incompetent branch from aforementioned varicosities reforms LSV in proximal calf (22cm), LSV is then incompetent to ankle with with incompetent branch noted mid calf (17cm).

Transverse (AP) dimensions of LSV:

Upper proximal thigh - 0.58cm

Lower proximal thigh - 0.51cm

Mid thigh - 0.14

Distal thigh - 0.19cm,

Lower proximal calf (reformed) - 0.27cm

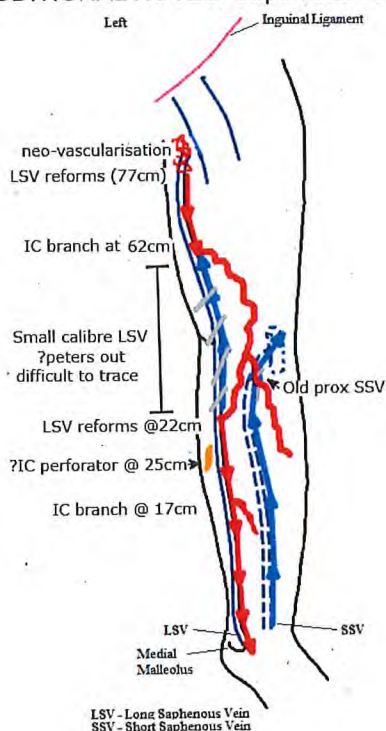
Mid calf - 0.19cm,

Distal calf - 0.19cm.

?Incompetent perforator noted in proximal calf at 25cm, however challenging to adequately augment flow due to patient discomfort and movement.

Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent to the ankle with areas of old superficial thrombophlebitis noted in proximal SSV.

ADDITIONAL NOTES: Superficial oedema noted in left distal thigh and calf.





Patient

NHS No

D.O.B.

Patient Ref

Reason Varicose vein

Outcome DVT negative, Incompetence - deep, Incompetence - superficial

Right			Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Isolated Incompetence
Popliteal Vein			Widely Patent	Isolated Incompetence
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Not Identified	
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Competent
L Saphenous Vein Above			Patent	Competent
L Saphenous Vein Below			Patent	Competent
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Patent	Incompetent
S Saphenous Vein			Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent with no evidence of previous DVT. Incompetence noted in the mid to distal superficial femoral vein and the very proximal popliteal vein, ?due to incompetent sapheno-popliteal junction; all other deep veins appear competent.

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) appears competent along length to the ankle.

Assessed by Stephanie Wright, Vascular :

Printed on 26/06/2023 at 8:36 am

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Patient

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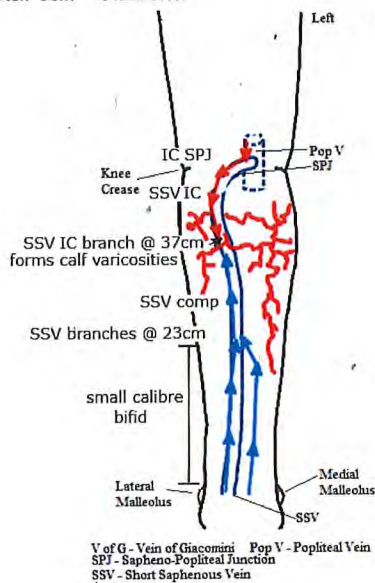
Sapheno-popliteal junction (SPJ) is incompetent. Short Saphenous vein (SSV) is incompetent in the very proximal calf. Incompetent SSV branch noted in the proximal calf (37cm), forming posterior, medial and lateral calf varicosities. Distal to this, SSV appears competent to the ankle. SSV branches/becomes bifid and of small calibre in mid to distal calf (23cm).

Transverse (AP) dimensions of SSV:

Proximal calf - 0.83cm,

Mid calf - 0.49cm,

Distal calf - 0.22cm.





Patient

NHS No

D.O.B.

Patient Ref

Reason Routine, Varicose vein

Outcome DVT negative, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins appear widely patent and competent with no evidence of previous DVT bilaterally.

RIGHT

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent and linear in the thigh. Small branches communicate with the LSV in the proximal calf (26cm and 24cm), causing trickle-flow incompetence within the LSV distal to this. LSV branch and competent perforator noted in distal calf (11cm), however LSV remains incompetent to the ankle. LSV is noted to be of small calibre and tortuous in the

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 8:41 am

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proximal to mid calf and slightly tortuous in distal calf.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.39cm,

Mid thigh - 0.31cm,

Distal thigh - 0.26cm.

Proximal calf - 0.29cm (tortuous),

Mid calf - 0.19cm (tortuous),

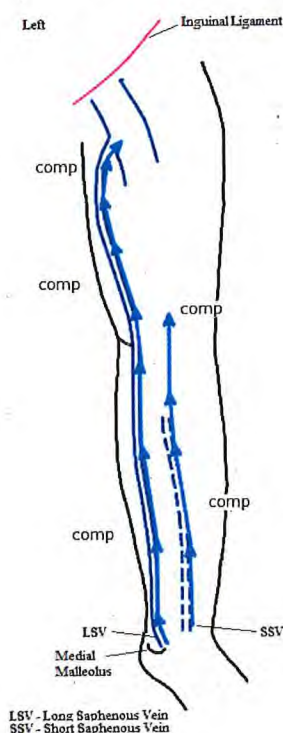
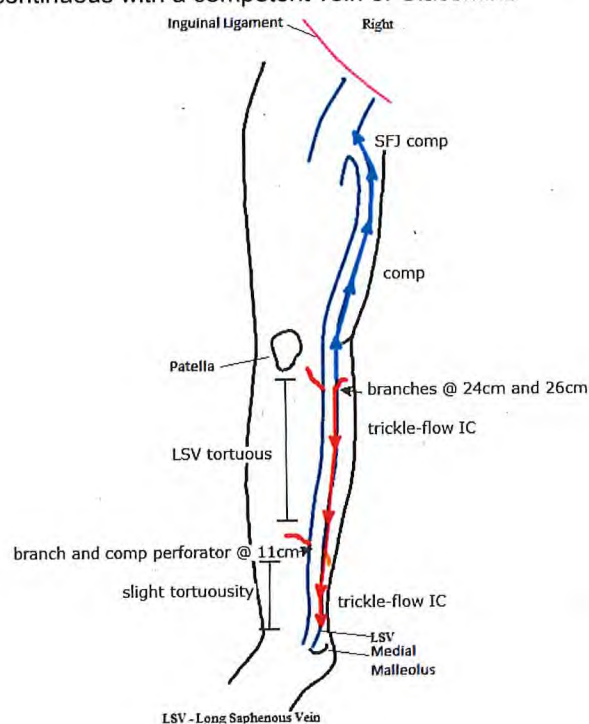
Distal calf - 0.3cm.

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

LEFT

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along length, to the ankle.

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





Patient

NHS No

D.O.B.

Patient Ref

Reason Routine, Lymphoedema

Outcome DVT equivocal, DVT positive - acute, DVT positive - chronic, Incompetence - deep, Poor images

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Areas of old thrombus	Poor flow	Patent	Competent
Popliteal Vein	Areas of Thrombus	Old and Mixed	Patent	Competent
Posterior Tibial Vein	Not Assessed		Poor Flow proximal-mid	Patent distal
Anterior Tibial Vein	Not Assessed		Patent Proximal	Poor Flow mid-distal
Peroneal Vein	Not Assessed		Poor Flow	
Soleal Vein	Not Assessed		Not Identified	
Gastrocnemius	Not Assessed		Patent	
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Areas of Thrombus	Old Thrombus	Patent	Appears competent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopliteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee	Yes Old	Cannot Exclude New	No	
Popliteal	Yes	Old and Mixed	No	
Below the knee	Cannot Exclude		Cannot Exclude	

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

*Challenging assessment due to poor tissue resolution, patient pain/discomfort, patient movement and poor skin condition. Poor images obtained.

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally.

RIGHT

Common femoral and profunda femoral veins appear patent and competent with reasonable colour-filling and are fully compressible. Areas of old thrombus and poor colour-filling identified in the superficial femoral vein - unable to exclude an acute localised thrombus from these images. Areas of old thrombus and

Assessed by Stephanie Wright, Vascular

Printed on 26/06/2023 at 8:34 am

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incompetence identified in proximal popliteal vein. Occlusive mixed thrombus identified in the distal popliteal vein. Calf vessels not assessed as per protocol and due to patient pain.

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent in the thigh and proximal calf. Phlebitis noted in the mid calf LSV and occlusive ?old superficial thrombophlebitis noted in mid to distal calf, challenging to assess due to poor skin condition/image resolution.

Sapheno-popliteal junction (SPJ) and vein of giacomini were not identified. Short Saphenous vein (SSV) arises from a gastrocnemius vein and appears competent to the ankle.

Incompetent perforator to superficial calf veins noted in mid calf (20cm), however this is likely due to compensation of superficial system as a result of damage to deep veins.

LEFT

All visualised deep veins proximal to and including the popliteal vein appear patent and competent with no evidence of previous DVT. Calf veins were difficult to visualise due to patient pain and poor skin condition. Gastrocnemius veins, proximal anterior tibial veins and distal posterior tibial veins appear patent and competent. Poor colour-filling identified in other deep calf veins- unable to exclude localised thrombus from these images.

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent along length to the ankle, however challenging to assess due to poor skin condition.

Sapheno-popliteal junction (SPJ) and vein of giacomini were not identified. Short Saphenous vein (SSV) arises from a superficial branch in the proximal calf. SSV appears slightly incompetent with a competent perforator noted immediately distal to this, rendering the SSV competent to the ankle.

CONCLUSION: Evidence of right acute proximal lower limb DVT from this scan (patient sent to SDEC for review). Evidence of right chronic lower limb DVT from this scan. No evidence of left lower limb proximal DVT from this scan. Unable to exclude a calf DVT bilaterally from this scan.



Reference

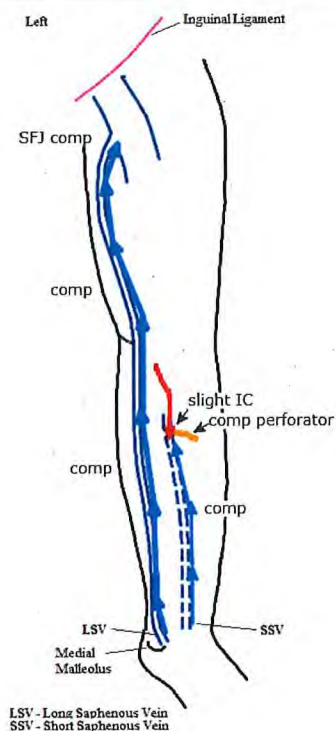
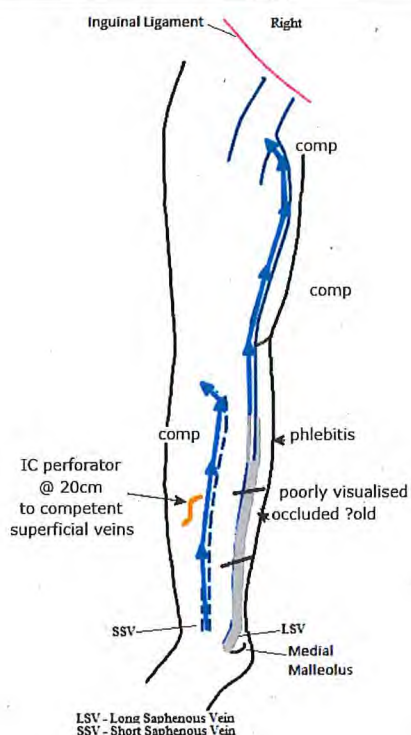
Accession

Patient

NHS No

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Patient

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Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Incompetence - deep, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein			Widely Patent	Incompetent
External Iliac Vein			Widely Patent	Competent
Internal Iliac Vein			Widely Patent	Isolated Incompetence
Common-Femoral Vein			Widely Patent	Competent
Profunda Vein			Patent	Competent
Superficial Femoral Vein			Patent	Competent
Popliteal Vein			Patent	Competent
Posterior Tibial Vein			Not Identified	
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein				
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Incompetent
L Saphenous Vein Above			Patent	Incompetent
L Saphenous Vein Below			Patent	Isolated Incompetence
Vein of Giacomini			Patent	Competent
Saphenopopliteal Junction			Not Identified	
S Saphenous Vein			Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent/patent with no evidence of previous DVT. Incompetence noted in the common femoral vein (?due to incompetent SFJ) and in the proximal superficial femoral vein (?due to incompetent perforator); all other deep veins appear competent.

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent throughout the thigh. Branch noted in proximal thigh at 74cm and an incompetent LSV perforator to mid SFV noted at 66cm, LSV remains incompetent distal to this. Further incompetent branches noted in mid to distal thigh

Assessed by Stephanie Wright, Vascular

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Patient

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(61cm, 51cm and 49cm), forming medial and posterior thigh and calf varicosities. Distal to this, LSV appears competent at knee level. Incompetent branch renders the LSV incompetent in very proximal calf (40cm). Further branch in proximal calf (34cm) renders the LSV competent in lower proximal calf. Further branch communicates with the LSV in mid calf (26cm); distal to this LSV appears incompetent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.63cm,

Mid thigh - 0.52cm,

Distal thigh - 0.48cm.

Proximal calf - 0.2cm,

Mid calf - 0.22cm,

Distal calf - 0.19cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent in the proximal to mid calf and is continuous with a competent vein of Giacomini. Aforementioned varicosities communicate with the SSV in the distal calf (15cm) and render the SSV incompetent to the ankle with further branches noted at 9cm and at the ankle.

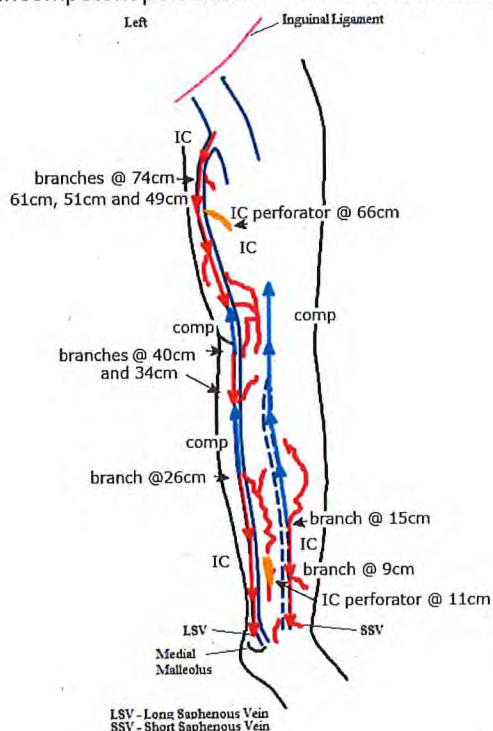
Transverse (AP) dimensions of SSV:

Proximal calf - 0.31cm,

Mid calf - 0.29cm,

Distal calf - 0.37cm.

Incompetent perforator to varicosities noted in distal medial calf at 11cm.





Patient

NHS No

D.O.B.

Patient Ref

Reason Ulceration, Varicose vein

Outcome DVT negative, Lymph nodes, Superficial oedema, Chronic Superficial thrombophlebitis, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Patent	Competent
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein			Not Identified	
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Competent
L Saphenous Vein Above			Patent	Competent
L Saphenous Vein Below			Areas of Old Thrombus	Incompetent
Vein of Giacomini			Patent	Competent
Saphenopopliteal Junction			Patent	Competent
S Saphenous Vein			Areas of Old Thrombus Mid	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent/patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent and linear in the thigh. In the proximal calf, LSV leaves the fascia, becoming superficial (at 34cm). Incompetent LSV branch noted in proximal calf (32cm), LSV appears incompetent distal to this. Numerous LSV branches noted in the proximal to mid calf, forming medial calf varicosities; LSV remains incompetent to the ankle. LSV re-joins

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the fascia mid calf (20cm). Areas of old superficial thrombophlebitis noted in upper mid to distal calf LSV.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.66cm,

Mid thigh - 0.55cm,

Distal thigh - 0.55cm.

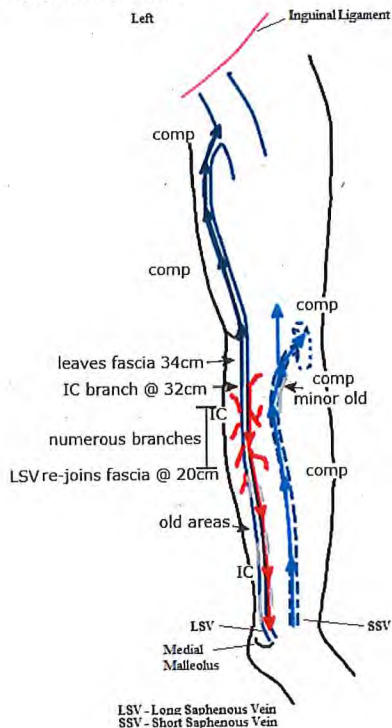
Proximal calf - 0.4cm (superficial position/not in fascia),

Mid calf - 0.37cm (areas of old noted),

Distal calf - 0.32cm (areas of old noted).

Sapheno-popliteal junction (SPJ) and vein of giacomini appear competent. Short Saphenous vein (SSV) appears of large calibre and competent to the ankle. Minor areas of old superficial thrombophlebitis noted in proximal SSV.

ADDITIONAL NOTES: Mixed echogenic area noted in left groin ?reactive lymph nodes. Superficial oedema noted in left calf.





Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT equivocal, Superficial oedema, Poor images, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Poor Flow	Patent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Unable to assess		Patent	Unable to assess comp
Anterior Tibial Vein	Unable to assess		Unable to assess	
Peroneal Vein	Unable to assess		Unable to assess	
Soleal Vein	Not Identified		Patent	
Gastrocnemius	Unable to assess		Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Likely Incompetent	Patent	Likely Incompetent
L Saphenous Vein Above	Patent	Incompetent	Patent	Incompetent
L Saphenous Vein Below	Patent	Incompetent/slight incomp	Patent	Isolated Incompetence
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Cannot Exclude		Cannot Exclude	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging and limited assessment due to patient pain/discomfort, patient movement and poor skin condition in the calf, difficult to adequately augment flow/assess competency throughout.

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins, proximal to and including the popliteal vein, appear patent with no evidence of previous DVT bilaterally. Poor colour-filling identified in the right SFV, however vessel appears patent and fully compressible. Unable to assess competency in right SFV, but all other proximal lower limb deep veins appear competent bilaterally.

Calf veins were difficult to visualise bilaterally due to patient pain/discomfort, movement and poor skin

Assessed by

Stephanie Wright, Vascular

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condition. Unable to assess the right deep calf veins or the left anterior tibial and peroneal veins- unable to exclude localised thrombus from these images. Left posterior tibial veins appear patent and compressible, however unable to augment flow to determine competency. Left gastrocnemius veins appear patent and competent.

RIGHT

Sapheno-femoral junction (SFJ) was challenging to assess due to patient pain and movement, however is likely incompetent. LSV appears incompetent where seen in the thigh, with multiple branches noted. LSV was noted to be slightly tortuous in the mid thigh. LSV appears incompetent/slightly incompetent throughout the calf, with multiple branches noted. LSV appears slightly tortuous in the proximal calf. Large competent LSV perforator noted mid calf (19cm), however LSV remains incompetent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.78cm,

Mid thigh - 0.68cm (slight tortuosity),

Distal thigh - 0.67cm.

Proximal calf- 0.49cm (slight tortuosity),

Mid calf - 0.45cm,

Distal calf - 0.4cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) appears small calibre and competent where seen, and is continuous with a competent vein of Giacomini.

LEFT

Sapheno-femoral junction (SFJ) was challenging to assess due to patient pain and movement, however is likely incompetent. LSV appears incompetent where seen in the thigh, with multiple branches noted. LSV was noted to be slightly tortuous in the mid thigh. LSV appears incompetent in the very proximal calf with incompetent branch noted (31cm). Further incompetent LSV branches noted in the proximal calf (28cm), which render the LSV competent and small calibre distally. Small branch communicates with the LSV in the mid calf (16cm), rendering the LSV incompetent/slightly incompetent to the ankle, however vessel remains of very small calibre.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.58cm,

Mid thigh - 0.62cm (slight tortuosity),

Distal thigh - 0.5cm.

Proximal calf- 0.24cm,

Mid calf - 0.18cm,

Distal calf - 0.16cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) appears small calibre and competent where seen, and is continuous with a competent vein of Giacomini.

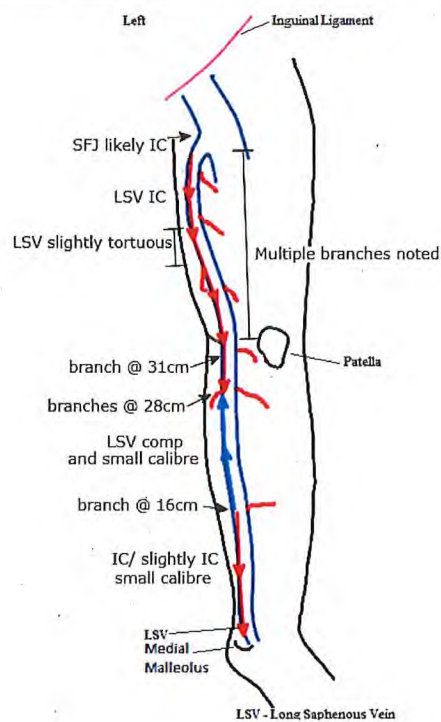
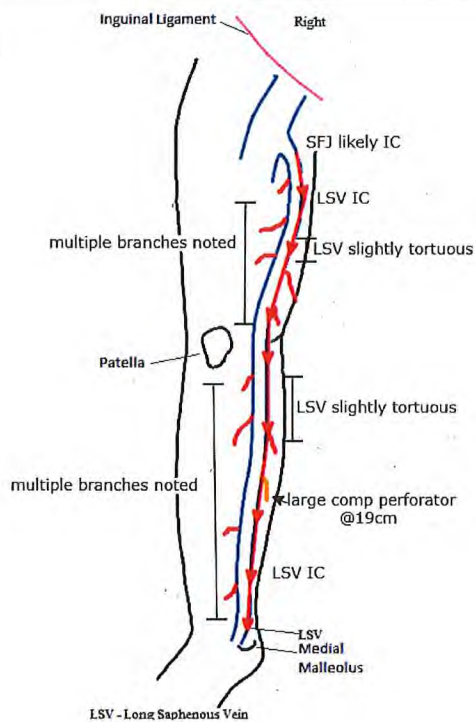


Patient

NHS No

D.O.B.

Patient Ref





Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

Outcome

DVT equivocal, Superficial oedema, Poor images, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	1x Patent	Poorly visualised
Soleal Vein	Poorly visualised		Poorly visualised	
Gastrocnemius	Patent where seen	Competent	Patent where seen	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	?Isolated Incompetence
Vein of Giacomini	Not Identified		Patent	Competent
Saphenopopliteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Cannot Exclude		Cannot Exclude	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging and low confidence assessment due to patient pain/discomfort in lower limbs and associated movement. Unable to adequately augment flow to fully determine competency, therefore results should be reviewed with caution.

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

Iliac veins not viewed. Flow in the right and left common femoral veins is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins proximal to and including the popliteal veins appear patent and competent with no evidence of previous DVT. The bilateral soleal veins and left peroneal veins were poorly visualised due to patient discomfort/movement, unable to exclude a localised thrombus from these images. All other calf veins appear patent and competent where seen with no evidence of previous DVT.

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RIGHT

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent and linear along length to the ankle.

Sapheno-popliteal junction (SPJ) appears competent. Short Saphenous vein (SSV) competent along length to the ankle.

LEFT

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent and linear in the thigh. Branch communicates with the LSV in very proximal calf (~30cm), ?source of branch -unable to trace proximally. Branch renders the LSV incompetent in the proximal calf (difficult to determine due to patient pain/movement), LSV becomes small calibre, highly tortuous and branched in the mid calf. LSV was not identified in distal calf.

Transverse (AP) dimensions of LSV:

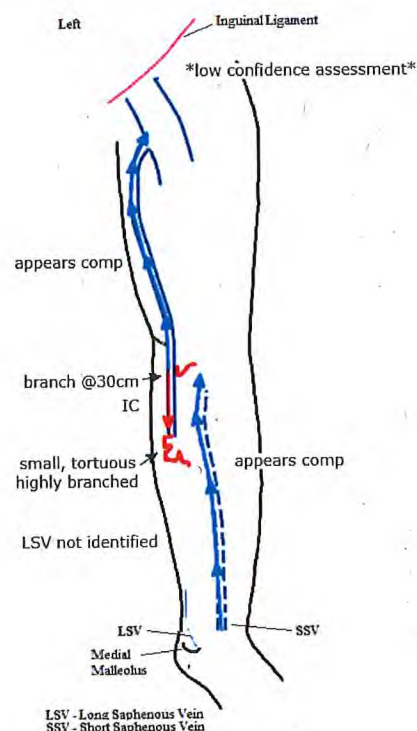
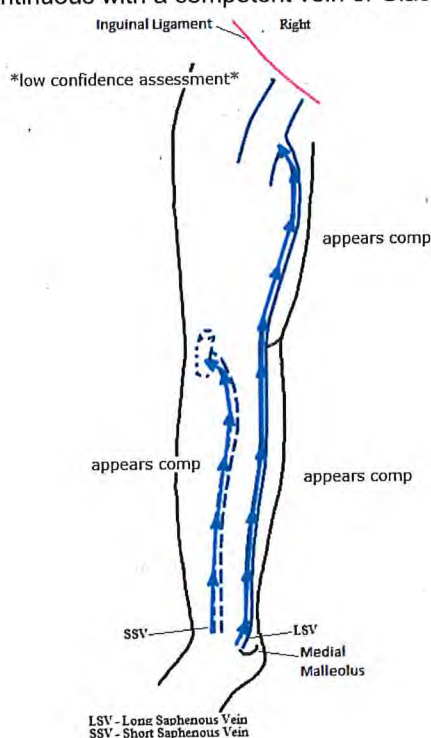
Proximal thigh- 0.37cm,

Mid thigh - 0.22cm,

Distal thigh - 0.2cm.

Proximal calf- 0.28cm,

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





Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

Outcome

DVT positive - chronic, Incompetence - deep, Poor images, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Areas of Thrombus	Old Thrombus		
Popliteal Vein	Areas of Thrombus	Old Thrombus		
Posterior Tibial Vein	Patent	Isolated Incompetence		
Anterior Tibial Vein	Patent	Competent		
Peroneal Vein	Patent	Isolated Incompetence		
Soleal Vein	Not Identified			
Gastrocnemius	Areas of Thrombus	Old Thrombus		
Superficial Veins				
Saphenofemoral Junction	Patent	Competent		
L Saphenous Vein Above	Patent	Competent		
L Saphenous Vein Below	Patent	Isolated Incompetence		
Vein of Giacomini	Patent	Competent		
Saphenopopliteal Junction	Not Identified			
S Saphenous Vein	Patent	Competent		
Evidence of D.V.T.				
Above the knee	Yes	Old		
Popliteal	Yes	Old		
Below the knee	Yes	Old		

Notes**RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. Common femoral, profunda femoral and proximal to mid superficial femoral veins appear widely patent/patent and competent with no evidence of previous DVT. Distal superficial femoral vein was challenging to visualise due to depth, where seen areas of non-occlusive old thrombus with slightly irregular and incompetent flow identified. Non-occlusive old thrombus with associated incompetent flow identified in the popliteal vein. Posterior tibial veins appear patent with isolated incompetence noted in proximal vessel. Peroneal veins appear patent with isolated incompetence noted in mid vessel. Anterior tibial veins appear patent and

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Patient

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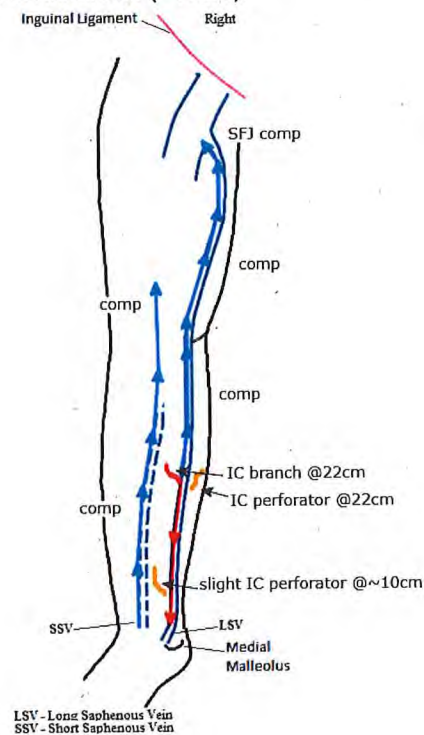
Patient Ref

competent. Areas of non-occlusive, old thrombus identified in the gastrocnemius veins.

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent in the thigh and proximal calf. Incompetent branch renders the LSV incompetent in the mid calf (22cm); LSV remains incompetent to the ankle.

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

Incompetent perforator to medial calf varicosities noted at 22cm. Large, slightly incompetent perforator noted in the distal calf (~10cm).





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason Routine

Outcome DVT negative, Poor images, patient habitus, Poor images

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Unable to assess competency	Patent	Unable to assess competency
Profunda Vein	Patent	Unable to assess competency	Patent	Unable to assess competency
Superficial Femoral Vein	Patent	Unable to assess competency	Patent	Unable to assess competency
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Unable to assess competency	Patent	Unable to assess competency
L Saphenous Vein Above	Patent	Unable to assess competency	Patent	Unable to assess competency
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Patent	Competent	Not Identified	
Saphenopopliteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging and limited assessment due to patient body habitus, patient discomfort, depth of vessels and superficial oedema. Poor images obtained. Patient is at the limits of vascular ultrasound assessment.

*Patient scanned supine to allow access to the groin, therefore unable to assess competency of proximal vessels.

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins proximal to the popliteal vein appear patent with reasonable colour-filling and no evidence of previous DVT bilaterally, unable to assess competency of veins due to patient body habitus/oedema/depth of vessels.

Right and left popliteal veins appear patent and competent.

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Calf veins appear patent and competent bilaterally, with no evidence of previous DVT.

RIGHT

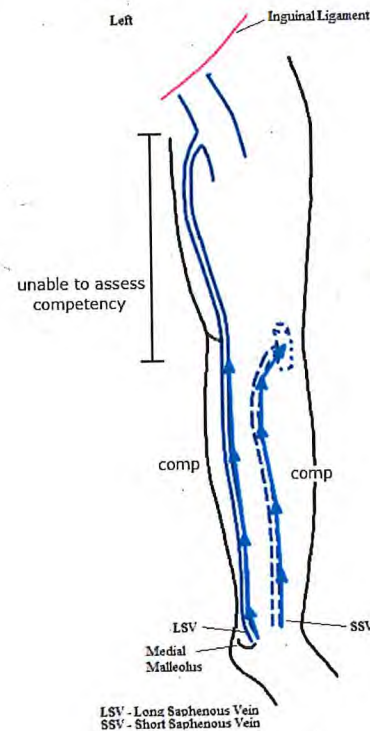
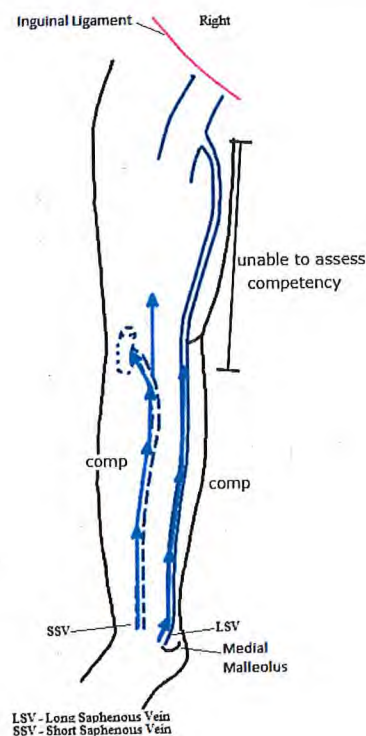
Sapheno-femoral junction (SFJ) and LSV appear patent. Unable to assess competency in the thigh due to patient body habitus/oedema/depth of vessels. LSV appears competent in the calf to the ankle.

Sapheno-popliteal junction (SPJ) and vein of giacomini appear competent. Short Saphenous vein (SSV) is competent to the ankle.

LEFT

Sapheno-femoral junction (SFJ) and LSV appear patent. Unable to assess competency in the thigh due to patient body habitus/oedema/depth of vessels. LSV appears competent in the calf to the ankle.

Sapheno-popliteal junction (SPJ) appears competent. Short Saphenous vein (SSV) is competent to the ankle.





Patient

NHS No

D.O.B.

Patient Ref

Reason Routine, Varicose vein

Outcome DVT equivocal, Lymph nodes, Superficial oedema, Oedema, Poor images, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Pulsatile	Patent	Pulsatile
Profunda Vein	Patent	Pulsatile	Patent	Pulsatile
Superficial Femoral Vein	Patent	See notes	Patent	See notes
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Poor Flow Proximal	Patent and Competent Distal	Poor Flow Proximal	Patent and Competent Distal
Anterior Tibial Vein	Patent	Competent	Patent and Competent Prox	Poor Flow Distal
Peroneal Vein	Poor Flow Proximal	Patent and Competent Distal	Poor Flow Proximal	Patent and Competent Distal
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent Proximal	Not identified distal	Patent Proximal	Not identified distal
Superficial Veins				
Saphenofemoral Junction	Patent	Pulsatile	Patent	Pulsatile
L Saphenous Vein Above	Patent/poor views	Isolated Incompetence	Patent	Incompetent
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Incompetent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopliteal Junction	Patent	Incompetent	Patent	Competent
S Saphenous Vein	Minor Old Proximal	Isolated Incompetence	Minor Old Proximal	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Cannot Exclude		Cannot Exclude	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Very challenging and limited assessment due to extensive oedema, depth of vessels and poor tissue resolution. Very difficult to adequately assess/augment flow -low confidence assessment. Poor images obtained.

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is pulsatile (?cardiac cause) and phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency.

Common femoral and profunda femoral veins appear patent bilaterally with pulsatile flow- unable to

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determine competency.

Superficial femoral veins appear patent bilaterally with reasonable flow, however unable to determine competency due to poor images/ vessel depth.

Popliteal veins appear patent and competent bilaterally.

Poor colour-filling identified in the right and left proximal posterior tibial and peroneal veins, however vessels appear patent and competent distally.

Right and left proximal gastrocnemius veins appear patent and competent proximally, however were not identified distally.

Right anterior tibial veins appear patent and competent.

Left anterior tibial veins appear patent proximally, with poor colour-filling identified distally.

RIGHT

Pulsatile flow identified in sapheno-femoral junction (SFJ)- unable to determine competency. Pulsatile flow identified in proximal long Saphenous vein (LSV), however where seen in lower thigh flow appears slightly incompetent. Challenging to assess the LSV due to poor resolution, depth and oedema. Vessel appears tortuous mid thigh with branch noted (65cm), further branch noted in distal thigh (58cm), distal to this region LSV very poorly visualised, unable to determine competency. LSV appears incompetent in proximal calf with further branches noted (31cm); LSV remains incompetent distal to this. Competent LSV perforator noted mid calf (25cm), distal to this LSV appears competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.59cm,

Mid thigh - 0.62cm,

Distal thigh - 0.48cm.

Proximal calf- 0.49cm,

Mid calf - 0.34cm,

Distal calf - 0.4cm.

Sapheno-popliteal junction (SPJ) appears incompetent. Short Saphenous vein (SSV) appears incompetent in proximal calf with minor areas of old superficial thrombophlebitis noted. SSV branch noted in proximal calf (28cm), distal to this SSV appears competent to the ankle.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.48cm,

Mid calf - 0.32cm,

Distal calf - 0.3cm.

LEFT

Pulsatile flow identified in sapheno-femoral junction (SFJ)- unable to determine competency. Pulsatile flow identified in very proximal long Saphenous vein (LSV)- unable to determine competency. Patent varicosities noted in the groin communicate with LSV in proximal thigh (78cm); distal to this LSV appears incompetent, with further proximal thigh branch noted (70cm). Multiple LSV branches noted throughout the thigh and calf; LSV remains incompetent to the ankle. LSV appears slightly tortuous in proximal calf.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.68cm,

Mid thigh - 0.58cm,

Distal thigh - 0.6cm.

Proximal calf- 0.41cm,

Mid calf - 0.27cm,

Distal calf - 0.21cm.



Patient

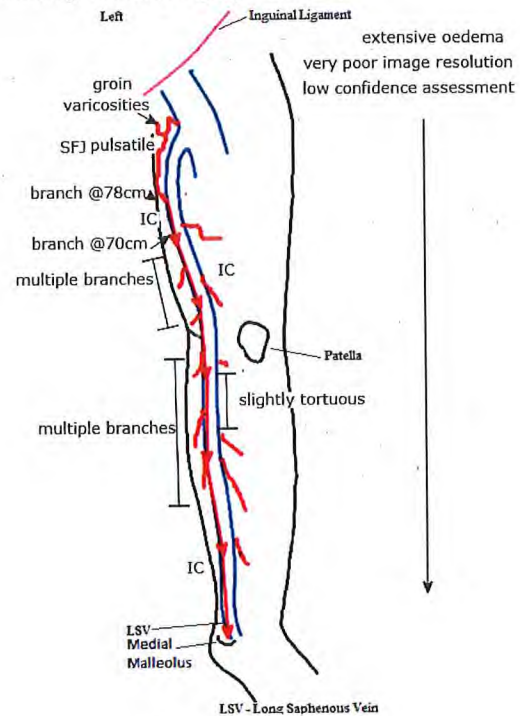
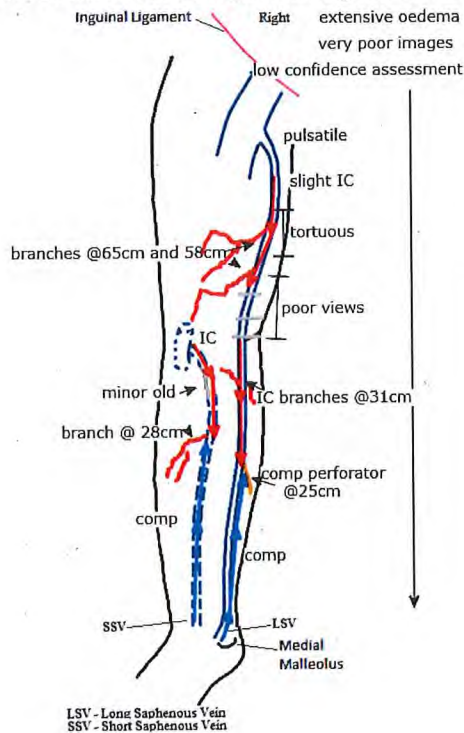
NHS No

D.O.B.

Patient Ref

Sapheno-popliteal junction (SPJ) appears competent. Short Saphenous vein (SSV) was poorly visualised, however appears competent where seen to the ankle with minor areas of old superficial thrombophlebitis noted in proximal calf.

ADDITIONAL NOTES: Mixed echogenic area noted in the groin bilaterally ?reactive lymph nodes.





Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT equivocal, DVT positive - chronic, Poor images, patient habitus, Incompetence - deep, Poor images

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Poor Flow	?Chronically Occluded		
Profunda Vein	Poor Flow	?Chronically Occluded		
Superficial Femoral Vein	Poor Flow	?Chronically Occluded		
Popliteal Vein	Areas of Thrombus	Old Thrombus		
Posterior Tibial Vein	Not Identified			
Anterior Tibial Vein	Not Identified			
Peroneal Vein	Not Identified			
Soleal Vein				
Gastrocnemius	Patent Proximal	Not identified distal		
Superficial Veins				
Saphenofemoral Junction	Poor Flow			
L Saphenous Vein Above	Patent	See notes		
L Saphenous Vein Below	Not Identified			
Vein of Giacomini	Patent	Competent		
Saphenopopliteal Junction	Not Identified			
S Saphenous Vein	Patent and Comp Proximal	Not identified distally		
Evidence of D.V.T.				
Above the knee	Yes Old	Cannot exclude New		
Popliteal	Yes	Old		
Below the knee	Cannot Exclude			

Notes

RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT

*Very challenging and limited assessment due to patient body habitus, patient limited mobility, depth of vessels and previous extensive DVT. Poor images obtained.

Iliac veins not identified. Poor flow identified in the common femoral, profunda femoral and proximal to mid superficial femoral veins, ?chronically occluded. Some flow identified in very distal superficial femoral vein. Areas of old non-occlusive thrombus identified in the popliteal vein with associated incompetent flow. Proximal gastrocnemius veins appear patent and compressible. Distal gastrocnemius veins and other deep calf veins were not identified due to heavily weeping ulceration.

Poor colour-filling identified in the sapheno-femoral junction (SFJ), ?chronically occluded. Large superficial

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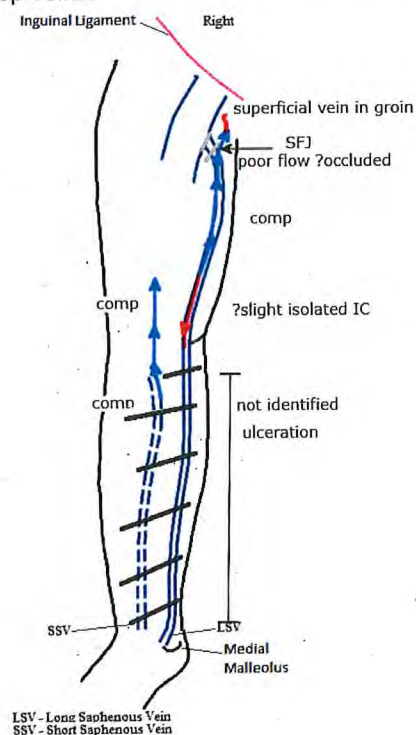
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vein noted in the groin which communicates with very proximal LSV. Long Saphenous vein (LSV) appears large calibre and competent in the proximal to mid thigh. Slight incompetence identified in the distal LSV, however challenging to adequately augment flow. Unable to assess the calf LSV due to ulceration.

Sapheno-popliteal junction (SPJ) was not identified. Proximal short Saphenous vein (SSV) appears competent and is continuous with a competent vein of Giacomini. Unable to assess the mid to distal SSV due to ulceration.

Superficial veins appear of large calibre, likely acting as collateral pathway due to extensive chronic DVT within deep veins.





Patient

NHS No

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Reason

Varicose vein

Outcome

DVT negative, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Slight Incompetence	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent	Patent	Competent
L Saphenous Vein Above	Patent	Isolated Incompetence	Patent	Competent
L Saphenous Vein Below	Patent	Incompetent	Patent	Competent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopliteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Slight Incompetence Distal
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins appear widely patent and competent with no evidence of previous DVT bilaterally, with slight incompetence noted in the right common femoral vein - likely due to incompetent SFJ.

RIGHT

Sapheno-femoral junction (SFJ) is incompetent. There is an incompetent, tortuous, anterior thigh accessory vein - this branches and communicates with the LSV at 69cm. Distal to this, the anterior thigh vein becomes competent and leaves the fascia in proximal thigh (at 68cm). The Long Saphenous vein (LSV) is

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competent in the very proximal thigh until the anterior thigh branch communicates at 69cm. Distal to this, the LSV is incompetent with an incompetent medial thigh branch noted at 65cm. Slight focal dilation of LSV noted in the distal thigh (49cm). LSV remains incompetent in the proximal calf, with large incompetent branch noted (25cm), forming medial calf varicosities. Challenging to augment flow in LSV distal to incompetent branch, however where seen LSV appears incompetent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.46cm,

Mid thigh - 0.55cm,

Distal thigh - 0.57cm.

Proximal calf - 0.31cm,

Mid calf - 0.28cm,

Distal calf - 0.31cm.

Sapheno-popliteal junction (SPJ) and Short Saphenous vein (SSV) appear competent to the ankle.

LEFT

The SFJ appears patent and competent. Difficult to augment flow within the LSV, however where seen vessel appears competent along length.

The SPJ and proximal to mid SSV appear competent. SSV appears slightly incompetent in distal calf.

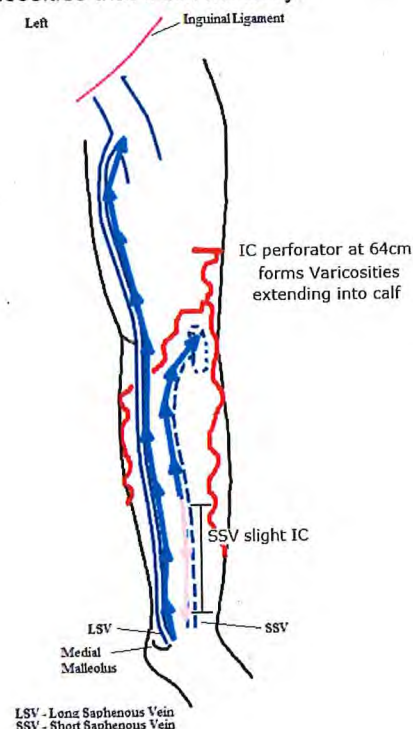
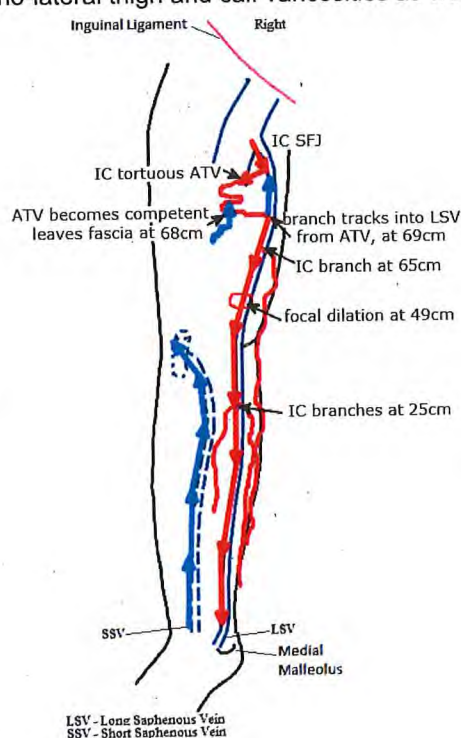
Transverse (AP) dimensions of SSV:

Proximal calf - 0.29cm,

Mid calf - 0.26cm,

Distal calf - 0.22cm.

*There is an incompetent perforator on the lateral mid thigh at 64cm proximal to lateral malleolus, this forms antero-lateral thigh and calf varicosities as well as posterior calf varicosities that track medially.





Patient

NHS No

D.O.B.

Patient Ref

Reason Routine

Outcome DVT negative, Competent

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Competent		
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein	Widely Patent	Competent		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Competent		
Soleal Vein	Not Identified			
Gastrocnemius	Widely Patent	Competent		
Superficial Veins				
Saphenofemoral Junction	Patent	Competent		
L Saphenous Vein Above	Patent	Competent		
L Saphenous Vein Below	Patent	Competent		
Vein of Giacomini	Patent	Competent		
Saphenopopliteal Junction	Patent	Competent		
S Saphenous Vein	Patent	Appears competent where seen		
Evidence of D.V.T.				
Above the knee	No			
Popliteal	No			
Below the knee	No			

Notes**RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) appears competent along length to the ankle.

Sapheno-popliteal junction (SPJ) and vein of giacomini appear competent. Short Saphenous vein (SSV) appears of small calibre and competent where seen, however challenging to augment flow/achieve

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colour-filling in vessel.



Patient

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Patient Ref

Reason Ulceration

Outcome ?infection, Bakers cyst, DVT equivocal, Lymph nodes, Poor images, patient habitus, Incompetence - superficial

Right		Left	
Deep Veins	Patency	Patency	Competency
Common Iliac Vein		Patent	Competent
External Iliac Vein		Patent	Competent
Internal Iliac Vein		Patent	Competent
Common Femoral Vein		Patent	Competent
Profunda Vein		Patent/competent Proximal	Unable to assess distal
Superficial Femoral Vein		Patent/competent Proximal	Unable to assess distal
Popliteal Vein		Patent/competent Proximal	Unable to assess distal
Posterior Tibial Vein		Not Identified	
Anterior Tibial Vein		Patent/competent Proximal	Unable to assess distal
Peroneal Vein			
Soleal Vein			
Gastrocnemius			
Superficial Veins			
Saphenofemoral Junction		Patent	Incompetent
L Saphenous Vein Above		Not Identified	
L Saphenous Vein Below		Not Identified	
Vein of Giacomini		Not Identified	
Saphenopopliteal Junction		Patent	Competent
S Saphenous Vein		Patent Proximal to Mid	Isolated Incompetence
Evidence of D.V.T.			
Above the knee		No	
Popliteal		No	
Below the knee		Cannot Exclude	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging and limited assessment due to patient body habitus and depth of vessels. Poor images obtained.

*All measurements are proximal to the lateral malleolus unless otherwise stated.

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins proximal to and including the proximal calf veins appear patent and competent with no evidence of previous DVT. Unable to assess the mid to distal calf veins due to dressings and ulceration- unable to exclude a localised thrombus from these images.

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Sapheno-femoral junction (SFJ) was poorly visualised due to depth and poor tissue resolution, where seen appears tortuous and incompetent. Long Saphenous vein (LSV) and anterior thigh accessory vein (ATAV) were not identified, ?due to previous surgery. Small, tortuous, superficial veins arise from the SFJ and track distally, forming the anterior, medial and posterior thigh and calf varicosities.

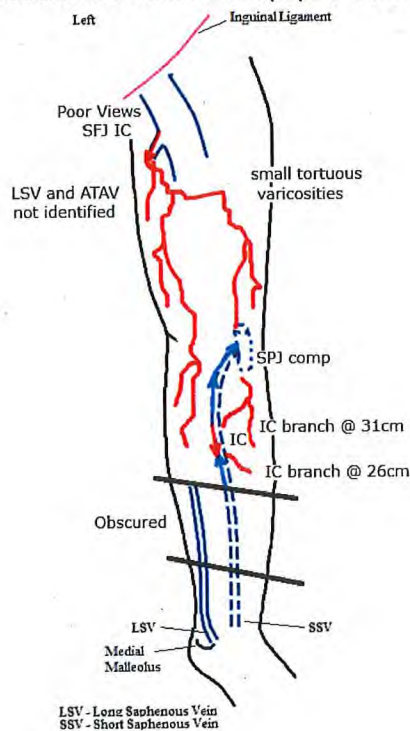
Sapheno-popliteal junction (SPJ) is competent. Short Saphenous vein (SSV) is competent in the very proximal calf. Incompetent branch communicates with the SSV in the proximal calf (31cm) rendering the SSV incompetent. Incompetent branch leaves SSV mid calf (26cm), distal to this SSV appears competent. Distal SSV obscured due to dressings/ulceration.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.31cm,

Mid calf - 0.37cm,

ADDITIONAL NOTES: Mixed echogenic area noted in left groin ?enlarged lymph nodes ?infection.
Echolucent area noted in left popliteal fossa ?Baker's cyst.





Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Incompetence - superficial

Right			Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			1 X Patent and Competent	1x Small Calibre
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein			Not Identified	
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Incompetent
L Saphenous Vein Above			Patent	Very small calibre
L Saphenous Vein Below			Patent	Incompetent
Vein of Giacomini			Patent	Competent
Saphenopopliteal Junction			Not Identified	
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent/patent and competent with no evidence of previous DVT. Unable to augment flow in one of the posterior tibial veins due to very small calibre, but vessel appears fully compressible.

Sapheno-femoral junction (SFJ) is incompetent. Anterior thigh accessory vein (ATAV) appears incompetent and linear in the proximal thigh. Incompetent ATAV branch noted in the lower proximal thigh (62cm) forming medial thigh and calf varicosities. Distal to this, ATAV appears competent.

Transverse (AP) dimensions of ATAV:

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Proximal thigh- 0.6cm.

Long Saphenous vein (LSV) is of very small calibre and tortuous in the thigh, petering out in the distal thigh, unable to adequately augment flow to determine competency. LSV reforms in proximal calf (22cm) via aforementioned ATAV varicosities and is incompetent to the ankle with a large, competent LSV perforator noted in proximal calf (22cm).

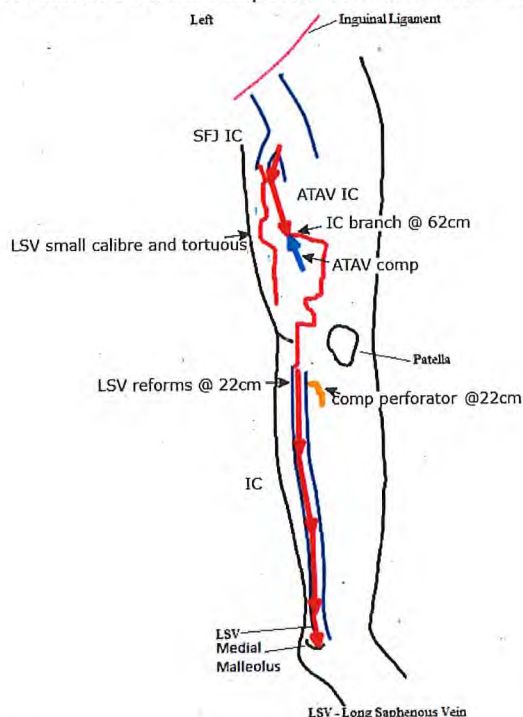
Transverse (AP) dimensions of LSV:

Proximal calf- 0.43cm,

Mid calf - 0.34cm,

Distal calf - 0.37cm.

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





Patient

NHS No

D.O.B.

Patient Ref

Reason Varicose vein

Outcome DVT equivocal, Poor images, Incompetence - superficial

Right			Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Patent	Competent
Profunda Vein			Patent	Competent
Superficial Femoral Vein			Patent	Competent
Popliteal Vein			Patent	Competent
Posterior Tibial Vein			Poor flow proximally	Patent and comp distally
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Poor flow proximally	Patent and comp distally
Soleal Vein			Not Identified	
Gastrocnemius			Patent where seen	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Competent
L Saphenous Vein Above			Patent	Competent
L Saphenous Vein Below			Patent	Isolated Incompetence
Vein of Giacomini			Patent	Competent
Saphenopopliteal Junction			Not Identified	
S Saphenous Vein			Patent	Competent
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			Cannot Exclude	

Notes

LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

*Challenging assessment due to poor tissue resolution and depth of vessels. Challenging to augment flow within veins. Poor images obtained.

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins proximal to and including the popliteal vein appear patent and competent with no evidence of previous DVT. Poor colour-filling identified in the proximal posterior tibial and peroneal veins. The distal posterior tibial and peroneal veins and all other deep calf veins appear patent and competent.

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent and

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linear in the thigh, with a large competent branch noted in proximal thigh. LSV appears slightly tortuous in proximal calf with small branch noted which communicates with LSV (30cm), distal to this branch LSV appears incompetent/slightly incompetent, however challenging to augment flow due to patient pain. ? Very small branch communicates with LSV in lower proximal calf, distal to this branch LSV appears competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.44cm,

Mid thigh - 0.29cm,

Distal thigh - 0.27cm.

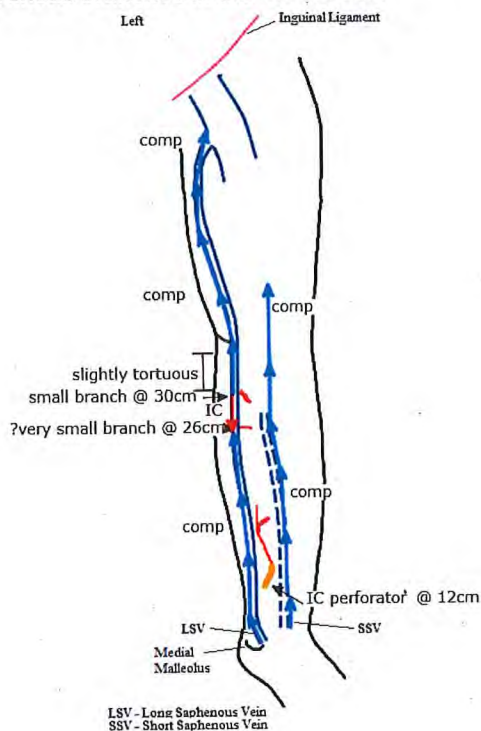
Proximal calf- 0.25cm,

Mid calf - 0.24cm,

Distal calf - 0.25cm.

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

Incompetent perforator noted in the distal medial calf (at 12cm), which communicates with superficial venous branches in the medial calf.





Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent	Patent	Competent
L Saphenous Vein Above	Patent	Incompetent	Patent	Competent
L Saphenous Vein Below	Patent	Incompetent	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	Areas of Old Thrombus	Trickle Flow Incompetence
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the right and left common femoral veins is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins appear widely patent/patent and competent with no evidence of previous DVT bilaterally.

RIGHT

Sapheno-femoral junction (SFJ) is incompetent. Varicosities noted in the groin which communicate with SFJ. Long Saphenous vein (LSV) is incompetent and linear in the thigh with branches noted in the proximal and distal thigh (69cm and 60cm). LSV appears slightly tortuous in the calf. LSV branches noted in the proximal calf (34cm and 28cm); LSV remains incompetent distal to this. Large competent perforator noted

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in distal calf (14cm), however LSV remains incompetent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.53cm,

Mid thigh - 0.62cm,

Distal thigh - 0.62cm.

Proximal calf- 0.48cm,

Mid calf - 0.33cm,

Distal calf - 0.34cm.

Sapheno-popliteal junction (SPJ) and vein of giacomini appear competent. Short Saphenous vein (SSV) is competent to the ankle.

LEFT

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) appears competent throughout the thigh. Challenging to augment flow in LSV in the calf due to small calibre, however LSV appears competent where seen, to the ankle.

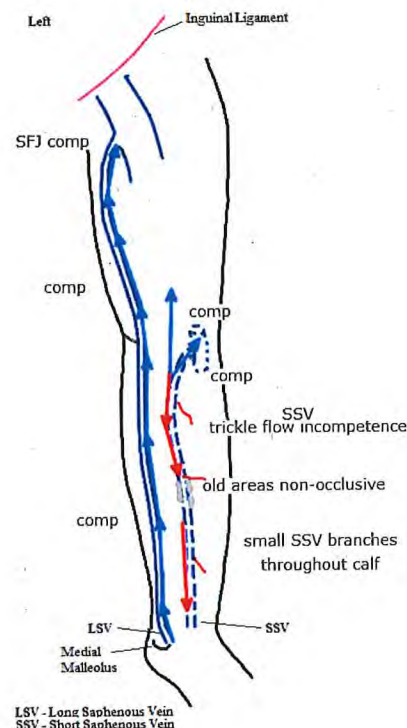
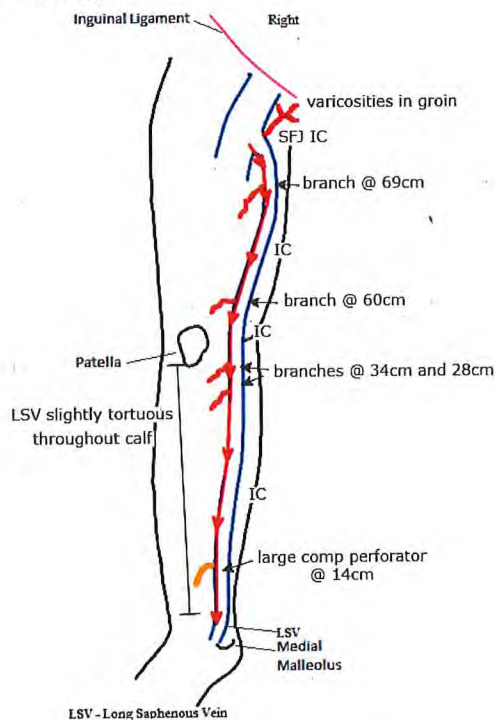
Sapheno-popliteal junction (SPJ) and vein of giacomini appear competent. Trickle flow incompetence noted in the short saphenous vein (SSV), with areas of old superficial thrombophlebitis noted in the mid calf SSV. Small SSV branches noted in proximal, mid and distal calf.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.37cm,

Mid calf - 0.3cm (areas of old),

Distal calf - 0.3cm.





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason DVT

Outcome DVT negative, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Isolated Incompetence
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Patent	Competent
Anterior Tibial Vein			Patent	Competent
Peroneal Vein			Patent	Competent
Soleal Vein			Patent	
Gastrocnemius			Patent	Competent
Superficial Veins				
Saphenofemoral Junction			Patent	Incompetent
L Saphenous Vein Above			Patent	Isolated Incompetence
L Saphenous Vein Below			Patent	Incompetent
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Patent	Incompetent
S Saphenous Vein			Patent	Isolated Incompetence
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent/patent with no evidence of previous DVT. Isolated incompetence identified in the distal superficial femoral vein, likely due to incompetent high SPJ; all other deep veins appear competent.

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) is incompetent and linear in the proximal thigh. LSV branches noted in the proximal thigh (71cm and 68cm) forming extensive medial thigh varicosities; distal to this, the LSV appears competent in the mid thigh. Small incompetent perforator and large incompetent branch from aforementioned varicosities communicate with the LSV in the distal

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thigh (53cm and 52cm), rendering the LSV incompetent distally. Position of LSV is noted to be very superficial in the proximal to mid calf. Multiple LSV branches noted in the proximal calf which communicate with extensive calf varicosities; LSV remains incompetent distal to this. Further large incompetent branch communicates with the LSV in the distal calf (8cm); LSV remains incompetent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.64cm,

Mid thigh - 0.4cm,

Distal thigh - 0.57cm.

Proximal calf - 0.6cm,

Mid calf - 0.69cm,

Distal calf - 0.55cm.

High sapheno-popliteal junction (SPJ) arises at the origin of the popliteal vein/distal superficial femoral vein and is of large calibre and incompetent. Short Saphenous vein (SSV) is large calibre, incompetent and slightly tortuous in the proximal to mid calf with small branches noted (33cm, 34cm and 27cm proximal to the lateral malleolus (LM)). Large SSV branch noted in mid calf (19cm proximal to the lateral malleolus (LM)) which communicates with extensive medial calf varicosities and renders the SSV competent to the ankle.

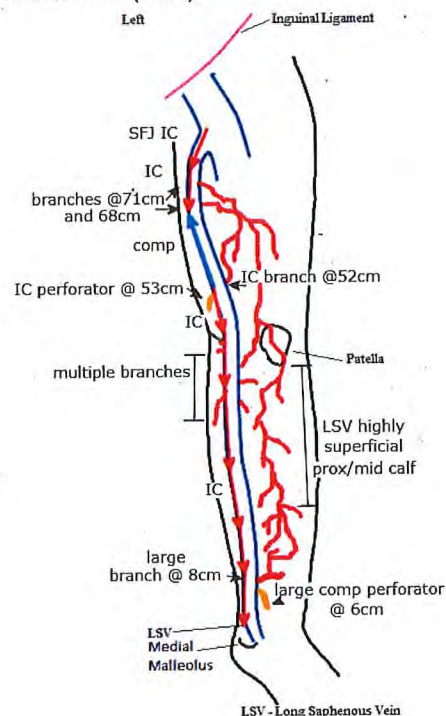
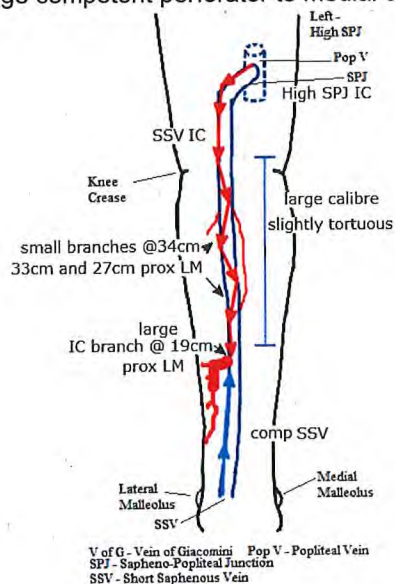
Transverse (AP) dimensions of SSV:

Proximal calf - 1.34cm,

Mid calf - 0.93cm,

Distal calf - 0.24cm.

Large competent perforator to medial calf varicosities noted in the distal calf (6cm).





Patient

NHS No

D.O.B.

Patient Ref

Reason

Varicose vein

Outcome

DVT negative, Poor images, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Competent		
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein	Widely Patent	Competent		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Competent		
Soleal Vein				
Gastrocnemius	Patent	Competent		
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent		
L Saphenous Vein Above	Patent	Incompetent		
L Saphenous Vein Below	Patent	Incompetent		
Vein of Giacomini	Patent	Competent		
Saphenopopliteal Junction	Not Identified			
S Saphenous Vein	Patent	Isolated Incompetence		
Evidence of D.V.T.				
Above the knee	No			
Popliteal	No			
Below the knee	No			

Notes**RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging and limited assessment due to patient feeling unwell/fainting during assessment. Sub-optimal images obtained.

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

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) appears incompetent. Long Saphenous vein (LSV) is incompetent and linear in the thigh, with branches noted in the mid and distal thigh (63cm and 53cm). LSV remains incompetent and is tortuous in the proximal calf with further branch noted (36cm). Incompetent branch

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noted in lower proximal calf (25cm) forming medial calf varicosities, LSV leaves the fascia and terminates in a competent perforator in proximal calf (25cm). LSV reforms mid calf (18cm) and is of small calibre and incompetent to the ankle.

Transverse (AP) dimensions of LSV:

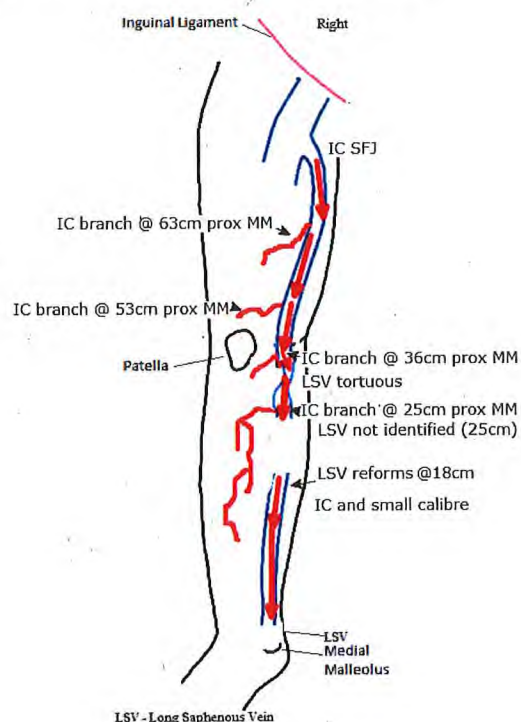
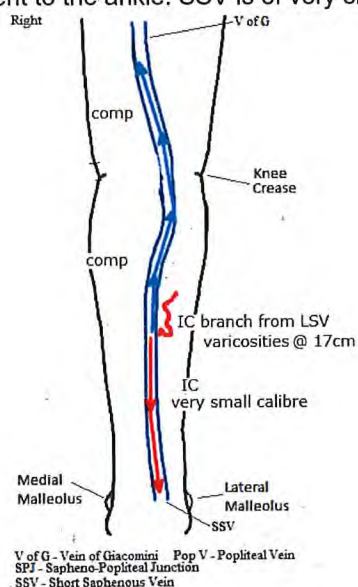
Proximal thigh - 0.81cm,

Mid thigh - 0.81cm,

Distal thigh - 0.9cm.

Proximal calf - 0.45cm (tortuous).

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent in the proximal calf and is continuous with a competent vein of Giacomini. Incompetent branch from aforementioned LSV varicosities communicates with the SSV in the mid calf (17cm) and renders the SSV incompetent to the ankle. SSV is of very small calibre.





Patient

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Reason DVT

Outcome Bakers cyst, DVT equivocal, Poor images, patient habitus, Superficial oedema, Incompetence - deep, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Incompetent
Posterior Tibial Vein	Patent Proximal	Poor flow mid-distal	Patent	Isolated Incompetence
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Appears Incompetent
L Saphenous Vein Above	Patent	Isolated Incompetence	Patent	Incompetent
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopliteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Patent	Isolated Incompetence	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Cannot Exclude		No	

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

*Very challenging assessment due to patient body habitus, depth of vessels and poor tissue resolution, therefore results should be viewed with caution. Poor images obtained. Patient scanned seated on edge of bed due to limited mobility.

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins, proximal to and including the popliteal vein, appear patent and competent with no evidence of previous DVT bilaterally, with the exception of the left popliteal vein which appears incompetent. Poor colour-filling identified in the right mid to distal posterior tibial veins- unable to exclude a localised

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Printed on 26/06/2023 at 8:38 am

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thrombus from these images. All other right deep calf veins appear patent and competent.

Left deep calf veins appear patent with reasonable colour-filling. Incompetence noted in the left proximal posterior tibial veins, all other left deep calf veins appear competent.

RIGHT

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent in the proximal to mid thigh. A ?Incompetent perforator communicates with the LSV in the distal thigh (44cm), rendering the LSV incompetent in the distal thigh and proximal calf. Incompetent branch in proximal calf (25cm) renders LSV slightly incompetent and very small calibre in the proximal to mid calf. LSV branches in mid calf (16cm), distal to this LSV appears competent and small calibre to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.53cm,

Mid thigh - 0.34cm,

Distal thigh - 0.16cm.

Proximal calf- 0.19cm.

Sapheno-popliteal junction (SPJ) and vein of giacomini appear competent. Short Saphenous vein (SSV) appears competent in the proximal to mid calf, incompetent branch (from medial LSV branches) communicates with the SSV in the distal calf (13cm), rendering SSV incompetent to the ankle. SSV appears of small calibre along length.

Large but competent perforator noted in the medial proximal calf (23cm).

LEFT

Sapheno-femoral junction (SFJ) was challenging to assess due to body habitus, but appears ?incompetent. Long Saphenous vein (LSV) appears incompetent in the thigh with branch noted in proximal thigh (56cm). LSV appears tortuous in distal thigh with an incompetent branch noted (44cm). Distal to this, LSV peters out and is not identified at knee level. LSV reforms in proximal calf (26cm) and appears competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.43cm,

Mid thigh - 0.39cm,

Distal thigh - 0.28cm.

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

ADDITIONAL NOTES: Echolucent area noted in right medial popliteal fossa ?Baker's cyst. Superficial oedema noted in the calves bilaterally.

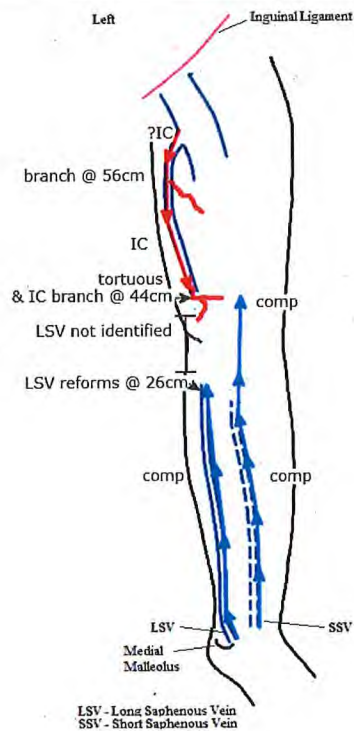
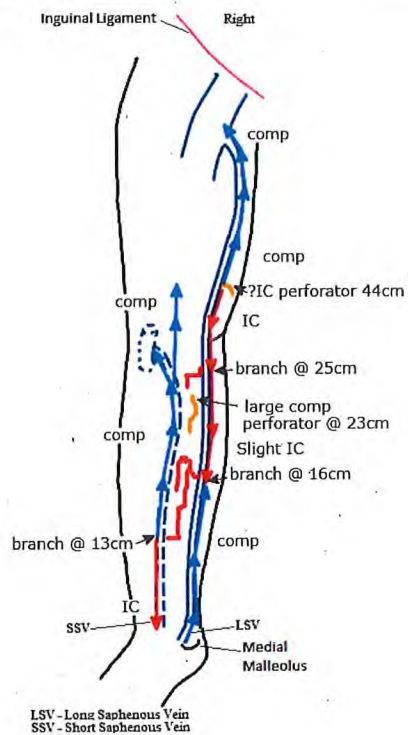


Patient

NHS No

D.O.B.

Patient Ref





Patient

NHS No

D.O.B.

Patient Ref

Reason Routine, Varicose vein**Outcome** DVT negative, Lymph nodes, Superficial thrombophlebitis, Chronic Superficial thrombophlebitis, Poor images, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Patent	Competent
Profunda Vein	Patent	Competent	Patent	Competent
Superficial Femoral Vein	Patent	Competent	Patent	Competent
Popliteal Vein	Patent	Competent	Patent	Competent
Posterior Tibial Vein	Patent	Competent	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Patent	Competent	Patent	Competent
Soleal Vein	Not Identified		Not Identified	
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Incompetent	Patent	Competent
L Saphenous Vein Above	Patent	Incompetent	Patent	Isolated Incompetence
L Saphenous Vein Below	See notes		Areas of Thrombus	Old and ?mixed thrombus
Vein of Giacomini	Not Identified		Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Not Identified	
S Saphenous Vein	Areas of Old Thrombus	Isolated Incompetence	Areas of Old Thrombus	Isolated Incompetence
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes**BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT**

*Challenging assessment due to vessel depth, patient limited mobility and patient pain/discomfort upon augmentation of flow.

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

Iliac veins not viewed bilaterally. Flow in the right and left common femoral veins is phasic with respiration and demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised deep veins appear patent and competent with no evidence of previous DVT.

RIGHT

Sapheno-femoral junction (SFJ) appears incompetent. Long Saphenous vein (LSV) appears incompetent

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Printed on 26/06/2023 at 8:42 am

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and linear in the thigh with branches noted (79cm, 65cm and 61cm). Multiple LSV branches noted in proximal calf (41cm), distal to this LSV appears competent. LSV was not identified from the lower proximal calf (32cm) to the ankle, ?previously harvested.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.77cm,

Mid thigh - 0.52cm,

Distal thigh - 0.43cm.

Proximal calf- 0.36cm,

Sapheno-popliteal junction (SPJ) appears competent. Short Saphenous vein (SSV) appears competent in the proximal calf. Areas of old superficial thrombophlebitis and slight incompetence identified in mid to distal SSV.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.46cm,

Mid calf - 0.33cm,

Slightly incompetent perforator to calf varicosities noted in the distal calf at 16cm.

LEFT

Sapheno-femoral junction (SFJ) appears competent. Long Saphenous vein (LSV) appears competent in the very proximal thigh with branch noted (76cm). Challenging to adequately augment flow/determine competency, however where seen LSV appears slightly incompetent/incompetent in proximal thigh (73cm). Further LSV branch noted in proximal thigh (69cm) which renders the LSV competent in the thigh and proximal calf. Areas of old and ?mixed superficial thrombophlebitis noted in the very proximal calf. Distal to this (from 32cm) LSV was not identified ?previously harvested.

Transverse (AP) dimensions of LSV:

Proximal thigh- 0.47cm,

Mid thigh - 0.36cm,

Distal thigh - 0.22cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent in the proximal to mid calf and is continuous with a competent vein of Giacomini. Varicosities communicate with SSV in the distal calf (~20cm proximal to lateral malleolus), rendering SSV incompetent to the ankle, with areas of old superficial thrombophlebitis noted.

Transverse (AP) dimensions of SSV:

Proximal calf- 0.31cm,

Mid calf - 0.41cm,

ADDITIONAL NOTES: Mixed echogenic areas noted in the groin bilaterally, ?reactive lymph nodes.



Patient

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D.O.B.

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