

VENOUS LEG DUPLEX REPORT : 19/05/2023

TO :

RE :

Tested By : [REDACTED]

Right

Left

Test Date : 22/11/2018

Indication : Not Scanned

Ulcer

Comments : 29 year old Nigerian gentleman

Sickle Cell disease

Left leg ulcer 6 months - lateral malleolus 3x2cm. Recurrent since 2011

Peripheral pulses palpable. Inguinal lymphadenopathy

Left leg venous duplex

- SFJ patent and comp with no GSV reflux
- single mid calf perf 10cm above medial malleolus - borderline incomp
- SPJ high (6cm above knee crease) but comp with no SSV reflux - deep veins patent and comp

Unable to tolerate stockings due to discharge

Try SOLOSERYL jelly topically

Review 3/12 if still not healed consider trying hyperbaric oxygen therapy

Left

Tested By : [REDACTED]

(mm)

Right

Left

Test Date : 19/10/2021

LSV Groin :

4.6

Indication : Not Scanned

Ulcer

Requested Date : 19/10/2021

LSV Mid Thigh :

3.3

SFJ :

Competent

LSV A Knee :

4.2

LSV :

Incompetent

LSV B Knee :

1.9

SPJ :

Not Visualised

SSV :

Competent

CFV :

Competent

SFV :

Competent

POP :

Competent

Perforator :

Incompetent

Comments : Hot clinic. Ulcer lateral malleolus. Healed previously now returned.

DXV LT- SFJ CFV SFV POP SSV all competent. LSV is incompetent (low velocity reflux but prolonged >1 second throughout). LSV is linear & >3mm from groin to knee level then trifurcates and LSV is small calibre and appears competent, the other tributaries are incompetent into calf. There is a calf perforator approximately 15cms from medial malleolus that is incompetent. Mr Johnson present for scan and augmented calf.

Tested By : [REDACTED]

Test Date : 10/11/2022

Requested Date : 09/11/2022

Right

Left

Indication : Ulcer

Ulcer

SFJ : Competent

LSV : Competent

SPJ : Not Visualised

SSV : Competent

Competent

CFV : Competent

SFV : Competent

POP : Competent

Incompetent

Giacomini : Competent

Perforator : Competent

Comments : BIL sickle cell ulcers with possible venous component. Attempted Lt GSV RFA abandoned 9/11/2022 due to phlebitis. Please perform BIL venous? reflux on the right and? extent of phlebitis on left?

Spoken to Mr Smith who adapted request to Full duplex right leg and check SSV on left.

DXV Right- Deep and superficial veins are patent, competent & compressible.

Perforator in calf large calibre but no reflux.

DXV Left- SSV is competent throughout. POP AK is incompetent- managed to replicate x3 times as initially incompetent then competent ? calf emptied as managed to augment with significant reflux a further 2 times.

No medical notes sent with patient- so verbal report given to Mr Smith.

		Left (mm)	Right	Left
Tested By : MR JASON MAPANO				
Test Date : 19/05/2023				
Requested Date : 06/04/2023	LSV Groin :	5.8	Indication : Ulcer	Ulcer
	LSV Mid Thigh :	3.5	SFJ : Competent	Competent
	LSV A Knee :	3.5	LSV : Competent	Incompetent
	LSV B Knee :	3.9	ALTB : Competent	Competent
	LSV Calf :	3.5	SPJ : Competent	Competent
			SSV : Competent	Competent
			CFV : Competent	Competent
			SFV : Competent	Incompetent
			POP : Competent	Incompetent
			Giacomini : Competent	
			Perforator : Competent	Incompetent

Comments : Sickle cell patient- bilateral ulceration-ulcer now got worse.

Right venous duplex scan LE

All deep and superficial venous segments are patent and competent.

No significant incompetent perforators nor tributaries noted.

Small lymph-node noted in the groin.

Left venous duplex scan LE

The GSV is patent, linear but incompetent. GSV became superficial in the upper thigh segment.

FV and POP are patent but incompetent.

Mid calf perforator that drains in the mid calf GSV is incompetent.

The CFV, SFJ, SSV and SPJ are patent and competent.

2 large lymph nodes noted in the groin area.

Note: The left GSV is suitable for EVLT.