

Clinical Indication: vein mapping pre treatment **Clinical History:** pelvic venous reflux (recurrent)

Findings:

BILATERAL LOWER LIMB VENOUS DUPLEX

Patient has Klippel-Trenaunay syndrome.

Right

Competent deep veins.

Varices noted in the calf which are supplied by a perforator from the gastrocnemius, incompetent tortuous gastrocnemius veins noted.

Other superficial veins noted in the thigh however these are competent where seen.

Absent true GSV and SSV consistent with previous venous intervention.

Left

Several incompetent perforators noted throughout the leg which supplied widespread varices.

- A 6mm incompetent perforator in the mid lateral thigh supplied distal lateral thigh varices which communicated with varices behind the knee and onto the calf.

- A 5mm incompetent perforator from the lateral gastrocnemius supplied varices seen behind the knee and in the posterior calf. Highly tortuous incompetent veins seen in the gastrocnemius muscles.

- Another 3mm incompetent perforator in the posterior mid calf supplies posterior calf varices which also traced onto the foot.

Small superficial veins noted in the proximal lateral and posterior thigh, however these appear competent where seen.

All deep veins were present and competent however the peroneal veins were only partially visualised due to depth.

Remnant SSV and GSV noted, consistent with previous venous intervention.

Post thrombotic scarring noted within varices in the calf.

Reported By:

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