

**Clinical Indication:** ?superficial venous incompetence Clinical History: bilateral LL swelling with pitting oedema to knee

**Findings:**

BILATERAL LOWER LIMB VENOUS DUPLEX

Bilaterally the mid-distal calf could not be assessed due to patient dressing. Limited assessment due to patient being unable to stand for long periods of time and found augmentation painful.

Extensive oedema noted throughout the calves which limited views of the deep venous system.

Right

Competent SFJ and GSV to mid calf. The GSV was also competent at ankle.

Small incompetent branches of the GSV noted at mid calf which appeared to fill into the distal SSV rendering it mildly incompetent. The remainder of the SSV was competent.

Competent common femoral vein, proximal profunda femoris vein, popliteal vein, proximal posterior tibial veins (PTV) and proximal peroneal veins. The mid distal PTV and peroneal veins could not be assessed.

Left

Competent SFJ and GSV where seen.

2mm incompetent vein which could be traced from the posterior patella filled into the mid calf GSV, the GSV then branches immediately distal to this to supply posteromedial small varices.

Competent SSV.

Competent common femoral vein, proximal profunda femoris vein, popliteal vein, proximal PTV and proximal peroneal veins. The mid distal PTV and peroneal veins could not be assessed.

**Reported By:**

Georgina Parsons

Clinical Vascular Scientist