

| Number | Date    | Type of Scan                   |
|--------|---------|--------------------------------|
| 1      | 3/5/23  | Right Arm DVT                  |
| 2      | 3/5/23  | Right Leg DVT                  |
| 3      | 3/5/23  | Left Leg DVT                   |
| 4      | 3/5/23  | Left Leg DVT                   |
| 5      | 9/5/23  | Bilateral Vein Map             |
| 6      | 9/5/23  | Right Leg DVT                  |
| 7      | 9/5/23  | Right Leg DVT                  |
| 8      | 10/5/23 | Left Leg Venous Insufficiency  |
| 9      | 10/5/23 | Left Leg Venous Insufficiency  |
| 10     | 10/5/23 | Left Leg Venous Insufficiency  |
| 11     | 10/5/23 | Left Leg Venous Insufficiency  |
| 12     | 15/5/23 | Left Arm DVT                   |
| 13     | 23/5/23 | Left Leg DVT                   |
| 14     | 5/6/23  | Right Leg DVT                  |
| 15     | 7/6/23  | Left Leg Venous Insufficiency  |
| 16     | 7/6/23  | Left Leg Venous Insufficiency  |
| 17     | 7/6/23  | Right Leg Venous Insufficiency |
| 18     | 7/6/23  | Left Leg Venous Insufficiency  |
| 19     | 7/6/23  | Right Leg Venous Insufficiency |
| 20     | 12/6/23 | Right Leg Venous Insufficiency |
| 21     | 19/6/23 | Right Arm DVT                  |
| 22     | 5/7/23  | Right Leg Venous Insufficiency |
| 23     | 5/7/23  | Left Leg Venous Insufficiency  |
| 24     | 5/7/23  | Right Leg Venous Insufficiency |
| 25     | 24/7/23 | Right Leg Venous Insufficiency |

1.

UPPER LIMB VENOUS DUPLEX (DVT):

SYMPTOMS: Improvement in pain since previous scan.

RIGHT ARM DEEP VEINS:

Internal jugular vein: normal

Subclavian vein: normal

Axillary vein: normal

Brachial veins: normal

Ulnar veins: normal

Radial veins: normal

RIGHT ARM SUPERFICIAL VEINS:

Cephalic vein: THROMBUS- Occlusive

Basilic vein: normal

Comments: Occlusive thrombophlebitis remains in the cephalic vein in the mid-distal upper arm (~15 cm) and in a branch in the antecubital fossa, in the mid upper arm there is a 1cm section where the vein is dilated and the thrombus is echolucent, appearance is more consistent with an acute thrombus. The rest of the vein is small caliber with echogenic thrombus more consistent with chronic thrombus. Occlusive thrombophlebitis also seen in the cephalic vein at wrist level and in a superficial vein on the hand, thrombus is echogenic, adhered to the walls and the vein is small caliber consistent with chronic thrombus.

SUMMARY RIGHT ARM: Superficial thrombophlebitis.

2.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Right calf pain and swelling, worsening significantly in the last week. Current IVU. Previous right leg DVTs.

RIGHT LEG

DEEP VEINS

External Iliac Vein: Patent

Common Femoral Vein: **Chronic partial thrombus**. Proximally spontaneous and phasic flow indicating no significant proximal obstruction.

Profunda Vein (origin): **Chronic partial thrombus**

Femoral Vein (proximal): **Chronic partial thrombus** that becomes occlusive in one of the trifid femoral veins proximally.

Femoral Vein (distal): **Acute on chronic occlusive thrombus**

Popliteal Vein: **Chronic partial thrombus**

Calf veins not assessed.

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: not assessed

Comments: Chronic partial thrombus seen throughout the common femoral vein, profunda and popliteal vein which becomes occlusive chronic thrombus in one of the trifid the proximal femoral vein. Acute on chronic occlusive thrombus in the distal femoral vein.

SUMMARY: DVT

VTE positive

3.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Left lower leg swelling for a few weeks, worsening recently with new pain. Left lateral ankle ulcer for approx 6 weeks, now improving.

LEFT LEG

DEEP VEINS

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: normal

Peroneal veins: poor views

Posterior tibial veins: **OCCLUSIVE THROMBUS** in one of the posterior tibial veins

Gastrocnemius veins: **OCCLUSIVE THROMBUS** in one pair of medial gastrocnemius veins

Soleal veins: poor views

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

Comments: Poor views of the peroneal veins and soleal veins due to extensive overlying oedema therefore cannot exclude presence of thrombus in these veins.

SUMMARY: DVT

VTE positive

4.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: 1 week history of whole left leg swelling. Known previous IVDU and left leg DVTs.

LEFT LEG

DEEP VEINS

External Iliac Vein: Patent

Common Femoral Vein: **Partial thrombus** with spontaneous and phasic flow indicating no significant proximal obstruction.

Profunda Vein (origin): **Acute partial thrombus**

Femoral Vein (proximal): **Chronic partial thrombus**

Femoral Vein (distal): **Occlusive thrombus** in one bifid vein

Popliteal Vein: **Acute partial thrombus**

Calf veins not assessed.

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: not assessed

Comments: Acute partial thrombus in the common femoral vein, profunda vein, femoral vein and popliteal vein that becomes occlusive in one distal femoral vein. Chronic partial thrombus noted in the proximal femoral vein.

SUMMARY: DVT

VTE positive

## 5.

### VEIN MAP:

#### RIGHT LEG

The common femoral, superficial femoral and popliteal veins are all patent with no evidence of DVT. Phasic flow in the common femoral vein.

The greater saphenous vein is patent with no evidence of thrombophlebitis

Groin: 3.8mm

Proximal thigh: 4.1mm

Mid thigh: 3.9mm

Distal thigh: 3.2mm

Knee: 2.5mm

Proximal calf: 1.9mm

Mid calf: 3.3mm

Distal calf: 3.1mm

Ankle: 3.7mm

#### LEFT LEG

The common femoral, superficial femoral and popliteal veins are all patent with no evidence of DVT. Phasic flow in the common femoral vein.

The greater saphenous vein is patent with no evidence of thrombophlebitis

Groin: 5.6mm

Proximal thigh: 4.8mm

Mid thigh: 4.0mm

Distal thigh: 4.8mm

Knee: 4.1mm

Proximal calf: 3.7mm

Mid calf: 3.7mm

Distal calf: 3.7mm

Ankle: 3.7mm

6.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: 1 week of whole leg pain and swelling, worsened in the last 3 days.

RIGHT LEG

DEEP VEINS

External Iliac Vein: Patent

Common Femoral Vein: normal with spontaneous and phasic flow indicating no significant proximal obstruction.

Profunda Vein (origin): normal

Femoral Vein (proximal): normal

Femoral Vein (distal): **OCCLUSIVE THROMBUS**

Popliteal Vein: **OCCLUSIVE THROMBUS**

Calf veins not assessed.

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: not assessed

Comments: Occlusive thrombus seen in the distal femoral vein and popliteal vein.

SUMMARY: DVT

VTE positive

7.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Poor historian - right calf pain and swelling since recent fall.

RIGHT LEG

DEEP VEINS

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: OCCLUSIVE THROMBUS in the distal popliteal vein

Anterior tibial veins: normal

Peroneal veins: OCCLUSIVE THROMBUS in both paired veins

Posterior tibial veins: normal

Gastrocnemius veins: normal

Soleal veins: normal

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

INCIDENTAL FINDING: Non-vascular fluid filled structure in the popliteal fossa.

Please note: this was a DVT scan carried out by a vascular specialist and therefore detailed analysis of the MSK anatomy has not been carried out. Please consult an MSK specialist sonographer if there is further clinical concern regarding the non-vascular findings.

Comments: Occlusive thrombus in the paired peroneal veins in the proximal calf and distal popliteal vein.

SUMMARY: DVT

VTE positive



8.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Left leg aching and varicose veins

#### LEFT LEG DEEP VEINS

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was competent

The greater saphenous vein (GSV) was INCOMPETENT (reflux of 2-4 seconds) with multiple tortuous incompetent branches noted in the calf.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 1.0cm diameter 0.6cm depth (in fascia)

Mid thigh: 0.8cm diameter 0.4cm depth (in fascia)

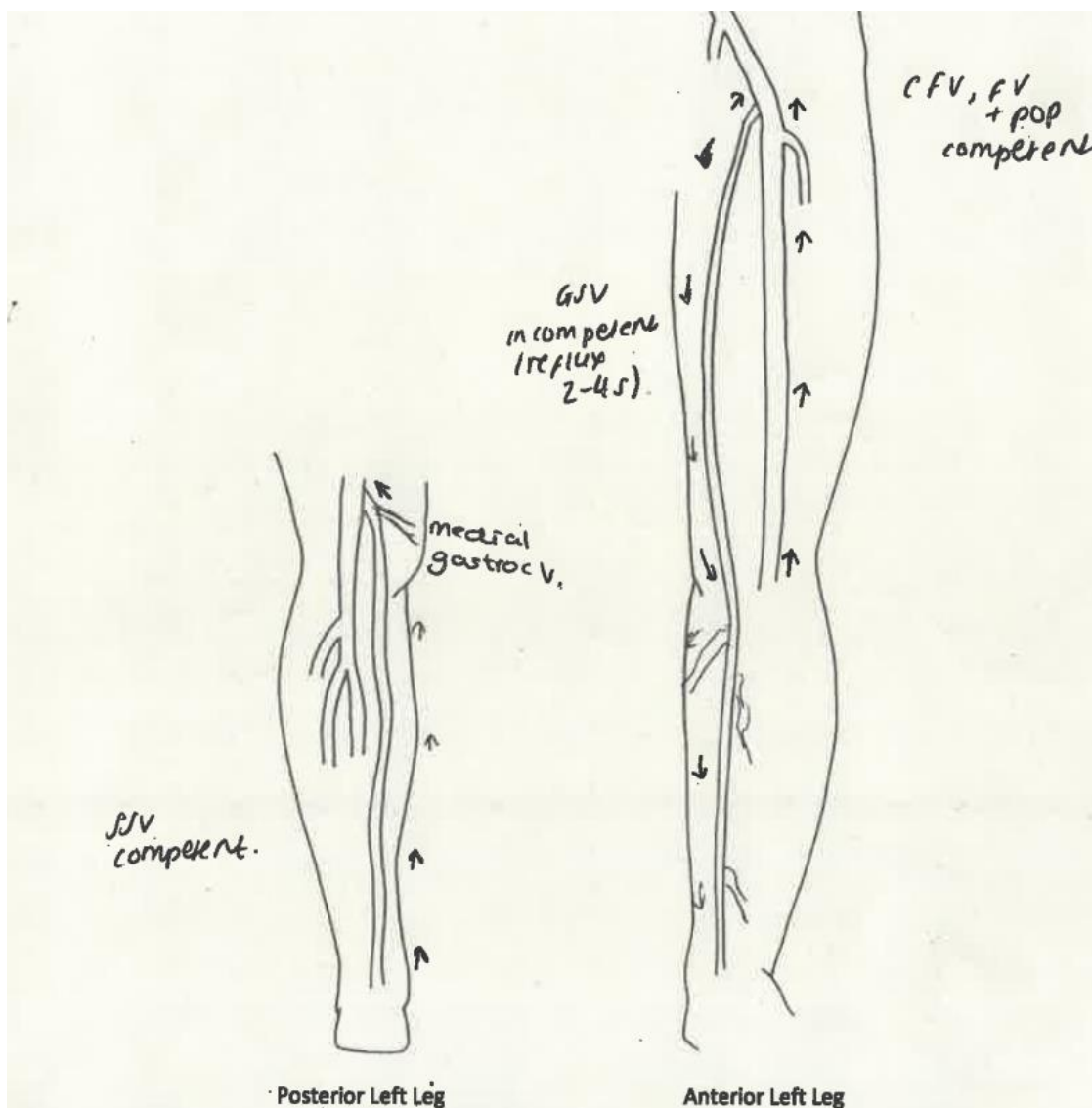
Lower thigh: 0.9cm diameter 0.4cm depth (in fascia)

Upper calf: 0.5cm diameter 0.2cm depth (out of fascia)

Mid calf: 0.4cm diameter 0.2cm depth (in fascia)

Lower calf: 0.2cm diameter 0.4cm depth (in fascia)

The short saphenous vein (SSV) shares the junction with a medial gastrocnemius vein, the junction and the SSV were competent



9.

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Recurring ulcer left lower leg. Previous popliteal DVT 2012

LEFT LEG DEEP VEINS

The common femoral, and femoral veins were competent and compressible with phasic flow  
The popliteal vein was INCOMPETENT (reflux of 2 seconds) but compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein were competent  
The sapheno-popliteal junction and the short saphenous vein were competent

10.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Prominent VV left leg and groin

#### LEFT LEG DEEP VEINS

The common femoral vein was INCOMPETENT (reflux of 1.3 seconds) but compressible with phasic flow

The femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was INCOMPETENT (reflux of >5 seconds)

The great saphenous vein (GSV) was competent in the proximal thigh. In the distal thigh it connects with the anterior thigh varicosities and becomes INCOMPETENT (reflux of >5 seconds) to ankle with multiple branches seen in the calf traveling anteriorly.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.2cm diameter 1.3cm depth (in fascia)

Mid thigh: 0.3cm diameter 1.2cm depth (in fascia)

Lower thigh: 0.7cm diameter 0.8cm depth (in fascia)

Upper calf: 0.7cm diameter 0.4cm depth (in fascia)

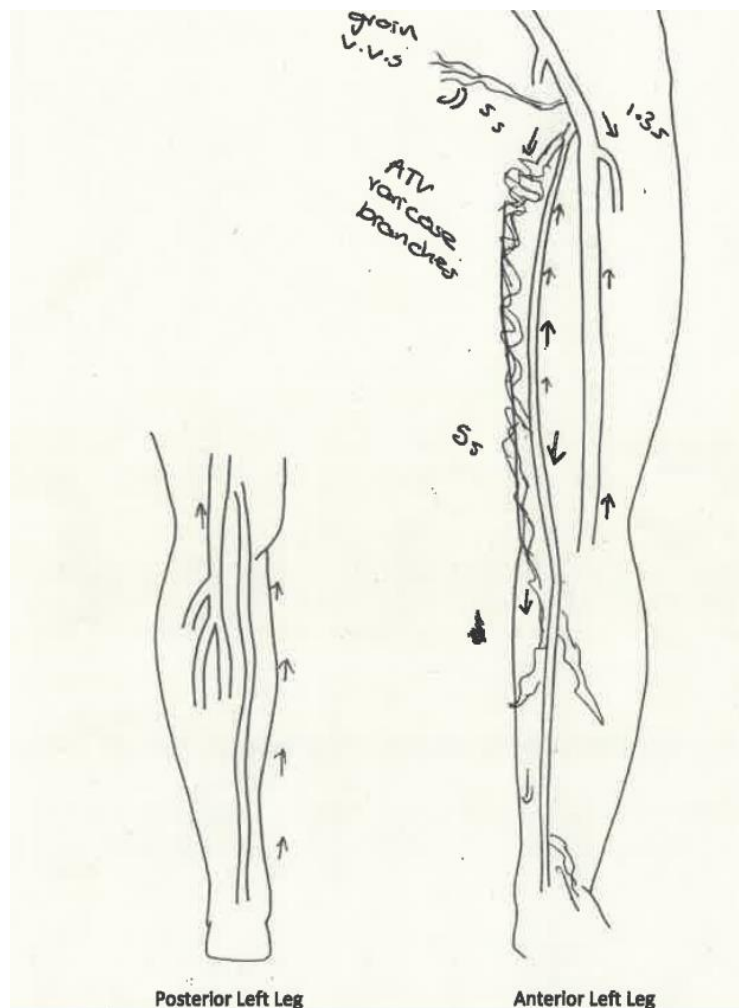
Mid calf: 0.6cm diameter 0.3cm depth (in fascia)

Lower calf: 0.4cm diameter 0.6cm depth (in fascia)

The anterior thigh vein shares the incompetent SFJ with the GSV and is INCOMPETENT (reflux of >5 seconds) it is extremely TORTUOUS throughout with multiple branches and visible varicosities.

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

The varicose veins in the scrotum and groin area appear to connect in with the common femoral vein proximal to the SFJ.



11.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Recurrent ulcer

#### LEFT LEG DEEP VEINS

The common femoral and proximal femoral veins were competent and compressible with phasic flow

The distal femoral and popliteal veins were INCOMPETENT (reflux of 1-1.5 seconds) but compressible with phasic flow

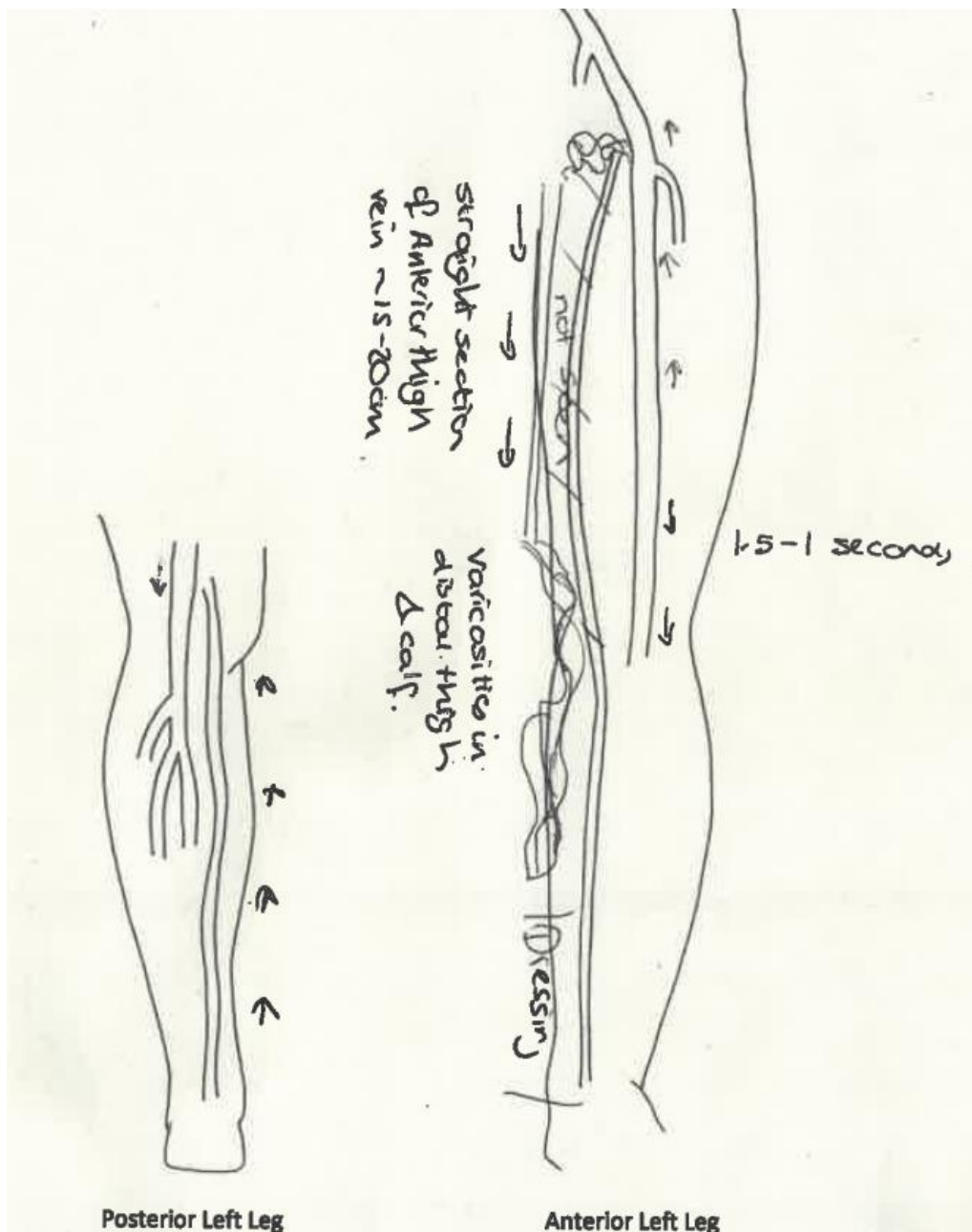
#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was INCOMPETENT (reflux of >5 seconds)

There is no obvious greater saphenous vein (GSV) seen today

The SFJ feeds a varicose network of incompetent veins in the groin which feed the anterior thigh vein. This is INCOMPETENT (reflux >5 seconds) in the thigh and straight for approx 15-20cm. In the distal thigh this feeds the visible varicosities and the calf varicosities.

The sapheno-popliteal junction was not identified but the short saphenous vein was competent



## 12.

### DEEP VENOUS THROMBOSIS (DVT) DUPLEX

#### LEFT ARM

##### DEEP VEINS:

Internal jugular vein: not visualised due to tracheostomy

Subclavian vein (proximal): not visualised due to tracheostomy

Subclavian vein (distal): normal

Axillary vein: normal

Brachial veins: normal

Ulnar veins: poor views

Radial veins: poor views

##### SUPERFICIAL VEINS:

Cephalic vein: THROMBUS- Occlusive

Basilic vein: normal

Comments: Occlusive superficial thrombophlebitis remains in the cephalic vein.

SUMMARY: No DVT. Superficial thrombophlebitis.

13.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Left calf pain for 10 days

LEFT LEG

DEEP VEINS

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: normal

Peroneal veins: normal

Posterior tibial veins: PARTIAL THROMBUS in one peroneal vein in the proximal calf.

Gastrocnemius veins: normal

Soleal veins: normal

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

SUMMARY: DVT

VTE positive

14.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Painful right calf for 2 weeks

RIGHT LEG

DEEP VEINS

Common Femoral Vein: Spontaneous and phasic flow indicating no significant proximal obstruction.

Common Femoral Vein: normal

Profunda Vein (origin): normal

Femoral Vein (thigh): normal

Popliteal Vein: normal

Anterior tibial veins: normal

Peroneal veins: normal

Posterior tibial veins: normal

Gastrocnemius veins: normal

Soleal veins: THROMBUS-Occlusive

SUPERFICIAL VEINS

Greater saphenous vein: normal

Short saphenous vein: normal

Comments: Occlusive thrombus seen in two of the lateral soleal veins.

SUMMARY: DVT

VTE positive

15.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Left thrombophlebitis in medial thigh varicosity

#### LEFT LEG DEEP VEINS

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was incompetent (reflux >4 seconds) The greater saphenous vein (GSV) was INCOMPETENT (reflux of 3 seconds) from groin to proximal calf. In the proximal calf, the GSV becomes small calibre, tortuous and appears competent to ankle. Multiple incompetent GSV tributaries noted in the distal thigh, at knee level and in the proximal calf.

The GSV is predominantly straight and uniform to distal thigh with a diameter and depth of:

Upper thigh: 0.8cm diameter 1.9cm depth (in fascia)

Mid thigh: 0.7cm diameter 1.6cm depth (in fascia)

Lower thigh: 0.7cm diameter 1.2cm depth (out of fascia)

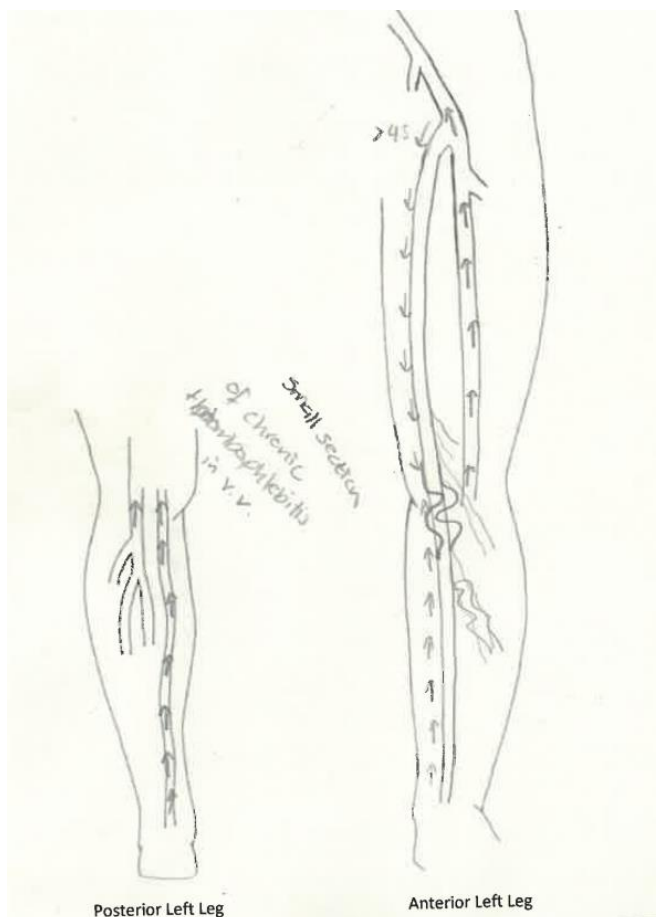
Upper calf: 0.2cm diameter 0.3cm depth (out of fascia)

Mid calf: 0.2cm diameter 0.3cm depth (out of fascia)

Lower calf: 0.3cm diameter 0.5cm depth (out of fascia)

Note: There is a small section of partial chronic thrombophlebitis in one of the medial thigh varicosities.

The sapheno-popliteal junction was not identified but the short saphenous vein was competent





16.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Bleed from varicose vein on calf

#### LEFT LEG DEEP VEINS

The common femoral and femoral veins were competent and compressible with phasic flow

The popliteal vein was INCOMPETENT (reflux of 2 seconds) but compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was competent. The greater saphenous vein was competent to knee level.

The greater saphenous vein (GSV) was INCOMPETENT (reflux of 1-2 seconds) from knee level to ankle. There are multiple large varicose branches one traveling anteriorly and feeding the visible varicosities and the other traveling posteriorly and connecting with the short saphenous vein in the upper calf

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.4cm diameter 1.4cm depth (in fascia)

Mid thigh: 0.4cm diameter 1.7cm depth (in fascia)

Lower thigh: 0.3cm diameter 1.6cm depth (in fascia)

Upper calf: 0.5cm diameter 1.0cm depth (in fascia)

Mid calf: 0.8cm diameter 0.5cm depth (in fascia)

Lower calf: 0.5cm diameter 0.6cm depth (in fascia)

The sapheno-popliteal junction and the short saphenous vein (SSV) were INCOMPETENT from knee level to upper calf (reflux of 3 seconds) where there is a connection with the GSV varicose branches at which point the SSV becomes COMPETENT to ankle.

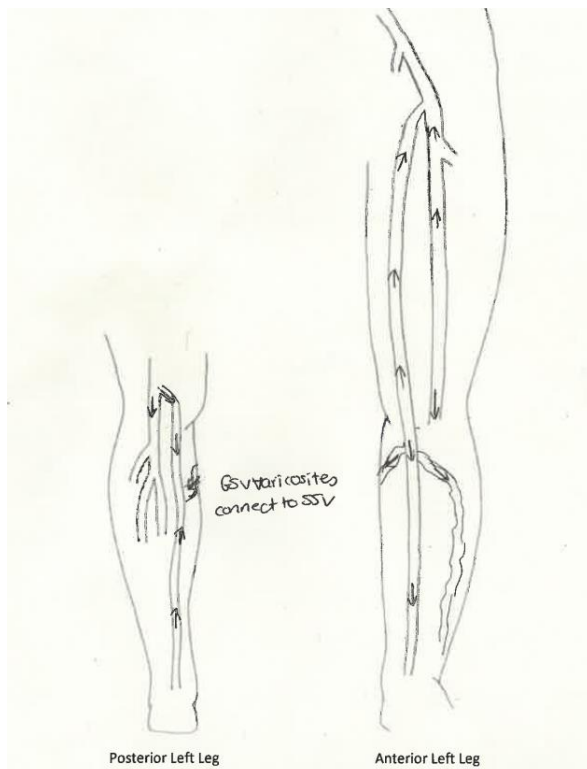
The SSV was predominately straight and uniform throughout with a diameter and depth of:

Upper calf: 0.9cm diameter 0.6cm depth (in fascia)

Mid calf: 0.4cm diameter 0.8cm depth (in fascia)

Lower calf: 0.3cm diameter 0.5cm depth (in fascia)

Schematic available on request



17.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Right leg heaviness and visible varicose veins

#### RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein (GSV) were INCOMPETENT (reflux of >4 seconds). There is a large incompetent branch at knee level which feeds the visible varicose veins in the anterior calf.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.8cm diameter 1.1cm depth (in fascia)

Mid thigh: 0.7cm diameter 1.1cm depth (in fascia)

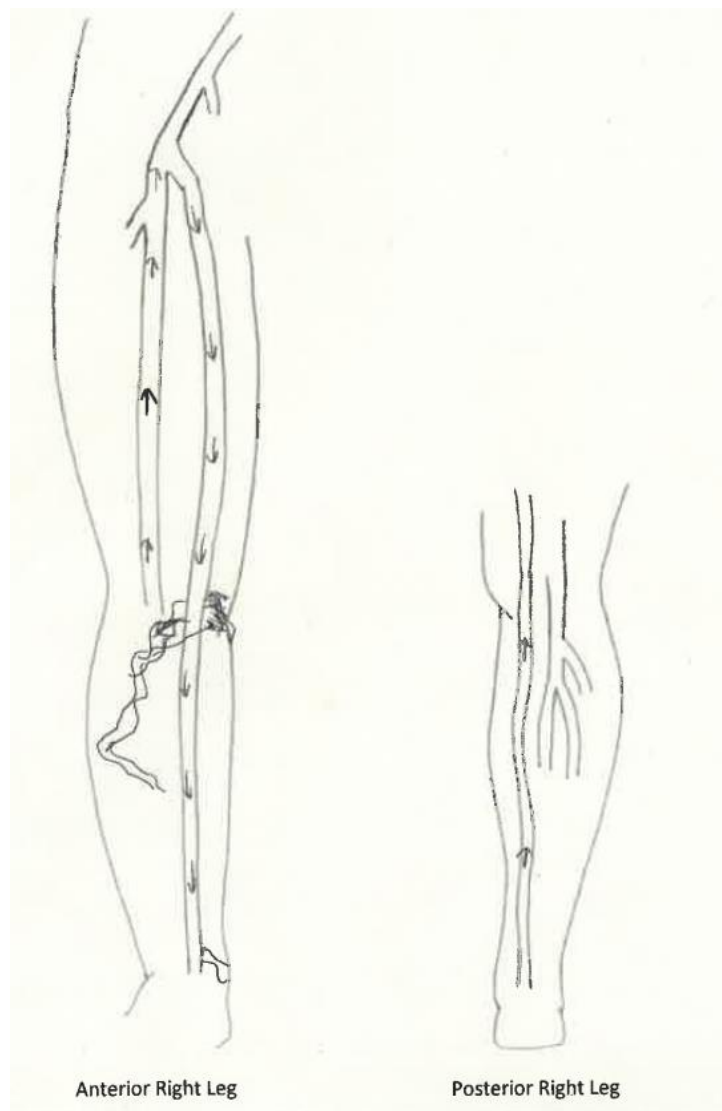
Lower thigh: 0.7cm diameter 1.0cm depth (in fascia)

Upper calf: 0.5cm diameter 0.4cm depth (in fascia)

Mid calf: 0.4cm diameter 0.7cm depth (in fascia)

Lower calf: 0.4cm diameter 0.5cm depth (in fascia)

The sapheno-popliteal junction was not identified but the short saphenous vein was competent



18.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Bilateral varicose veins, previous thrombophlebitis.

#### LEFT LEG DEEP VEINS

The common femoral vein was INCOMPETENT (reflux of 2 seconds) but compressible with phasic flow

The femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein (GSV) were INCOMPETENT (reflux of 5 seconds) to knee level at which point there is a large branch and the GSV becomes COMPETENT to the proximal calf. At proximal calf there is a branch connecting and the GSV is then INCOMPETENT (reflux of 3 seconds) to distal calf where the varicosities connect in again and it is then COMPETENT to ankle. There are multiple incompetent branches connecting with the GSV in the calf.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.8cm diameter 2.0cm depth (in fascia)

Mid thigh: 0.8cm diameter 2.9cm depth (in fascia)

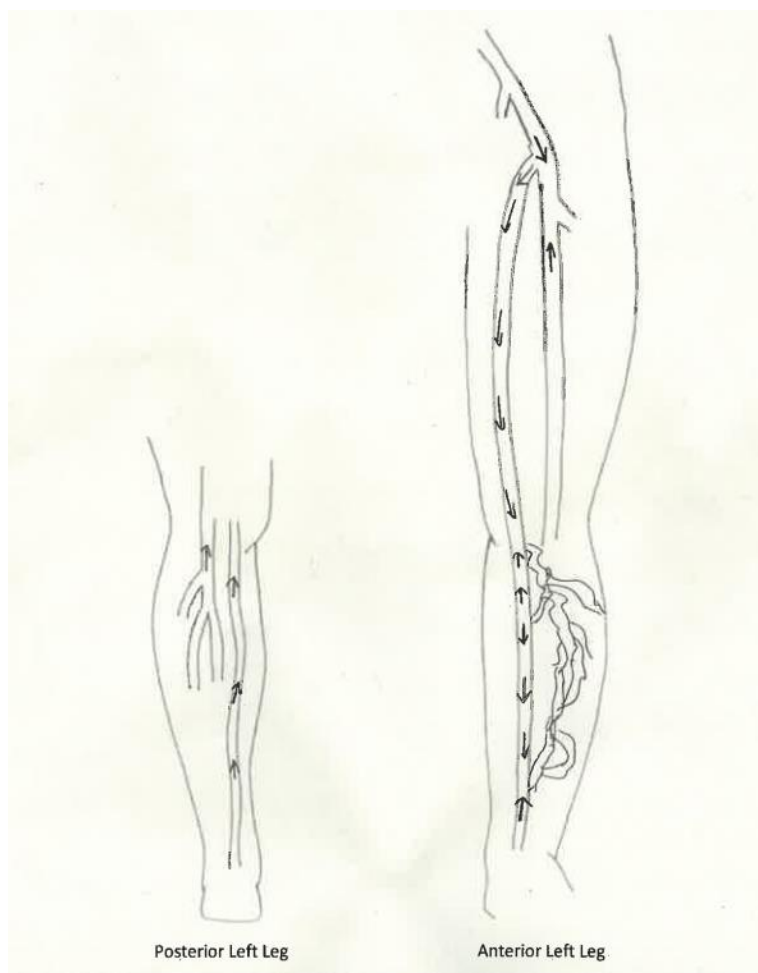
Lower thigh: 0.5cm diameter 2.1cm depth (in fascia)

Upper calf: 0.4cm diameter 1.0cm depth (in fascia)

Mid calf: 0.4cm diameter 1.0cm depth (in fascia)

Lower calf: 0.3cm diameter 0.4cm depth (out of fascia)

The sapheno-popliteal junction was not identified but the short saphenous vein was competent



19.

#### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Bilateral varicose veins

#### RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow

#### RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was competent

The greater saphenous vein (GSV) was INCOMPETENT (reflux of >3 seconds) for a short section in the proximal thigh, there is then a large incompetent branch feeding the thigh varicosities and the GSV itself is then COMPETENT to lower thigh at which point it reconnects with one of the incompetent branches and is INCOMPETENT (reflux of >2 seconds) to proximal calf, there is then another large incompetent branch feeding the calf varicosities and the GSV is then COMPETENT to ankle.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.5cm diameter 1.6cm depth (in fascia)

Mid thigh: 0.5cm diameter 2.0cm depth (in fascia)

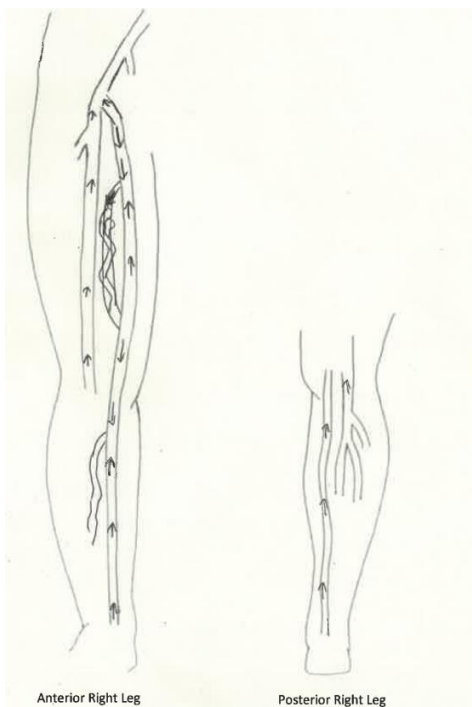
Lower thigh: 0.5cm diameter 0.4cm depth (out of fascia)

Upper calf: 0.4cm diameter 0.4cm depth (out of fascia)

Mid calf: 0.3cm diameter 0.8cm depth (out of fascia)

Lower calf: 0.4cm diameter 0.8cm depth (in fascia)

The sapheno-popliteal junction was not identified but the short saphenous vein was competent



20.

## LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

SYMPTOMS: Right sided ulcer

### RIGHT LEG DEEP VEINS:

The common femoral and popliteal veins were mildly INCOMPETENT (reflux of 0.5-1.0 seconds) but compressible with phasic flow. The femoral vein is bifid in the upper thigh, one of the veins is competent and the other is mildly INCOMPETENT (reflux of 0.5-1.0 seconds), they are both compressible with phasic flow.

### RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein (GSV) were INCOMPETENT (reflux of 1-2 seconds). There is a short section of chronic partial superficial thrombophlebitis in the GSV and one of its branches in the upper calf.

The GSV was predominately straight and uniform to knee level however there is a kink at mid thigh level. In the calf the GSV becomes very tortuous with multiple incompetent branches. The diameter and depth are:

Upper thigh: 0.6cm diameter 0.8cm depth (in fascia)

Mid thigh: 0.6cm diameter 0.8cm depth (in fascia)

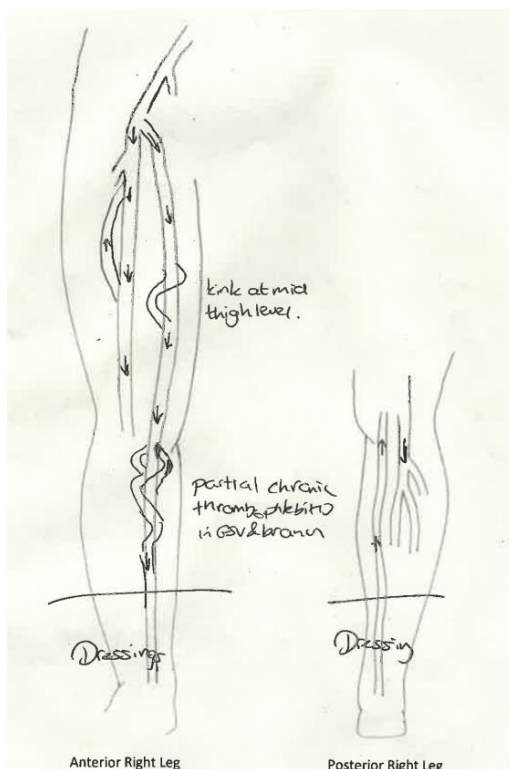
Lower thigh: 0.6cm diameter 0.9cm depth (in fascia)

Upper calf: 0.5cm diameter 0.4cm depth (out of fascia)

Mid calf: 0.3cm diameter 0.5cm depth (out of fascia)

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

The distal calf was not scanned due to dressings



21.

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

SYMPTOMS: Pain and swelling in right arm for 2 days. PICC line insitu

RIGHT ARM

DEEP VEINS:

Internal jugular vein: normal

Subclavian vein: THROMBUS- Occlusive

Axillary vein: THROMBUS- Occlusive

Brachial veins: normal

Ulnar veins: normal

Radial veins: normal

SUPERFICIAL VEINS:

Cephalic vein: normal

Basilic vein: THROMBUS- Occlusive

Comments: Occlusive thrombus seen in the basilic vein around the PICC line extending into the axillary vein and throughout the subclavian vein as occlusive thrombus. The brachiocephalic vein appears patent.

SUMMARY: DVT

22.

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

SYMPTOMS: Right sided thrombophlebitis and right leg swelling

RIGHT LEG DEEP VEINS:

The common femoral vein was INCOMPETENT (reflux of 1.7 seconds) but compressible with phasic flow. One of the bifid femoral veins and the popliteal vein were MILDLY INCOMPETENT (reflux of 0.5-1.0 seconds) but compressible with phasic flow. The other bifid femoral vein is competent.

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein (GSV) were INCOMPETENT (reflux of 2-4 seconds)

The GSV was predominately STRAIGHT AND UNIFORM in the proximal thigh however it becomes tortuous from the mid thigh to ankle with multiple incompetent branches in the distal thigh and calf.

The diameter and depth are:

Upper thigh: 0.5cm diameter 1.2cm depth (in fascia)

Mid thigh: 1.2cm diameter 0.2cm depth (out fascia)

The GSV shares the sapheno-femoral junction with an INCOMPETENT varicose vein which travels posteriorly and joins in with the GSV in the prox thigh.

There is a small section of chronic thrombophlebitis seen in some of the varicose branches in the proximal calf.

There is a large INCOMPETENT perforator seen in the prox-mid thigh and another one in the mid-distal calf (reflux 1-2 seconds)

The sapheno-popliteal junction was competent however the short saphenous vein (SSV) is competent for a short section and then becomes INCOMPETENT (reflux of 1-2 seconds) from prox calf to distal calf, it is then competent to ankle

The SSV was predominately straight and uniform throughout with a diameter and depth of:

Upper calf: 0.4cm diameter 0.6cm depth (in fascia)

Mid calf: 0.6cm diameter 0.4cm depth (in fascia)

Lower calf: 0.3cm diameter 0.2cm depth (in fascia)

## 23.

### LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

#### LEFT LEG DEEP VEINS

The common femoral, trifid femoral and popliteal veins were competent and compressible with phasic flow

#### LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction is competent.

The greater saphenous vein (GSV) is competent in the proximal thigh becoming mildly INCOMPETENT (reflux of 0.6 seconds) from distal thigh to mid calf, and is then competent to ankle.

The GSV was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 0.4cm diameter 0.8cm depth (in fascia)

Mid thigh: 0.2cm diameter 1.0cm depth (in fascia)

Lower thigh: 0.2cm diameter 0.7cm depth (in fascia)

Upper calf: 0.4cm diameter 0.2cm depth (out of fascia)

Mid calf: 0.3cm diameter 0.3cm depth (in fascia)

Lower calf: 0.3cm diameter 0.5cm depth (in fascia)

There is a large competent branch which connects with the GSV in the upper thigh and mid calf. At the site of patient reported pain in the medial calf it crosses the GSV and then joins it.

The sapheno-popliteal junction and the short saphenous vein were competent

No evidence of large incompetent perforators



24.

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):

RIGHT LEG DEEP VEINS:

The common femoral vein was competent and compressible with phasic flow.

Very poor views of the femoral vein due to patient body habitus, proximally the vein appears patent with colour flow seen however unable to visualise the vein in the mid or distal section so unable to exclude DVT or assess competence.

Poor views of the popliteal vein due to body habitus, proximally it was patent, compressible and competent.

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction was competent. The greater saphenous vein (GSV) was INCOMPETENT (reflux of 1-2 seconds) to proximal calf. The mid and distal calf were not assessed due to dressings

The GSV was predominately STRAIGHT AND UNIFORM with a diameter and depth of:

Upper thigh: 0.6cm diameter 3.4cm depth (in fascia)

Mid thigh: 0.7cm diameter 6.9cm depth (in fascia)

Lower thigh: 0.7cm diameter 3.4cm depth (out of fascia)

Upper calf: 0.6cm diameter 3.1cm depth (out of fascia)

The sapheno-popliteal junction was not identified but the short saphenous vein was competent proximally. Unable to assess distally due to dressings.

25.

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):  
SYMPTOMS: Right leg pain and swelling. KIS.

RIGHT LEG DEEP VEINS:

The common femoral, femoral and popliteal veins were competent and compressible with phasic flow where seen. The femoral vein is not seen from proximal to distal thigh.

RIGHT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein in the upper thigh were competent. The greater saphenous vein (GSV) becomes INCOMPETENT (reflux of 1-2 seconds) from the mid thigh to mid calf. At mid calf level there is a large branch (which is mildly incompetent reflux 0.5-1.0 seconds) but the GSV itself is then competent to ankle.

There are a number of GSV branches in the upper thigh and calf but the GSV itself was predominately STRAIGHT AND UNIFORM throughout with a diameter and depth of:

Upper thigh: 1.1cm diameter 3.0cm depth (in fascia)

Mid thigh: 0.8cm diameter 3.8cm depth (in fascia)

Lower thigh: 1.0cm diameter 3.5cm depth (in fascia)

Upper calf: 0.5cm diameter 3.5cm depth (in fascia)

Lower calf: 0.5cm diameter 3.0cm depth (in fascia)

The anterior thigh vein was competent.

The sapheno-popliteal junction was not identified but the short saphenous vein was competent

There is a superficial vein which connects to the sapheno-femoral junction and travels proximally ?pelvic vein

