Venous scans

1	Right leg venous insufficiency	08/12/23
2	Left leg venous insufficiency	07/12/23
3	Left leg venous insufficiency	07/12/23
4	Left leg venous insufficiency	06/12/23
5	Right leg venous insufficiency	06/12/23
6	Bilateral venous insufficiency	05/12/23
7	Left leg DVT	24/11/23
8	Left arm DVT	16/11/23
9	Right arm DVT	16/11/23
10	Right arm DVT	21/11/23
11	Left arm DVT	31/10/23
12	Right leg DVT	26/10/23
13	Left leg venous insufficiency	04/10/23
14	Right leg DVT	04/10/23
15	Left leg DVT	29/09/23
16	Left leg venous insufficiency	26/09/23
17	Left leg venous insufficiency	26/09/23
18	Right leg DVT	22/09/23
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21	Right leg DVT	22/09/23
22	Right leg venous insufficiency	19/09/23
23	Left leg venous insufficiency	19/09/23
24	Right leg venous insufficiency	19/09/23
25	Left leg venous insufficiency	19/09/23

US Dopp Veins Leg Insufficiency Rt VERIFIED Attended-08-Dec-2023 FULLSR/FULLSR-08-Dec-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):
SYMPTOMS: Bilateral varicose veins that ache.

RIGHT LEG DEEP VEINS:
The common femoral is mildly INCOMPETENT (reflux 0.5-1.0 second) proximally.
The distal CFV, femoral and popliteal veins are competent and compressible with phasic flow.

RIGHT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein (GSV) are INCOMPETENT (reflux of >3seconds)
The GSV is predominately STRAIGHT AND UNIFORM in the thigh with a diameter and depth of:
Upper thigh: 1.1 cm diameter 1.3cm depth (in fascia)
Mid thigh: 0.7cm diameter 3.2cm depth (in fascia)
Lower thigh: 0.7cm diameter 2.0cm depth (in fascia)
The GSV is TORTUOUS in the calf with multiple INCOMPETENT (reflux of >3seconds) tributaries.

No sapheno-popliteal junction. The short saphenous vein is competent in the proximal calf. SSV is then INCOMPETENT for ~5cm mid-calf (reflux of 2-3seconds) with incompetent tributaries. The SSV is then competent again distal calf.
SSV mid-calf measures: 0.5cm diameter, 1.8cm depth

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

US Doppler Veins Leg- Insufficiency Lt VERIFIED Attended-07-Dec-2023 FULLSR/FULLSR-07-Dec-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)
SYMPTOMS: Left leg swelling. Some medial leg VVs. Recent cellulitis.

LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein are competent to the upper calf.
There is a large INCOMPETENT (reflux of 2-3secs) and tortuous tributary of the GSV in the upper-thigh that tracks distally into the medial calf. This reconnects with the GSV upper calf.
The GSV in the calf is INCOMPETENT (reflux of 2-3secs) with multiple tributaries. The GSV in the calf is predominantly straight and uniform (diameter 0.4-0.5cm).

No sapheno-popliteal junction. The short saphenous vein is competent

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530

US Doppler Veins Leg- Insufficiency Lt VERIFIED Attended-07-Dec-2023 FULLSR/FULLSR-07-Dec-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)
SYMPTOMS: Non-healing medial lower leg and toe ulcers.

LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction is INCOMPETENT (reflux of 2secs).
Unable to visualise the greater saphenous vein (GSV) in the proximal thigh. GSV is within the fascia, small calibre and competent mid thigh to knee level.
There is a large INCOMPETENT (reflux of >3secs) and tortuous tributary of the GSV in the mid-thigh that tracks distally into the medial calf. This reconnects with the GSV upper calf.
The GSV in the calf is INCOMPETENT (reflux of >3secs) with multiple tributaries. The GSV in the calf is predominantly straight and uniform (diameter 0.4cm).

No sapheno-popliteal junction. The short saphenous vein is competent

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530
Schematic available

US Dopp Veins Leg Insufficiency Lt — VERIFIED — Attended-06-Dec-2023 — FULLSR/FULLSR-06-Dec-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):
SYMPTOMS: Lateral popliteal fossa and lateral calf VVs. Painful.

LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction is INCOMPETENT (reflux of 3secs).
The greater saphenous vein (GSV) is competent from groin to mid-calf. The GSV is then INCOMPETENT (reflux of 3 secs) in the distal calf but small calibre and straight (diameter 0.2cm).
The anterior thigh vein (ATV) is INCOMPETENT (reflux of >3secs) throughout. It is dilated and TORTUOUS throughout and tracks laterally where it connects to the visible varicosities (incompetent) in the lateral popliteal fossa that track laterally down into the calf. There is a tributary that connects to the SSV mid-calf.

No sapheno-popliteal junction. The short saphenous vein is competent proximally. The SSV is then INCOMPETENT (reflux >3secs) mid to distal calf. The SSV is predominantly straight and uniform (diameter 0.3cm).

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Dopp Veins Leg Insufficiency Rt — VERIFIED — Attended-06-Dec-2023 — FULLSR/FULLSR-06-Dec-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):
SYMPTOMS: 1-stop clinic. Large anterior and medial thigh VVs and medial calf VVs.

RIGHT LEG DEEP VEINS:
The common femoral vein is compressible with phasic flow but is INCOMPETENT (reflux of 2-3sec).
The femoral and popliteal veins are competent and compressible.

RIGHT LEG SUPERFICIAL VEINS
The sapheno-femoral junction is INCOMPETENT (reflux of >3sec).
The greater saphenous vein (GSV) is competent from groin to mid-thigh. The GSV then leaves the fascia and becomes dilated, TORTUOUS and INCOMPETENT (reflux of >3sec) in the distal thigh and knee level. The GSV is then competent in the calf.
The anterior thigh vein (ATV) is INCOMPETENT throughout (reflux of >3sec), from SFJ to distal thigh where it connects with the GSV (at the site of visible varicosities).
The ATV is predominately straight and uniform from groin to proximal thigh (approx ~15cm, diameter 0.8-1.0cm, depth 0.5-0.6cm).
The ATV then becomes dilated and very TORTUOUS in the mid to distal thigh.
There is a large dilated, TORTUOUS and INCOMPETENT (reflux of >3sec) tributary of the GSV at knee level that tracks distally down the medial calf.

No obvious sapheno-femoral junction. The short saphenous vein is competent.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Dopp Veins Leg Insufficiency Lt — VERIFIED — Attended-05-Dec-2023 — FULLSR/FULLSR-05-Dec-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):
SYMPTOMS: 8 week Hx of intermittent bilateral lower leg/ankle swelling.

RIGHT LEG DEEP VEINS:
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow
RIGHT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein are competent
No obvious sapheno-popliteal junction. The short saphenous vein are competent

US Dopp Veins Leg Insufficiency Rt — VERIFIED — Attended-05-Dec-2023 — FULLSR/FULLSR-05-Dec-2023

LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow
LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein are competent
No obvious sapheno-popliteal junction. The short saphenous vein are competent

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

US Doppler Veins Leg Lt VERIFIED Attended-24-Nov-2023 FULLSR/FULLSR-24-Nov-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: Recent bilateral cellulitis. Left calf pain/ache for the past 2-3weeks.

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: normal
Gastrocnemius veins: Small isolated thrombus in one medial gastrocnemius vein.
Soleal veins: normal

SUPERFICIAL VEINS
Greater saphenous vein: normal
Short saphenous vein: normal

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

US Doppler Veins Leg Rt — VERIFIED — Attended-16-Nov-2023 — FULLSR/FULLSR-16-Nov-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

RIGHT LEG

DEEP VEINS
Inferior vena cava: Patent
Common Iliac vein: Proximally patent. Unable to visualise the distal CIV/proximal EIV due to bowel gas.
External Iliac vein: Occlusive thrombus in the distal section. Flow seen draining into the mid-EIV via collaterals.
Spontaneous and phasic flow indicating no significant proximal obstruction.
Common Femoral Vein: Occlusive thrombus
Profunda Vein (origin): Occlusive thrombus
Femoral Vein (thigh): Occlusive thrombus
Popliteal vein: Occlusive thrombus

SUPERFICIAL VEINS
Greater saphenous vein: normal, patent

SUMMARY: DVT
Thrombus has extended into the iliac veins and this patient should be considered for catheter directed thrombolysis.
Contact Thrombosis Clinic (x 24684) to arrange referral Mon to Fri (9am to 5pm) or Sat to Sun (9.30am to 12pm)

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

US Doppler Veins Arm Lt — VERIFIED — Attended-16-Nov-2023 — BITTERLMAX+FULLSR/BITTERLMAX-16-Nov-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: Lower left arm oedema and tenderness for ~4 days. Previous DVTs in right arm. On anticoagulation. Chemotherapy. Left arm cannula ~1 week ago.

LEFT ARM

DEEP VEINS:
Internal jugular vein: normal
Subclavian vein: normal
Axillary vein: normal
Brachial veins: normal
Ulnar veins: normal
Radial veins: normal

SUPERFICIAL VEINS:
Cephalic vein: **Occlusive thrombus** in the forearm. Patent in the upper arm.
Basilic vein: normal

SUMMARY: Occlusive thrombus in the forearm section of the cephalic vein. No DVT.

Scanned by: Rebecca Fulls, Senior Clinical Vascular Scientist
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Doppler Veins Arm Rt — VERIFIED — Attended-16-Nov-2023 — FULLSR/FULLSR-16-Nov-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

RIGHT ARM

DEEP VEINS:
Internal jugular vein: normal
Subclavian vein: normal
Axillary vein: normal
Brachial veins: Partial thrombus in one of the brachial veins in the mid-proximal upper arm. The other brachial vein is small calibre but patent.
Ulnar veins: normal
Radial veins: normal

SUPERFICIAL VEINS:
Cephalic vein: occlusive thrombus in the mid-proximal forearm arm
Basilic vein: normal

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Doppler Veins Arm Rt — VERIFIED — Attended-21-Nov-2023 — FULLSR/FULLSR-21-Nov-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: 1 day hx of right arm swelling and slight red/purpleness. PICC line insertion 6 weeks ago.

RIGHT ARM

DEEP VEINS:
Internal jugular vein: normal
Subclavian vein: OCCLUSIVE THROMBUS
Axillary vein: OCCLUSIVE THROMBUS
Brachial veins: OCCLUSIVE THROMBUS
Ulnar veins: normal
Radial veins: normal

SUPERFICIAL VEINS:
Cephalic vein: OCCLUSIVE THROMBUS (proximal section)
Basilic vein: OCCLUSIVE THROMBUS

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Doppler Veins Arm Lt VERIFIED Attended-31-Oct-2023 CONIBEALUC+FULLSR/CONIBEALUC-31-Oct-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: Swollen left lower arm for approx 3 days.

LEFT ARM

DEEP VEINS:
Internal jugular vein: normal
Subclavian vein: **PARTIAL THROMBUS (near occlusive)**
Axillary vein: **PARTIAL THROMBUS (near occlusive)**
Brachial veins: normal
Ulnar veins: normal
Radial veins: normal

SUPERFICIAL VEINS:
Cephalic vein: normal
Basilic vein: **PARTIAL THROMBUS around the PICC line**

Comments: Partial, near occlusive, thrombus seen in the basilic vein around the PICC line from mid-upper arm extending into and throughout the axillary vein and into the subclavian vein.

SUMMARY: DVT

Scanned by: L Conibear, Junior Clinical Vascular Scientist
R Fulls, Senior Clinical Vascular Scientist

Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Doppler Veins Leg Rt — VERIFIED — Attended-26-Oct-2023 — FULLSR/FULLSR-26-Oct-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

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: normal

SUPERFICIAL VEINS
Greater saphenous vein: normal
Short saphenous vein: normal

INCIDENTAL FINDING: anechoic fluid filled structure with internal debris in the medial popliteal fossa, originating at the medial head of the gastrocnemius, indicating a popliteal synovial cyst (Likely Bakers cyst).
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.

SUMMARY: No DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

US Dopp Veins Leg Insufficiency Lt VERIFIED Attended-04-Oct-2023 FULLSR/FULLSR-04-Oct-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE):
SYMPTOMS: Left>right leg varicose veins and swelling. 2x episodes of thrombophlebitis in the left leg. Most recent episode started 2 weeks ago (painful lump on the medial upper calf).

LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein (GSV) are INCOMPETENT (reflux of 3secs) to knee level. The GSV in the calf is competent
The GSV is predominately STRAIGHT AND UNIFORM throughout (diameter if 6-9mm in the thigh).
There is a large INCOMPETENT and tortuous tributary of the GSV in the proximal calf that tracks anterior-laterally across the shin. A small section of ACUTE THROMBOPHLEBITIS in this superficial vein in the upper calf (approx 2cm in length)

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

Note: Patient called her GP 2 weeks ago regarding painful lump in the upper calf. She was told she would receive a call back to discuss but never received a call. I advised the patient to ring her GP today to follow up.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

US Doppler Veins Leg Rt — VERIFIED — Attended-04-Oct-2023 — FULLSR/FULLSR-04-Oct-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: Whole right leg swelling and pain. Recently injected.

RIGHT LEG

DEEP VEINS
Inferior vena cava: normal
Common Iliac vein: normal
Internal Iliac vein: normal
External Iliac vein: Partial, almost occlusive thrombus. (Proximal tip of thrombus is free floating, not adhered to vein wall)
Common Femoral Vein: occlusive thrombus
Profunda Vein (origin): occlusive thrombus
Femoral Vein (thigh): occlusive thrombus
Popliteal Vein: occlusive thrombus
Calf veins not assessed

Thrombus has extended into the iliac veins and this patient should be considered for catheter directed thrombolysis. Contact Thrombosis Clinic (x 24684) to arrange referral Mon to Fri (9am to 5pm) or Sat to Sun (9.30am to 12pm)

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

US Doppler Veins Leg Lt VERIFIED Attended-29-Sep-2023 FULLSR/FULLSR-29-Sep-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: Left leg lymphoedema++.

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): The proximal-mid femoral vein is normal. Unable to compress the distal femoral vein due to tense, large thigh++. Unable to excluded DVT in the distal femoral vein.
Popliteal Vein: Chronic partial thrombus.

Unable to assess calf veins due to hard skin+++.

SUPERFICIAL VEINS
Greater saphenous vein: normal

SUMMARY: No DVT CFV to mid femoral vein. Unable to excluded DVT in the distal femoral vein. Chronic DVT in the popliteal vein.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

US Doppler Veins Leg- Insufficiency Lt VERIFIED Attended-26-Sep-2023 FULLSR/FULLSR-26-Sep-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)
SYMPTOMS: Bilateral VVs. Multiple episode of thrombophlebitis in the left leg. Previous left leg prox DVT.

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 and greater saphenous vein (GSV) from groin to knee level are INCOMPETENT (reflux of 4 seconds). The GSV is competent from proximal calf to ankle.
There is a large superficial incompetent tributary in the distal thigh which tracks anterolaterally across the knee and calf. PARTIAL THROMBUS in the proximal shin.

Multiple smaller incompetent tributaries through the medial and posterior calf.

The sapheno-popliteal junction and the short saphenous vein were competent. INCOMPETENT tributary of the SSV in the lateral mid-calf.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Doppler Veins Leg- Insufficiency Lt VERIFIED Attended-26-Sep-2023 FULLSR/FULLSR-26-Sep-2023

LEFT LEG DEEP VEINS

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

LEFT LEG SUPERFICIAL VEINS

The sapheno-femoral junction and greater saphenous vein are competent to the mid-calf. The GSV is INCOMPETENT (reflux of 3secs) in the distal third of the lower leg.

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

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)

Any queries please contact Vascular Science on 0117 34 27530

US Doppler Veins Leg Rt VERIFIED Attended-22-Sep-2023 FULLSR/FULLSR-22-Sep-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: Right leg swelling.

RIGHT LEG

DEEP VEINS
Common Femoral Vein: Patent proximal CFV with spontaneous and phasic flow indicating no significant proximal obstruction. However, **OCCLUSIVE THROMBUS** in the distal CFV.
Profunda Vein (origin): normal
Femoral Vein (thigh): **OCCLUSIVE THROMBUS**
Popliteal Vein: **OCCLUSIVE THROMBUS**

Calf veins not assessed

SUPERFICIAL VEINS
Greater saphenous vein: normal

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

VTE positive

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

US Doppler Veins Leg Rt VERIFIED Attended-22-Sep-2023 FULLSR/FULLSR-22-Sep-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX
SYMPTOMS: 1 day Hx of painful veins on inner groin and medial-posterior thigh and behind the knee.

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: normal

SUPERFICIAL VEINS
Greater saphenous vein: normal
Short saphenous vein: normal
Posterior accessory saphenous vein: ACUTE OCCLUSIVE superficial thrombophlebitis from posterior upper thigh to popliteal fossa (>3cm from the SFJ). Cluster of varicose veins in the popliteal fossa containing superficial thrombophlebitis. No obvious sapheno-popliteal junction seen however the thrombophlebitis is within 3cm of a connection with the gastrocnemius veins (via a perforator).

Comments: Note for GP: Patient says she on the wait list for varicose vein treatment. Does this episode increase her priority for surgery?

SUMMARY: Superficial thrombophlebitis. No DVT.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

US Doppler Veins Leg Lt VERIFIED Attended-22-Sep-2023 FULLSR/FULLSR-22-Sep-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

LEFT LEG

DEEP VEINS
External Iliac vein: normal, no thrombus with spontaneous and phasic flow indicating no significant proximal obstruction. Collateral vein seen draining into the EIV.
Common Femoral Vein: OCCLUSIVE THROMBUS
Profunda Vein (origin): OCCLUSIVE THROMBUS
Femoral Vein (thigh): OCCLUSIVE THROMBUS
Popliteal Vein: OCCLUSIVE THROMBUS

Calf veins not assessed

SUPERFICIAL VEINS
Greater saphenous vein: normal

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

VTE positive

US Doppler Veins Leg Rt VERIFIED Attended-22-Sep-2023 FULLSR/FULLSR-22-Sep-2023

DEEP VENOUS THROMBOSIS (DVT) DUPLEX

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): OCCLUSIVE THROMBUS in the distal femoral vein.
Popliteal Vein: OCCLUSIVE THROMBUS

Calf veins not assessed

SUPERFICIAL VEINS
Greater saphenous vein: normal

SUMMARY: DVT

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530.

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart.

VTE positive

US Doppler Veins Leg- Insufficiency Rt VERIFIED Attended-19-Sep-2023 FULLSR/FULLSR-19-Sep-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)

RIGHT LEG DEEP VEINS:
The common femoral vein and proximal femoral vein are competent.
In the mid-thigh there is a large INCOMPETENT perforator (reflux of >3secs) from GSV to mid-femoral vein. Distal to this the femoral vein is INCOMPETENT (reflux of 3secs).
The proximal popliteal vein is INCOMPETENT (reflux of 1-2). This distal popliteal is competent.
The CFV, FV and POPV are patent, no DVT.

RIGHT LEG SUPERFICIAL VEINS
The sapheno-femoral junction is competent.
The greater saphenous vein (GSV) is INCOMPETENT (reflux of >3secs) from groin to mid-thigh, to the level of the perforator. The GSV is then competent distal to the perforator to upper calf. The GSV leaves the fascia in the upper calf and is tortuous. The GSV is in the fascia and INCOMPETENT (reflux of >3secs) in the lower calf, with multiple INCOMPETENT and tortuous tributaries lower calf.
The GSV is predominately straight on uniform when is it in the fascia in the thigh and lower calf with a diameter and depth of:
Upper thigh: 0.5cm diameter 2.0cm depth (in fascia)
Mid thigh: 0.4cm diameter 1.8cm depth (in fascia)
Lower thigh: 0.3cm diameter 1.4cm depth (in fascia)
Upper-mid calf: out of fascia, tortuous.
Lower calf: 0.4cm diameter 1.0cm depth (in fascia)

There is a large INCOMPETENT perforator in the very distal medial calf.

The sapheno-popliteal junction is located high in the lateral popliteal fossa, it is INCOMPETENT, dilated and tortuous.
The short saphenous vein is INCOMPETENT (reflux of 3secs) and predominately straight and uniform.
There are multiple INCOMPETENT and tortuous tributaries of the SSV in the proximal-mid calf.
There is a large INCOMPETENT intersaphenous vein from the mid SSV to the distal GSV in the lower calf.
The SSV in the distal calf is competent.

SSV diameter and depth:
Upper calf: 1.0 cm diameter 0.3cm depth (in fascia)
Mid calf: 0.7cm diameter 1.0cm depth (in fascia)
Lower calf: 0.3cm diameter 0.8cm depth (in fascia)

US Doppler Veins Leg- Insufficiency Lt VERIFIED Attended-19-Sep-2023 FULLSR/FULLSR-19-Sep-2023

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LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction (SFJ) is INCOMPETENT (reflux of 3sec).
There is a small but INCOMPETENT pelvic vein thats tracks proximally from the SFJ.
The greater saphenous vein (GSV) is INCOMPETENT (reflux of >3 secs) from the SFJ to mid-thigh.
There is a large INCOMPETENT (reflux of >3 secs) and tortuous tributary that comes off the GSV mid thigh and tracks down the medial leg where it re-joins the GSV in the distal calf.
The GSV from mid-thigh to distal calf is competent and small calibre (diameter 0.2cm).
The GSV in the distal calf is then INCOMPETENT again with multiple INCOMPETENT and tortuous tributaries.
There is a INCOMPETENT perforator mid-thigh.

The GSV is predominately straight:
Upper thigh: 0.9cm diameter 1.8cm depth (in fascia)
Mid thigh: 0.7cm diameter 2.0cm depth (in fascia)
Lower thigh to mid calf: 0.2 cm diameter (in fascia)
Lower calf: 0.4cm diameter 1.3cm depth (in fascia)

No sapheno-popliteal junction.
The short saphenous vein (SSV) is competent.
There is a large INCOMPETENT tributary of the SSV that tracks medially and connects with the GSV in the distal medial calf.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)

Any queries please contact Vascular Science on 0117 34 27530

NB: the adjective "distal" is used to indicate the part of the vein furthest from the heart, whereas "proximal" is nearest the heart

US Doppler Veins Leg- Insufficiency Rt VERIFIED Attended-19-Sep-2023 FULLSR/FULLSR-19-Sep-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)
SYMPTOMS: Recurrent bleeding from ulcer on left medial malleolus

RIGHT LEG DEEP VEINS:
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow
RIGHT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein (GSV) are competent
The sapheno-popliteal junction and the short saphenous vein are competent

US Doppler Veins Leg- Insufficiency Lt VERIFIED Attended-19-Sep-2023 FULLSR/FULLSR-19-Sep-2023

LEFT LEG DEEP VEINS
The common femoral, femoral and popliteal veins are competent and compressible with phasic flow

LEFT LEG SUPERFICIAL VEINS
The sapheno-femoral junction and greater saphenous vein (GSV) are competent in the thigh.
The GSV is INCOMPETENT (reflux >3secs) in the calf

The sapheno-popliteal junction is competent.
The short saphenous vein (SSV) is INCOMPETENT (reflux >3secs) in the proximal calf.
The SSV is competent in the distal calf.

Scanned by: Rebecca Fulls (Senior Vascular Clinical Scientist)
Any queries please contact Vascular Science on 0117 34 27530

US Dopp Veins Leg Insufficiency Lt VERIFIED Attended-13-Sep-2023 ELVINJAK+FULLSR/ELVINJAK-13-Sep-2023

LOWER LIMB VENOUS DUPLEX (INCOMPETENCE)
SYMPTOMS: Left leg swelling and extensive 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 is INCOMPETENT (reflux of >3 seconds).
The GSV is small in calibre in the groin for ~10cm (<1mm). There is an incompetent, very tortuous ATV joins the GSV in the proximal thigh at the site of visible dilatation of the GSV (diameter 2.0cm).
The GSV is then INCOMPETENT throughout the thigh to upper calf. (reflux of >3 seconds) and predominately STRAIGHT AND UNIFORM mid thigh to knee level.
The GSV leaves the fascia upper calf and becomes very tortuous with multiple visible tortuous, INCOMPETENT tributaries tracking across the entire lower leg. The GSV is back in the fascia and competent in the distal calf.

The GSV diameter and depth of:
Upper thigh: 2.0 cm diameter 1.0 cm depth (in fascia)
Mid thigh: 1.0 cm diameter 0.9 cm depth (in fascia)
Lower thigh: 0.8 cm diameter 0.8 cm depth (in fascia)

The sapheno-popliteal junction is INCOMPETENT (reflux of 1sec).
The SSV is INCOMPETENT (reflux of 1sec). in the proximal calf, with multiple tortuous INCOMPETENT tributaries in the mid-distal calf.
The SSV was predominately straight and uniform in the proximal calf with a diameter and depth of:
Upper calf: 0.4 cm diameter 1.0 cm depth (in fascia)

Scanned by: J Elvin, Junior Clinical Vascular Scientist and R Fulls, Senior Clinical Vascular Scientist