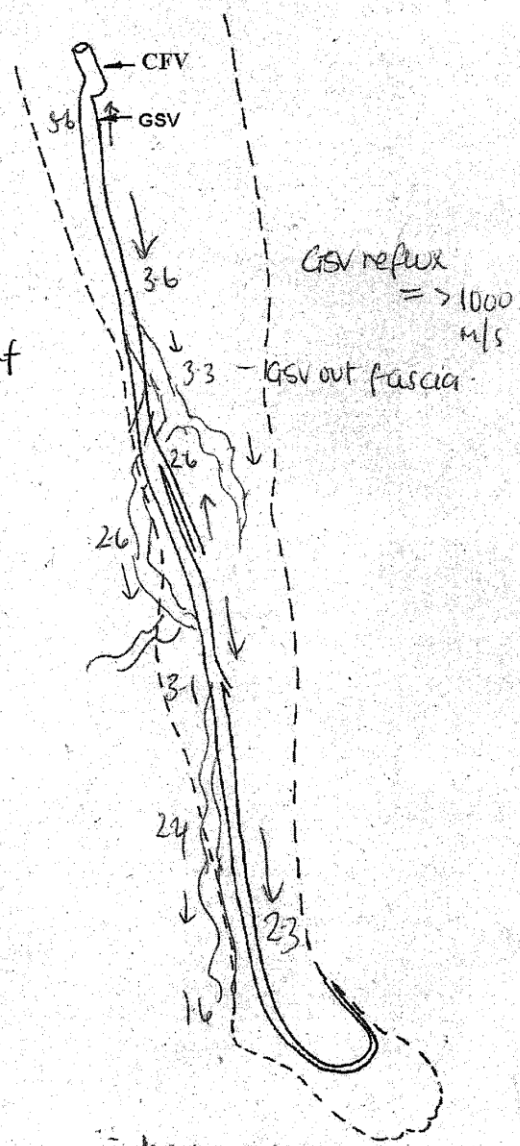
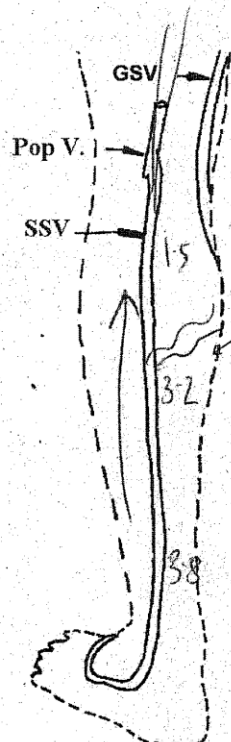




CFV:
FV:
PopV: } NO DVT
competent

SFJn: -competent
GSV: -mostly incompetent -
gives rise to varicose veins thigh + calf

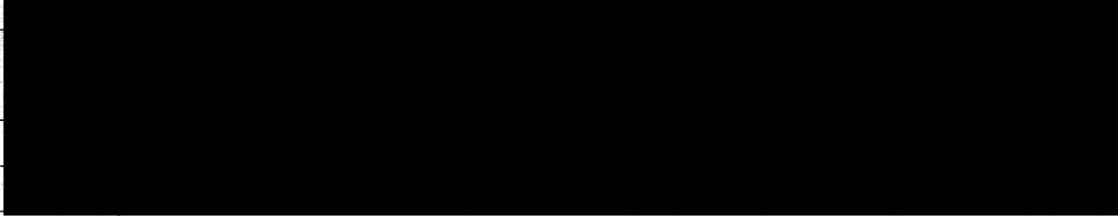
SPJn: -NO Jn
SSV: -competent



Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	Y / N
FOAM?	<u>Y</u> / N

Keananberry
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

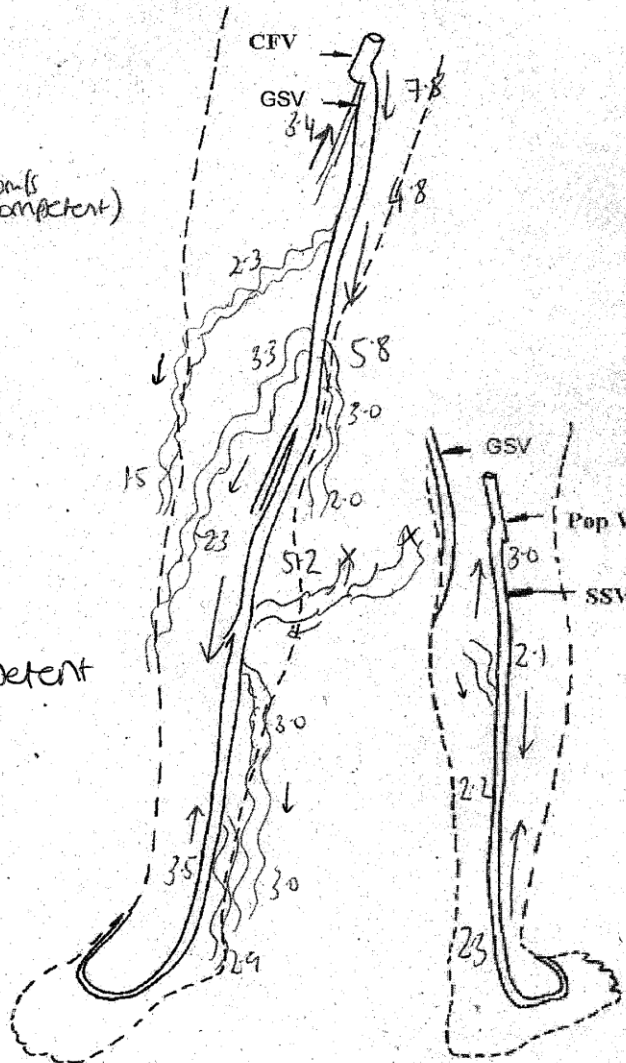


CFV: } competent
 FV: } NO OUT
 PopV: }
 L distal non reflux (from 15 - competent)

SFJn: } incompetent
 GSV: }

SPJn: } mostly competent
 SSV: }

multiple rvs mostly arising from incompetent GSV.



Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	<input checked="" type="radio"/> Y / N
FOAM?	<input checked="" type="radio"/> Y / N

Richard Brown
 Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

CFV: } competent
FV: } NO DVT
PopV: }

SFJn: } incompetent
GSV: }

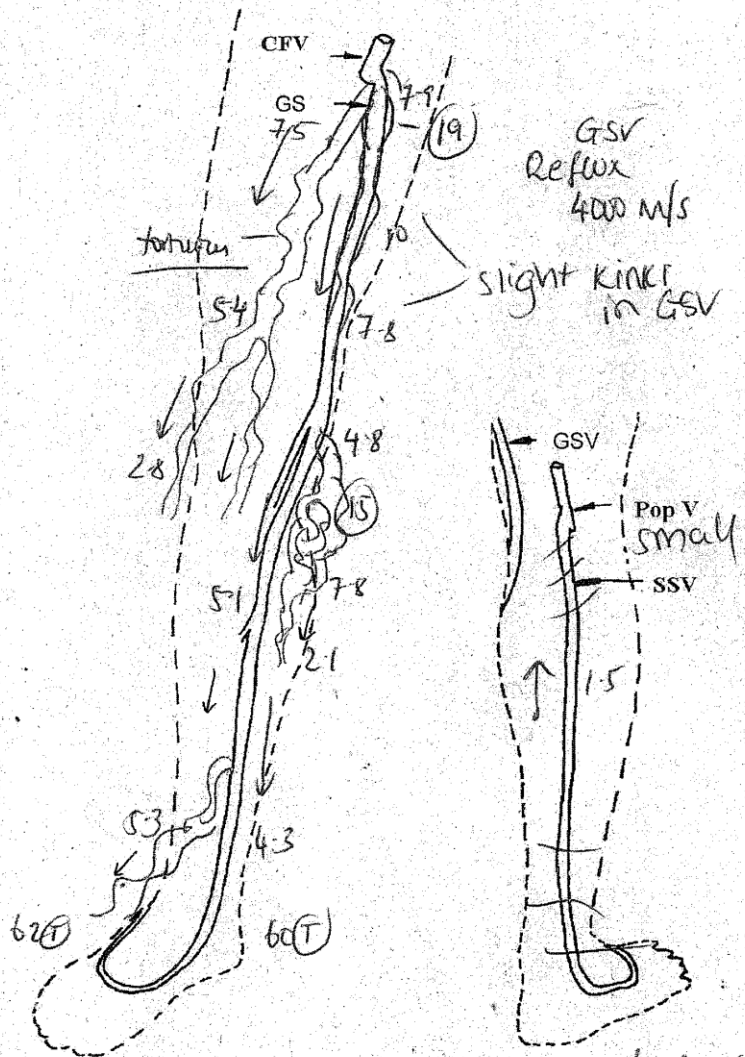
SPJn: - Not seen
SSV: - small

Recurrent?	Y / N
Radiofrequency Ablation?	Y / N
FOAM?	Y / N

large veins

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral

Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)



K. Gnanapavan
Clinical Vascular Scientist

* difficult assessment due to leg size / swelling *

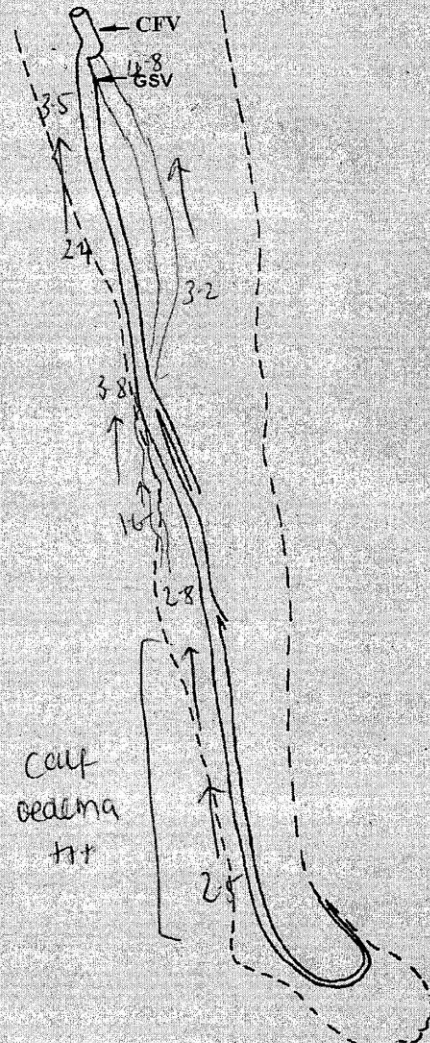
CFV:]
FV:] NO OUT
PopV:] competent

SFJn:]
GSV:] competent

SPJn: - competent
SSV: - incompetent in mid
- competent distally

Calf oedema ++

Recurrent?	Y / <u>(N)</u>
Radiofrequency Ablation?	Y / N
FOAM?	<u>(Y)</u> / N



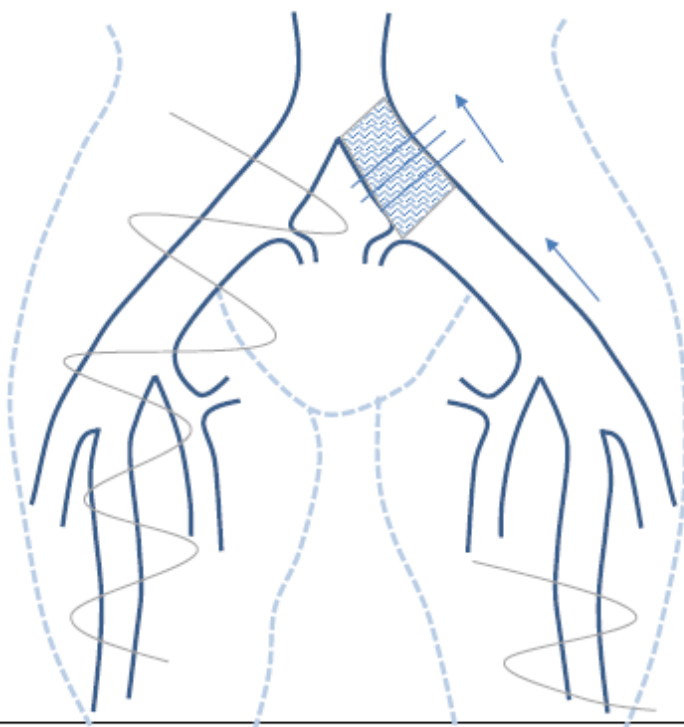
Calf
oedema
++

[Signature]
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

INVESTIGATION: IVS 3 month surveillance

REPORT:



Audit questions	Y/N
Any bleeding resulting to hospital admission since last scan?	x
Any intervention done since last scan?	x
Any known occlusion since last scan?	x
Any other related symptom?	Left Slow healing ulcer

CONCLUSION:

The left CIV stent is patent with phasic flow, where seen. Pocket of bowel gas obscuring view in mid stent section.

IVC, CIV, EIV, CFV patent with phasic flow

CFV, FV and ProfV compressible with full colour filling

SFJn patent.

Next scan due: Jan 2024 (6/12 post op)

CFV: }
 FV: } competent
 PopV: } patent

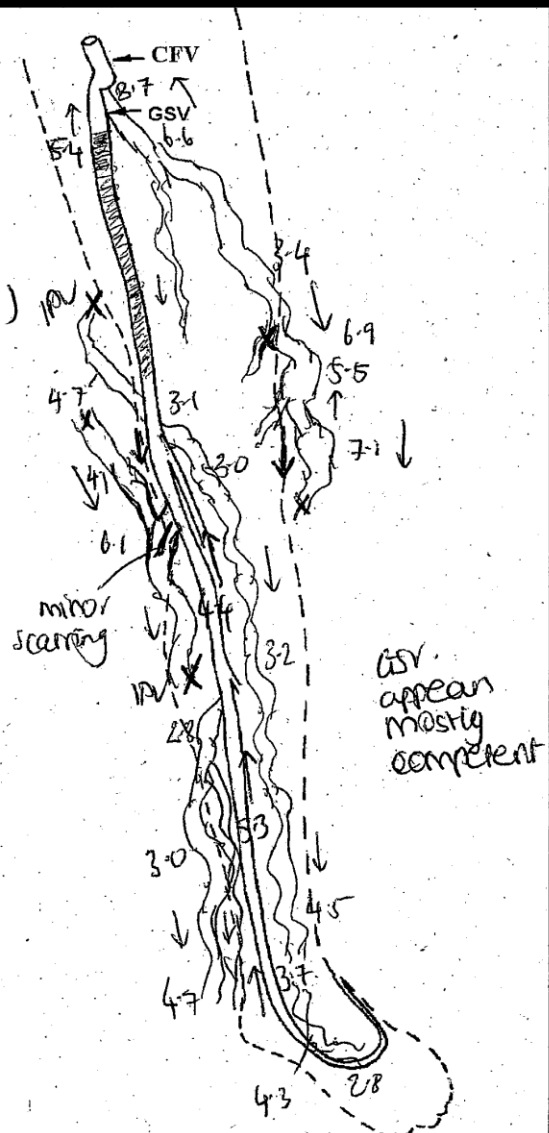
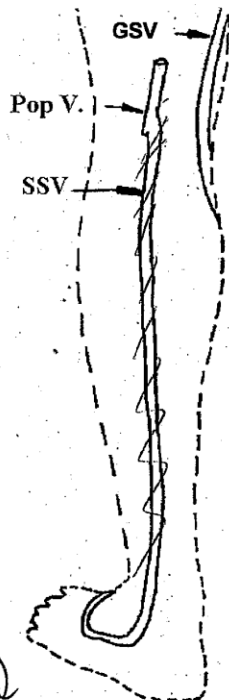
SFJn: - competent

GSV: - occluded in thigh (treated)
 Refrains by incompetent
 - patent in calf perforator.

SPJn:

SSV: absent
 (treated).

* multiple varicose
 veins noted.



Recurrent?	<input checked="" type="radio"/> Y	<input type="radio"/> N
Radiofrequency	<input checked="" type="radio"/> Y	<input type="radio"/> N
Ablation?	<input checked="" type="radio"/> Y	<input type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y	<input type="radio"/> N

? calf
 fair thigh

Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

CFV: - patent, no DVT
 FV: - minor scarring, competent
 PopV: - competent, minor scarring

SFJn: incompetent
 GSV: - incompetent where present giving off rvs

SPJn:
 SSV: incompetent

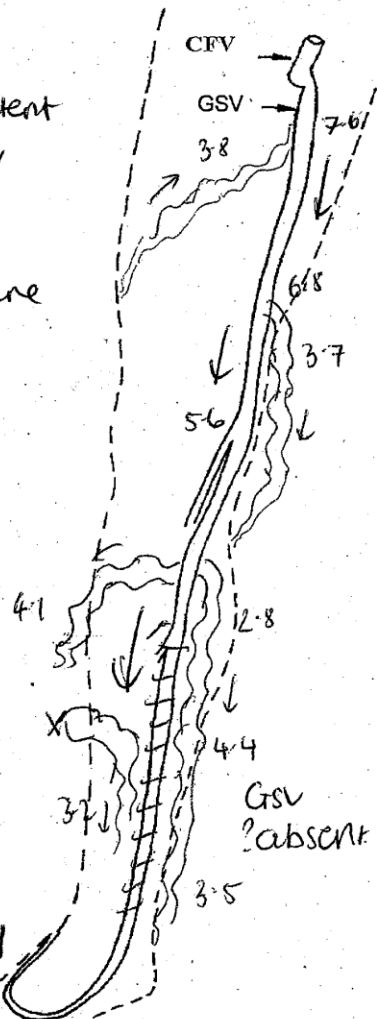
ABPI:

	BV	DT	AT
R	110	130T (71)	140T (71)
L		150T (71)	130T (71)

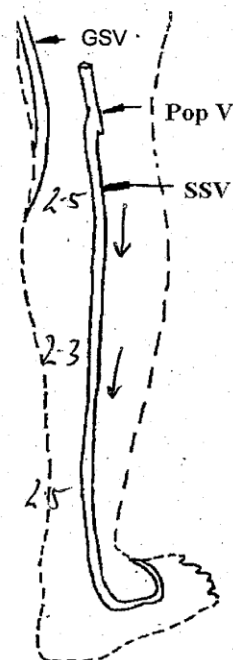
- ABPIs > 1.0 bilaterally
 - triphasic signals recorded

Recurrent?	Y / (N)
Radiofrequency Ablation?	Y / N
FOAM?	(Y) / N

thigh
 GSV & SSV - ? small SSV



GSV
 Reflux > 1000ml/s



Ilcanamben
 Clinical Vascular Scientist

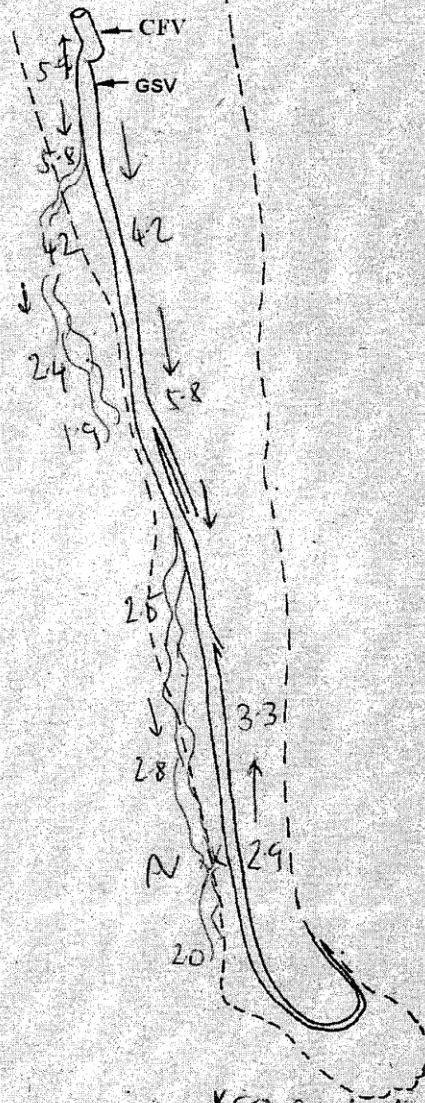
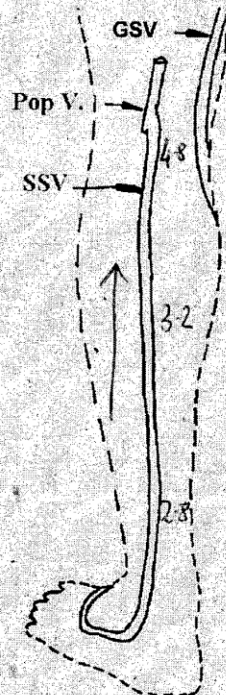
Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

CFV: } competent
 FV: } NO RVT
 PopV: }

SFJn: - competent
 GSV: - mostly incompetent gives off 2 vvs medially

SPJn: } competent
 SSV: }

Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	<u>Y</u> / N
FOAM?	<u>Y</u> / N



K. C. Chambers
 Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

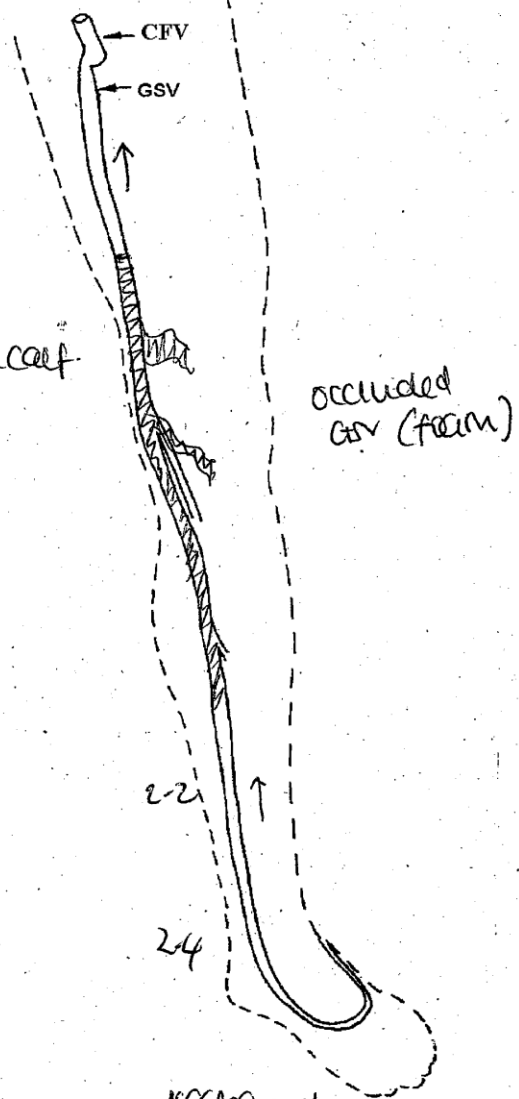
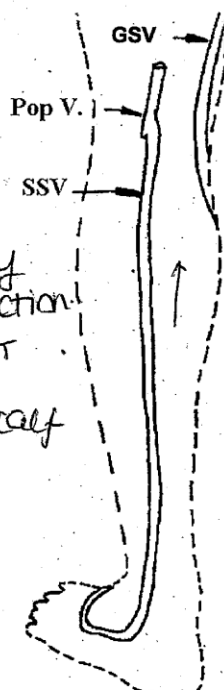
CFV: } NO DVT
 FV: } Patent
 PopV:

SFJn: - patent
 GSV: - patent proximally
 ? competent
 - occluded (foam) to mid distal calf

SPJn:
 SSV: patent

There is a PTV
 DVT from prox to
 mid/distal. Partially
 occlusive in mid section
 + a short gastroc DVT
 - partially occlusive
 prox / medial calf

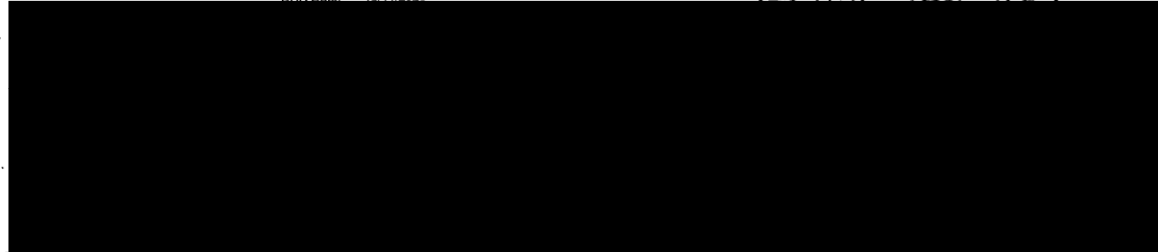
Recurrent?	Y / N
Radiofrequency Ablation?	Y / N
FOAM?	Y / N



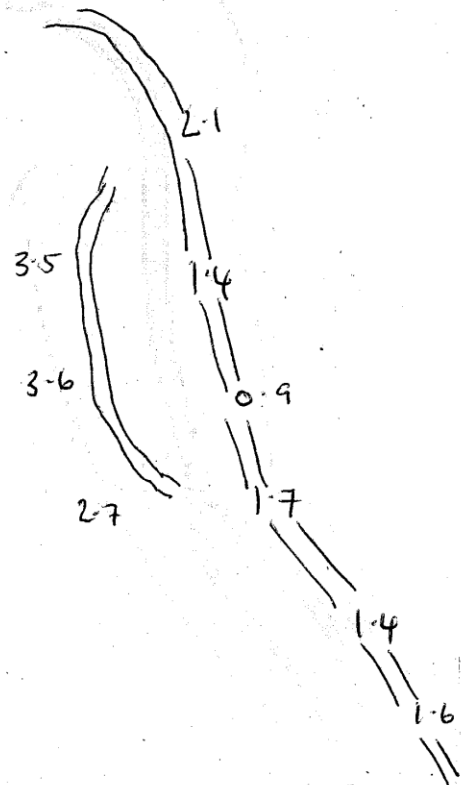
→ Reg on-call informed & sent to STU. *Kochamberg* Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

② Arm Vein Map



Vessel	Size mm	PSV cm/s	Volume Flow ml/min
Brachial Artery			
1			
2			
3			
4			



Brach v } NO OUT.
Axv

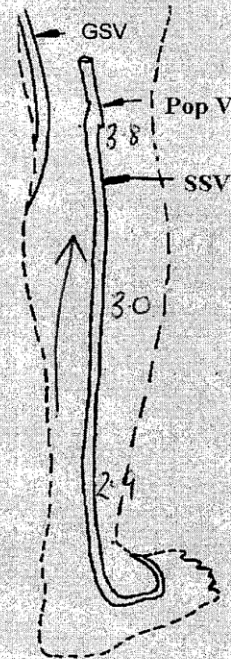
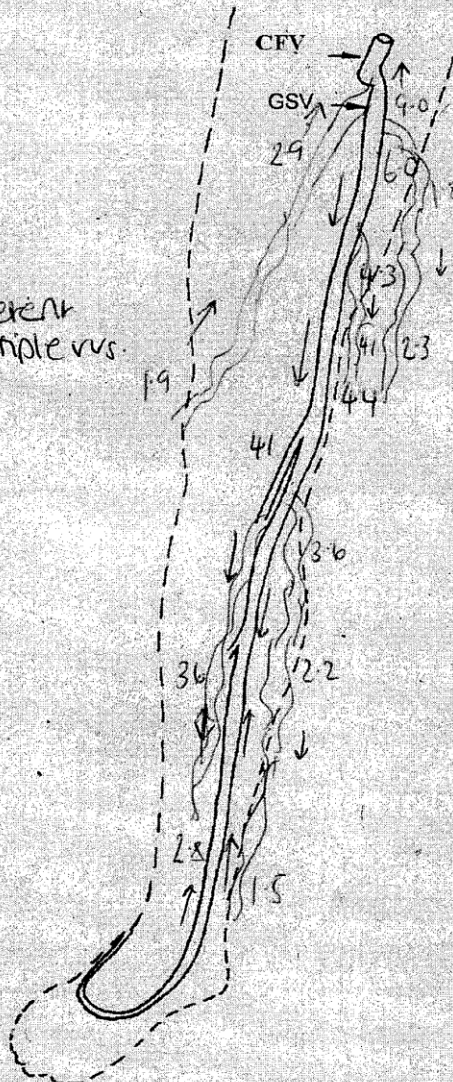
Cephalic v } ∅ on diagram.
Basilic v }

Clinical Vascular Scientist: *K. Chamberlain*
Signature:

CFV: } competent
 FV: } NO DVT
 PopV: }

SFJn: - competent
 GSV: - mostly incompetent
 giving off multiple rvs.

SPJn: } competent
 SSV: }



Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	<u>Y</u> / N
FOAM?	<u>Y</u> / N

K. Chambers
 Clinical Vascular Scientist

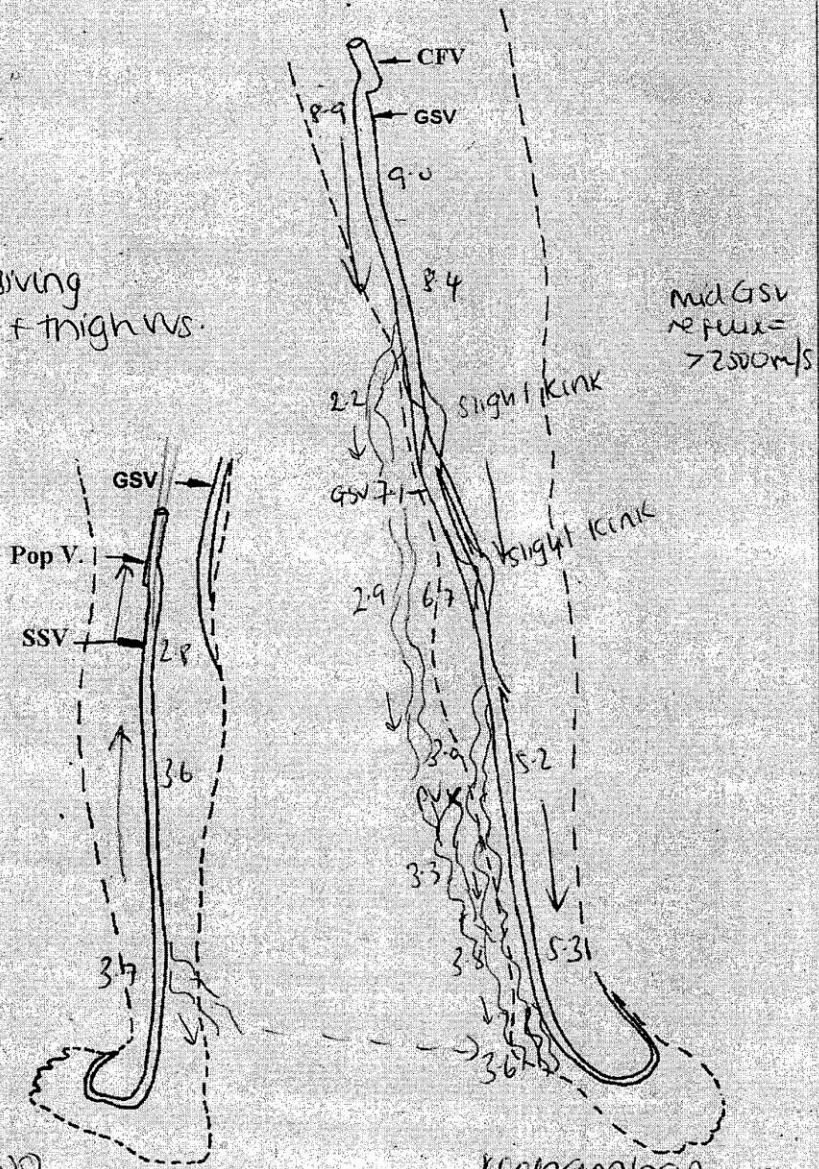
Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

CFV:
FV:
PopV: } **NO DVT**
 competent

SFJn:
GSV: } **incompetent giving**
 rise to calf + thigh vss.

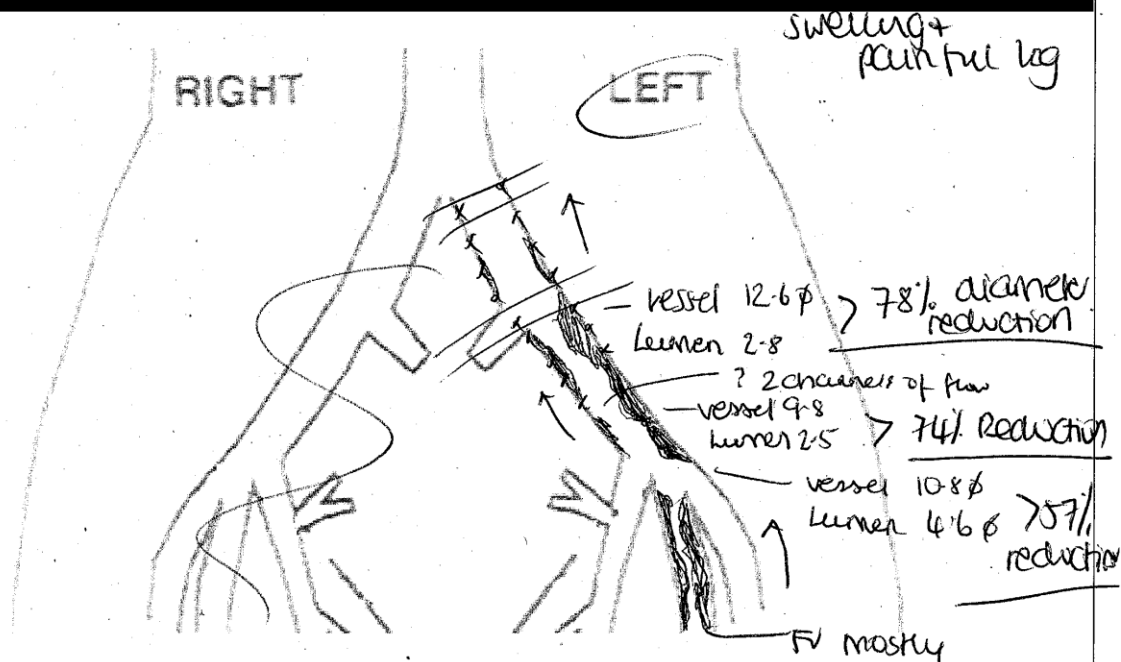
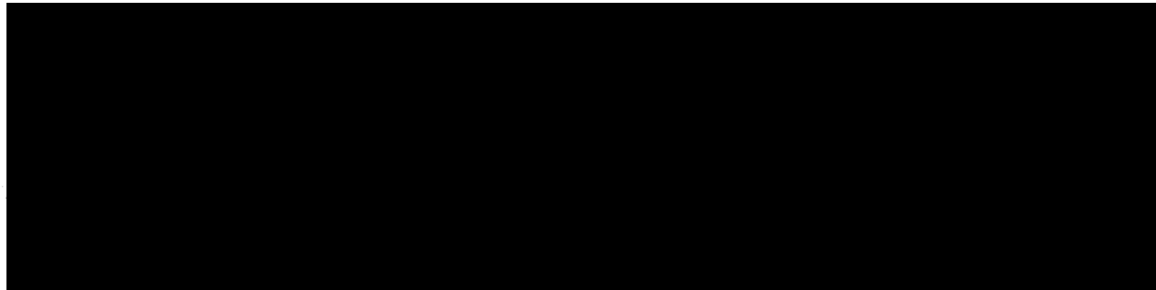
SPJn: **- NO IN**
SSV: **- competent**

Recurrent?	Y / (N)
Radiofrequency Ablation?	(Y) / N
FOAM?	(Y) / N



Rehan
Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)



CONCLUSION IVC - patent, phasic.

CIU - stented - patent with minor residual disease

CIU - stented - significant disease throughout with up to 78% diameter reduction recorded

CFV - 57% diameter reduction, incompressible

progrv - patent with continuous flow

RV - small channel patency of flow seen, incompressible

Heenanham
Clinical Vascular Scientist
R. Hailey

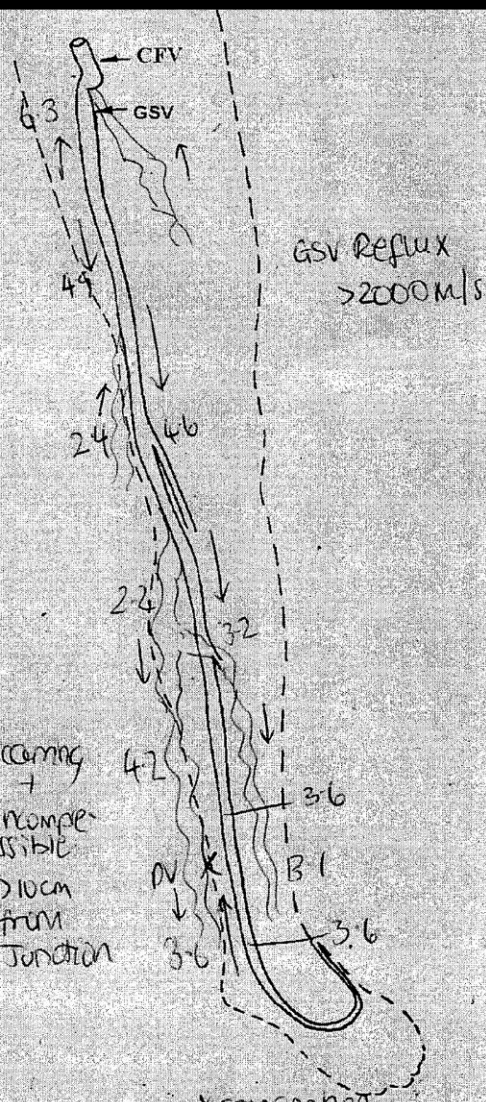
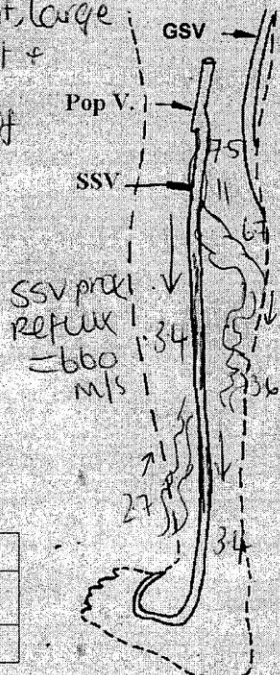
CFV: } CFV - Phasic
 FV: } competent
 PopV: } Mid FV - minor scarring
 NO OUT

SFJn: - competent
 GSV: - incompetent from
 prox thigh → mid calf

SPJn: incompetent, large
 SSV: incompetent +
 scarring,
 evidence of
 SVT
 (>10cm from
 Junction)

* varicosities
 arising from
 incompetent
 GSV + SSV.

Recurrent?	Y / (N)
Radiofrequency Ablation?	Y / N
FOAM?	(Y) / N



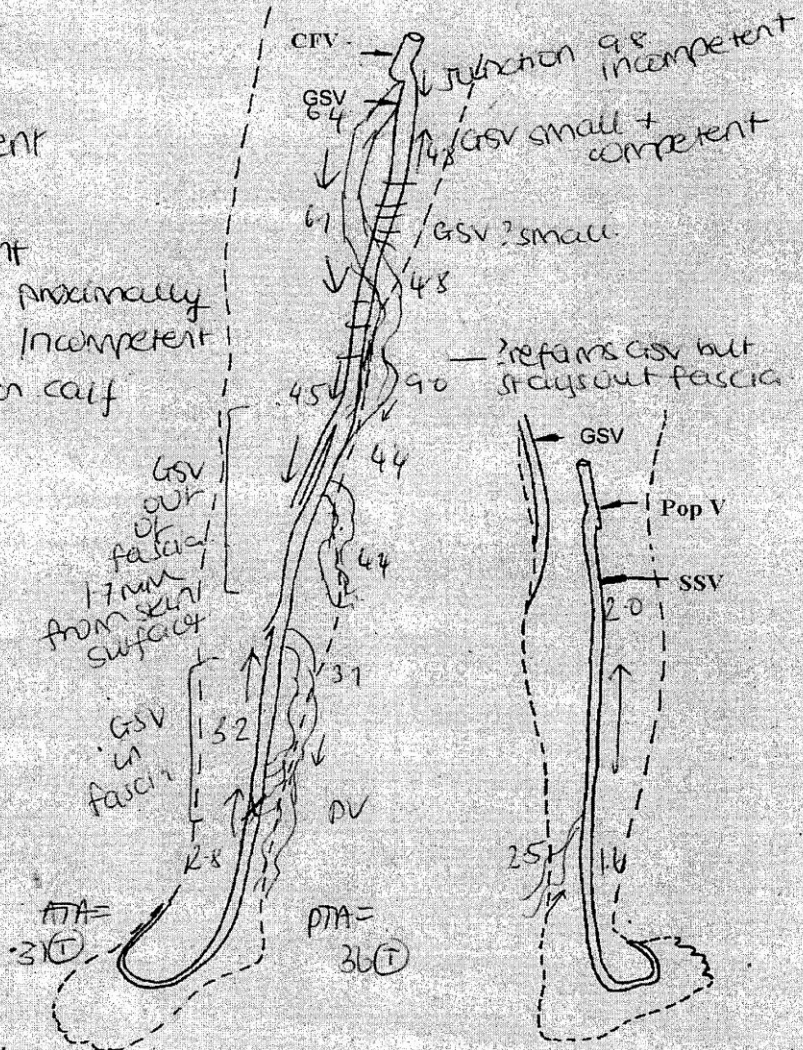
K. Chamberlain
 Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

phasic
CFV: } patent
FV: } NO OUT
PopV: } competent

SFJn: - incompetent
GSV - competent proximally
Anterior Branch is Incompetent
GSV competent in calf

SPJn: }
SSV: } competent
+ small



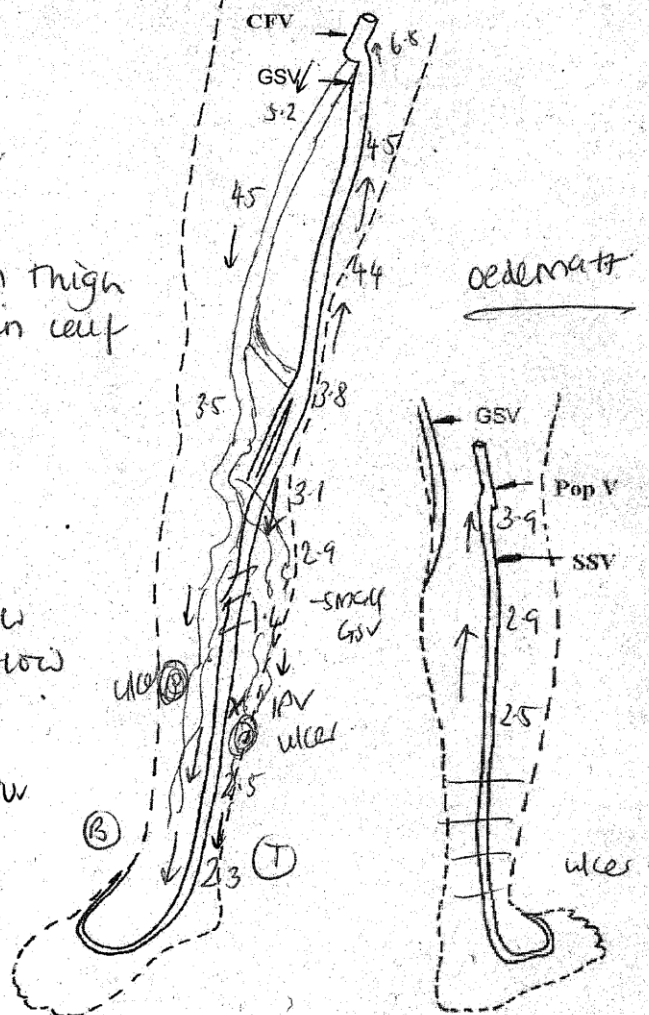
Recurrent?	Y / (N)
Radiofrequency Ablation?	Y / (N)
FOAM?	(Y) / N

Kochambelli
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

- Varicosities arising from incomp anterior thigh branch.

Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	Y / <u>N</u>
FOAM?	<u>Y</u> / N



Karimbeni
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn),Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

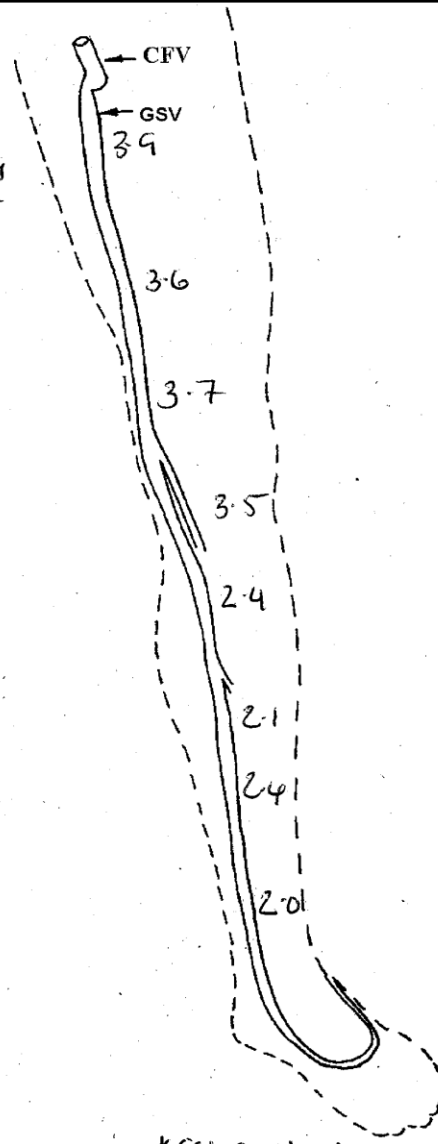
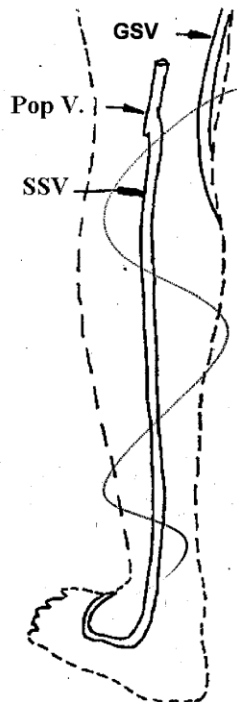
CFV: - patent
 FV: - ? small & appears mostly patent but difficult to compress
 PopV: - patent
 ? previous SV

SPJn:

GSV: - size on diagram ϕ
 - small below knee

SPJn:

SSV:



Recurrent?	Y / N
Radiofrequency Ablation?	Y / N
FOAM?	Y / N

K. Chambers
Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

CIU - NOT SEEN

EIV - where seen, patient with phase flow

CFV - patent - very poor views due to DEPTH - Appears phase

IOFV - NOT SEEN

FR - Unable to assess using compression due to depth & very poor views - addressed using colour filling. Appears patent with some stalling distally.

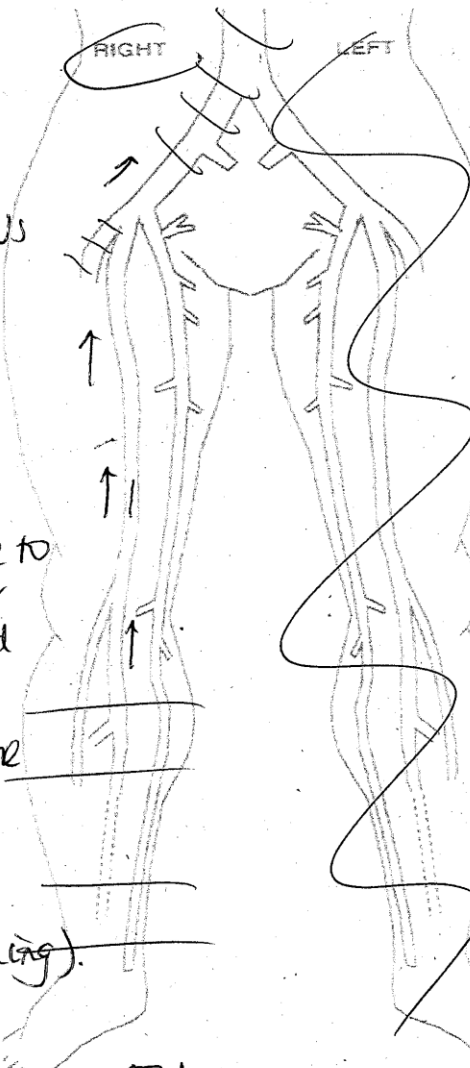
POPH - patent where seen (using colour filling).

PTVS - patent

PEROV - NOT SEEN - DEPTH

GASTROCV - compressible WHERE SEEN

* VERY Limited scan due to extensive swelling *



conclusion

Very difficult scan - unable to see vessels clearly in B-mode - assessment made using colour filling only.

Unable to see most of iliac veins.

? further imaging of clinically indicated.

No large occlusion seen in sections imaged clearly.

Keechombi
Clinical Vascular Scientist

Difficult scan - oedema / leg size

CFV: } competent
 FV: } NO DVT
 PopV: } (where seen)

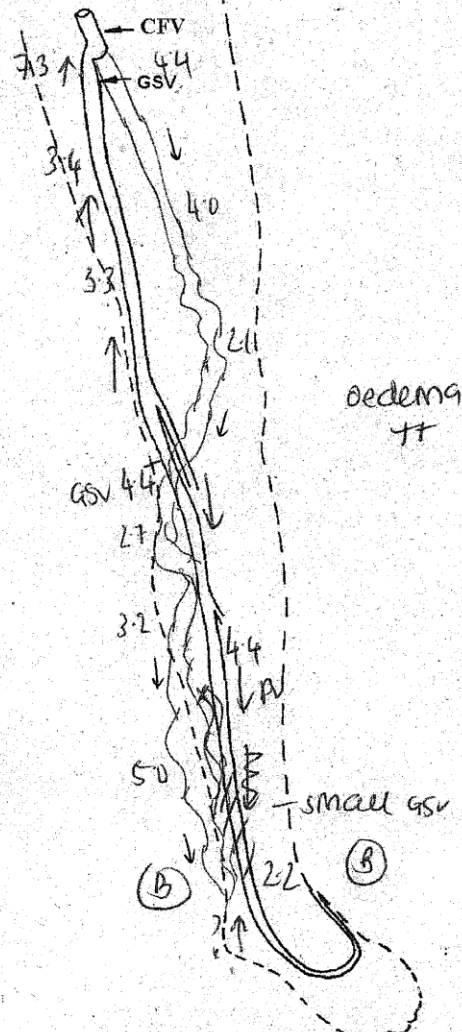
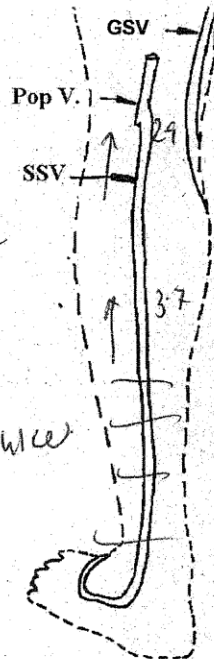
SFJn: - competent
 GSV: - competent in thigh
 - mostly incompetent in calf

SPJn: } competent
 SSV: }

* AFA } biphasic
 * PTA } flow

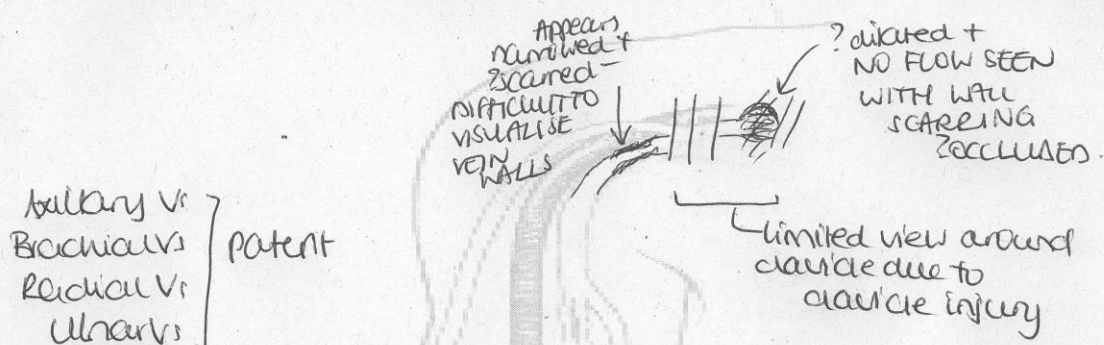
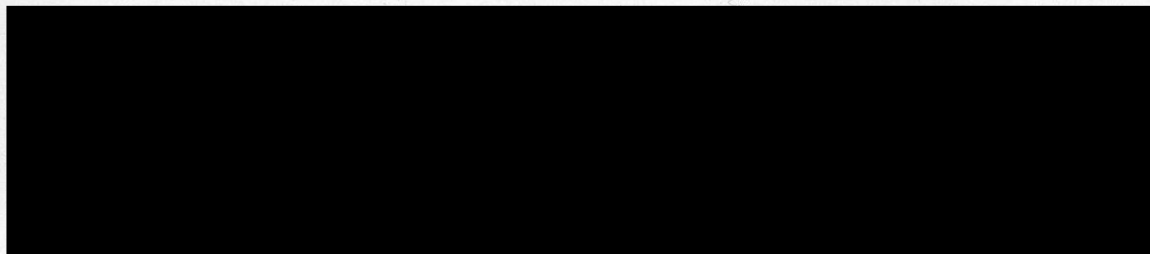
* varicose vein arising
 from incompetent
 thigh branch
 from SFJn.

Recurrent?	Y / (N)
Radiofrequency	Y / (N)
Ablation?	(N) / Y
FOAM?	(Y) / (N)



remember
 Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)



Subclavian vein -
Area of ?scarring with
appearance of narrower
channel of flow - difficult
to see vein walls ? due to
?scarring (chronic).

* Further Imaging
Recommended

- ? extent of
proximal occlusion *

Limited view around clavicle
due to clavicle injury.

Beyond the clavicle - ? dilated
+ no flow seen - ?? occlusion.

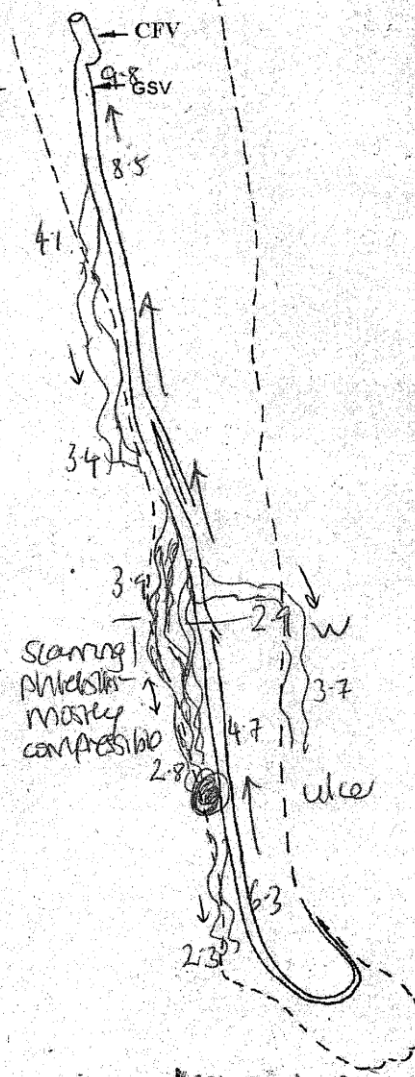
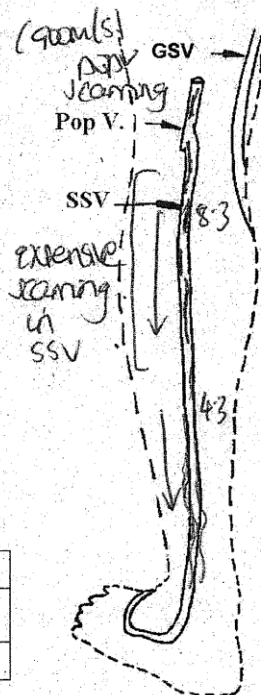
Clinical Vascular Scientist

* Reduced phasicy of (R) subclav.
vein compared to left.

Kearns
Read

CFV: - phasic, NO DVT
 FV: - scanning throughout, competent
 PopV: - scanning throughout
 Borderline incompetent (800 n/s)
 SFJn: }
 GSV: } competent

SPJn: } INCOMPETENT (900 n/s)
 SSV: }
 extensive
 scanning
 throughout
 - patent
 - partially
 compressible



Recurrent?	Y / N ?
Radiofrequency Ablation?	Y / (N)
FOAM?	(Y) / N

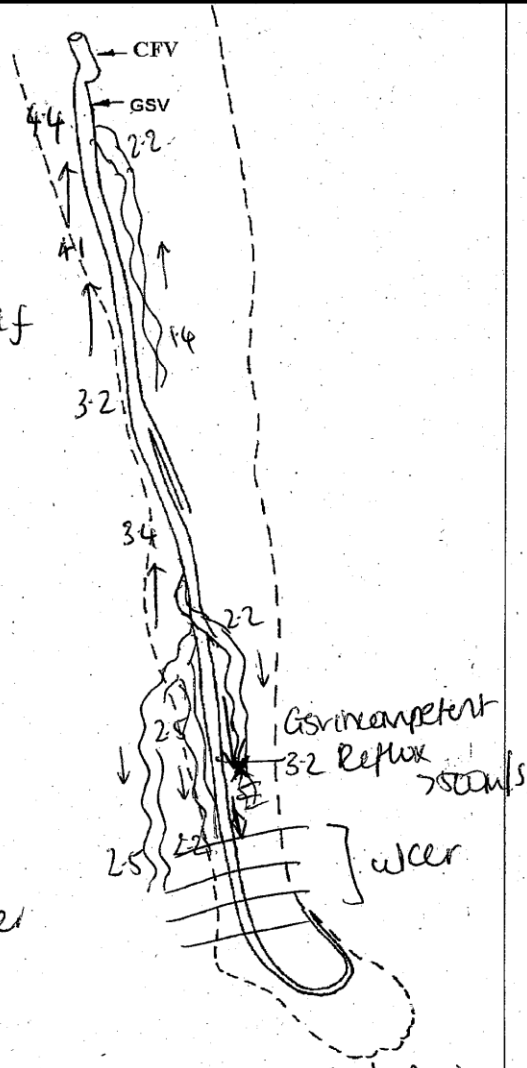
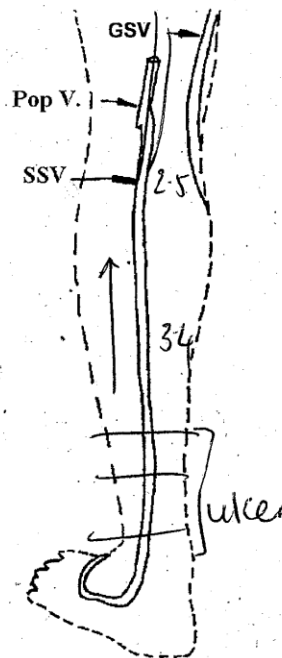
Kochamberski
 Clinical Vascular Scientist

Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)

CFV: } NO DVT
 FV: } competent
 PopV: } popv-mild reflux \approx 600ml/s.

SFJn: competent
 GSV: - competent above knee
 becomes incompetent in calf
 & gives off ws.

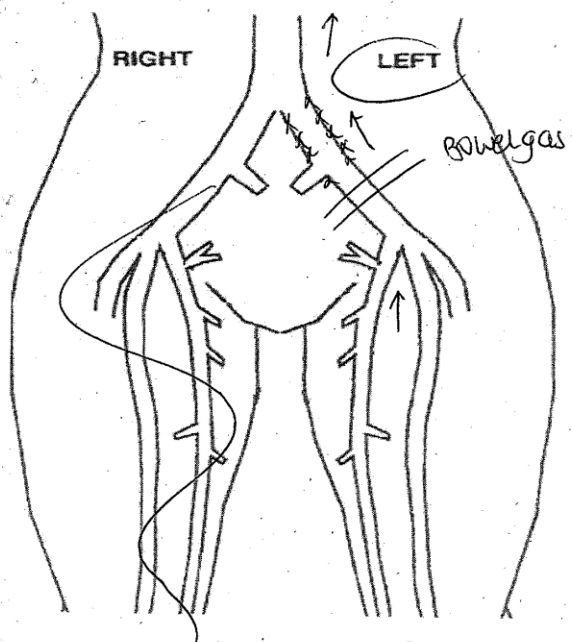
SPJn: competent
 SSV: competent



Recurrent?	Y / <u>N</u>
Radiofrequency Ablation?	<u>Y</u> / N
FOAM?	<u>Y</u> / N

Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)



Audit questions	YES	NO
Any bleeding resulting to hospital admission since last scan?		x
Any intervention done since last scan?		x
Any known occlusion since last scan?		x
Any other related symptom?	Back pain	

CONCLUSION:

IVC is patent with phasic flow.

The left CIV/EIV stent is widely patent. No stenosis seen.

The left EIV, CFV, proximal FV and proximal PFV are all patent with phasic flow.

No further assessment done.

Next planned surveillance: 6 months post op (April 2024).

Clinical Vascular Scientist: K Chamberlin

K Chamberlin

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Right Leg Venous Duplex Report

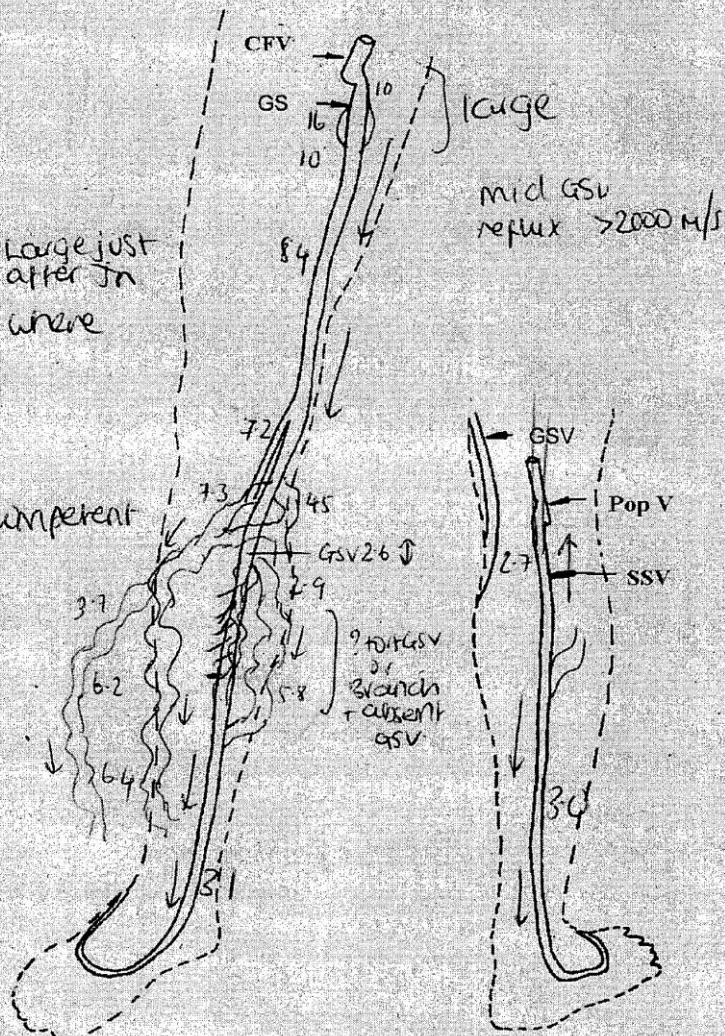
CFV: } NO OUT
FV: } competent
PopV: }

SFJn: - incompetent - large just after Jn
GSV: - incompetent where present

SPJn: - NO JN
SSV: - Becomes incompetent mid

Incompetent GSV gives off multiple varicosities

Recurrent?	Y / <input checked="" type="radio"/> N
Radiofrequency Ablation?	Y / N
FOAM?	<input checked="" type="radio"/> Y / N



Clinical Vascular Scientist

Common Femoral Vein (CFV), Femoral Vein (FV), Popliteal Vein (PopV), Saphenofemoral

Junction (SFJn), Great Saphenous Vein (GSV), Saphenopopliteal junction (SPJn), Small Saphenous Vein (SSV)

Nottingham University Hospitals **NHS**

NHS Trust

The Vascular Laboratory

Department of Vascular and Endovascular Surgery

Right Leg Venous Duplex Report

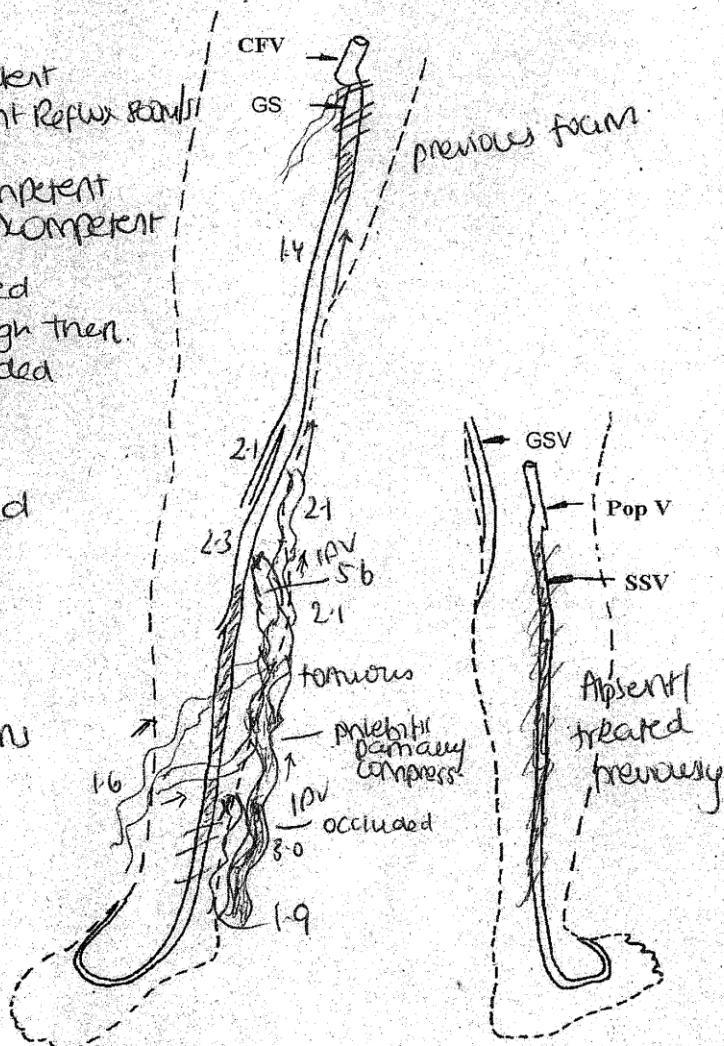
CFV: - NO DVT, competent
 FV: - NO DVT, competent Reflux seen
 PopV: - NO DVT, Bifid
 one vein competent
 one vein incompetent

SFJn: - ?absent / treated
 GSV: - small prox thigh then
 absent / occluded

SPJn: } absent / treated
 SSV: }

Scarring seen in
 proximal gastroc veins
 + dilated.

Recurrent?	<input checked="" type="radio"/> Y / <input type="radio"/> N
Radiofrequency Ablation?	<input type="radio"/> Y / <input checked="" type="radio"/> N
FOAM?	<input checked="" type="radio"/> Y / <input type="radio"/> N



Common Femoral Vein(CFV), Femoral Vein (FV), Popliteal Vein(PopV), Saphenofemoral
 Junction(SFJn), Great Saphenous Vein(GSV), Saphenopopliteal junction(SPJn), Small Saphenous Vein(SSV)