

Core Modality 3

Scan Number	Date	Patient Hospital Number	Scan type	Pathology (Y/N)	Aided (A)/ Unaided (U)	Agreement with supervisor? Y/N	Comments, learning points, etc.	AVS Signature
1	February 12, 2024	RRKV425838	Bilateral Leg Primary Vein Scan	N	U	Y	<p>US Doppler lower limb veins Both:</p> <p>RIGHT No acute DVT seen in the CFV, PFV, FV and popliteal veins. The SFJ was incompetent. LSV was stripped from the thigh mid-level segment w/some recurrence of VVs. AASV was refluxing which measures 4.3 mm and straight at a length of approximately 10-12 cm from junction. LSV calf was incompetent. Patent and competent SPJ and SSV.</p> <p>LEFT No acute DVT seen in the CFV, PFV, FV and popliteal veins. The SFJ was incompetent. GSV was refluxing which measures 4.4 mm and straight at a length of approximately 20-25 cm from junction. AASV was also refluxing which appears dilated and tortuous. VV's were fed by LSV and AASV. Patent and competent SPJ and SSV.</p>	Ivan Kalik
2	February 12, 2024	RRKA190516	Left leg Primary Varicose Vein	N	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>No acute DVT and competent CFV, FV and popliteal veins. Patent and competent SFJ and GSV. Patent and competent SPJ and SSV.</p> <p>CONCLUSION Normal deep and superficial veins.</p>	Ivan Kalik
3	February 10, 2024	RRKV694159	Right Leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Rt:</p> <p>No acute DVT and competent CFV, FV and popliteal veins. The SFJ and GSV were patent but incompetent with gross reflux noted. The GSV measured 5.8 mm in diameter, remains within the fascia to knee level and remains straight throughout the thigh. GSV goes superficial and tortuous in the calf and still refluxing. VV's in the calf are fed by the GSV. The SPJ and SSV were patent and competent.</p>	Ivan Kalik

4	February 08, 2024	RRKK657948	Right Leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Rt:</p> <p>No acute DVT and competent CFV, FV and popliteal veins. The SFJ and GSV were patent but incompetent with gross reflux noted. The GSV measured 5.8 mm in diameter, remains within the fascia to knee level and remains straight throughout the thigh and goes superficial and tortuous in the calf and still refluxing. VV's in the calf are fed by the GSV. The SPJ and SSV were patent and competent.</p>	Ivan Kalik
5	February 05, 2024	RRKV379534	Right Leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Rt:</p> <p>Patent and competent CFV, FV, SFV and popliteal veins. Patent SSV and sapheno-popliteal junction.</p> <p>Patent SFJ and GSV however they were seen incompetent with reflux noted. The LSV measured around 6.6 mm in diameter, remains within the fascia to knee level and remains straight throughout the thigh.</p>	Ivan Kalik
6	February 05, 2024	RRKS798093	Left leg Primary Varicose Vein	y	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>GSV was stripped to knee level. Occluded VVs seen in the knee area to proximal calf (known to have foam sclerotherapy 2023). SPJ was competent. SSV was patent and competent. Remaining GSV in the calf was patent and competent.</p>	Ivan Kalik
7	January 30, 2024	RRK1333794	Left leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>Patent and competent deep venous system. Competent SFJ and GSV.</p> <p>Incompetent SPJ. Chronic SSV (partially thrombosed) and incompetent. There was an incompetent trunk connected with SSV that extends above popliteal crease which was refluxing and direct connection could not be seen due to its location which is at 10 cm depth level in ultrasound.</p>	Ivan Kalik
8	January 24, 2023	RRKN065615	Right Leg Primary Varicose Vein	N	U	Y	<p>RIGHT</p> <p>No acute DVT seen in the CFV, FV and popliteal veins. SFJ was competent. GSV was competent throughout. Accessory veins and calf perforator seen were competent. SSV was competent that extends above popliteal crease.</p>	Ivan Kalik

9	January 24, 2023	RRKN065615	Left leg Primary Varicose Vein	N	U	Y	LEFT No acute DVT seen in the CFV, FV and popliteal veins. SFJ was competent. GSV was competent throughout. Accessory veins and calf perforator seen were competent. SSV was competent that extends above popliteal crease.	Ivan Kalik
10	January 24, 2024	RRKK277066	Right Leg Primary Varicose Vein	N	U	Y	RIGHT No acute DVT seen in the CFV, FV and popliteal veins. Not significantly refluxing SFJ and GSV. Anterolateral and posterolateral varices seen was accessory veins of GSV.SSV was competent.	Ivan Kalik
11	January 24, 2024	RRKK277066	Left leg Primary Varicose Vein	N	U	Y	LEFT No acute DVT seen in the CFV, FV and popliteal veins. Stripped GSV thigh. Calf GSV was competent. SSV was competent.	Ivan Kalik
12	January 23, 2024	RRKV076799	Left leg Primary Varicose Vein	Y	U	Y	US Doppler lower limb veins Lt : No acute DVT seen in the CFV, FV, SFV and popliteal veins. Incompetent SFJ. Incompetent GSV throughout.The GSV is seen straight 15-18 cm distal to inguinal area and measures 4.6mm and then it becomes tortuous at a length of 1 cm in the mid thigh section and runs straight again to knee level.. Competent SSV that shares trunk with gastrocnemius veins.	Ivan Kalik
13	January 23, 2024	RRKG762143	Left leg Primary Varicose Vein	N	U	Y	US Doppler lower limb veins Lt : RIGHT No acute DVT and competent CFV, FV and popliteal veins. SFJ ligated. Neovascularisation in the groin area. GSV seen was competent with accessory branches (the visible varices in the anteromedial leg) connected. SPJ and SSV were competent.	Ivan Kalik
14	January 23, 2024	RRKG762143	Left leg Primary Varicose Vein	N	U	Y	LEFT No acute DVT and competent CFV, FV and popliteal veins. SFJ ligated. GSV stripped in thigh. There is a short segment GSV left in the thigh. SPJ and SSV were competent.	Ivan Kalik

15	January 22, 2024	RRKK345728	Left leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Lt :</p> <p>The CFV, FV, SFV and popliteal veins were fully compressible with full color flow display. SFJ was refluxing extending to the GSV distal thigh. The thigh GSV measuring 4mm was not straight 12 cm distal to the inguinal area despite seen within fascia. The branches of GSV seen in the thigh was refluxing with connection to varices in the below knee. The GSV in the distal thigh showed hyperechoic intraluminal density within lumen. The GSV below popliteal crease all throughout was competent. The varices seen in the medial calf were refluxing and some of it appeared partially occluded.</p> <p>CONCLUSION No acute DVT. Incompetent SFJ. Incompetent GSV in the thigh. Non-occlusive chronic distal GSV in the thigh. Competent posterior tibial perforator. No true SPJ. Competent SSV.</p>	Ivan Kalik
16	January 22, 2024	RRKV522121	Left leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>No acute DVT and competent CFV, PFV, SV and popliteal veins. GSV was competent. AASV was incompetent throughout and appeared tortuous at approximately 10 cm distal to the groin. Competent SSV.</p>	Ivan Kalik
17	January 22, 2024	RRKS817546	Left leg Primary Varicose Vein	N	U	Y	<p>US Doppler lower limb veins Lt :</p> <p>No acute DVT and competent CFV, FV, SFV and popliteal veins. Main GSV in the thigh was stripped. AASV was tortuous with connection seen to the SSV. SSV remains competent with venous flow drain to SPJ. Both SPJ and SSV were competent.</p>	Ivan Kalik
18	January 18, 2024	RRKS634709	Left leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Lt :</p> <p>No acute DVT seen in the CFV, PFV, SFV and popliteal veins. Competent SFJ. Competent GSV.</p> <p>SPJ was incompetent. SSV was incompetent from popliteal crease to distal calf. The SSV was seen within fascia and straight to the distal calf. The posterior calf varices were seen connected to SSV and via perforator from gastrocnemius.</p>	Ivan Kalik

19	January 18, 2024	RRKK905626	Left leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>No evidence of acute DVT in the CFV, PFV, SFV and popliteal veins. Mildly refluxing CFV of not more than 1.0 second. (>1.0 second to consider significant)</p> <p>SFJ incompetent. Non-occlusive chronic superficial venous thrombosis in the proximal GSV. GSV was incompetent throughout. GSV was measured at 7 mm max AP and was straight. Measurement done in standing position.</p>	Ivan Kalik
20	January 17, 2024	RRKN477164	Right leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Rt:</p> <p>RIGHT</p> <p>No acute DVT seen in the CFV, PFV origin, SFV and popliteal veins. SFJ competent. GSV appears visible in the calf and is incompetent with few small non-thrombosed vessel branches in the calf distal segment. Competent SSV. No true SPJ.</p>	Ivan Kalik
21	January 17, 2024	RRKN477164	Left leg Primary Varicose Vein	N	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>No acute DVT seen in the CFV, PFV origin, SFV and popliteal veins. SFJ was competent. The visible GSV was competent. SSV was competent.</p>	Ivan Kalik
22	January 17, 2024	RRK6005499	Right leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Right:</p> <p>RIGHT</p> <p>No acute DVT seen in the CFV, FV, SFV and popliteal veins. Incompetent SFJ. GSV was straight 3-4 inches from the junction measuring 4.5 cm AP. The GSV from the mid thigh although within fascia was not seen to be linear and straight as it goes distally. Proximal GSV was refluxing and becomes competent from the mid section following a branch that goes superficial. This branch was taking the reflux and rejoins GSV calf therefore making GSV calf competent. Posteromedial calf varices was draining to SSV from the competent GSV making SSV to remain competent and the varices to reflux. Competent SSV.</p>	Ivan Kalik
23	January 17, 2024	RRK6005499	Left leg Primary Varicose Vein	N	U	Y	<p>LEFT</p> <p>No acute DVT seen in the CFV, FV, SFV and popliteal veins. Mild reflux in the SFJ with not more than 1.0 second. Mild reflux noted in the GSV with not more than 1.0 second. Chronic superficial venous thrombosis in the GSV in the distal thigh. Some varices seen in the posterior distal thigh connected to GSV. Competent SSV seen from the popliteal crease to distal calf.</p>	Ivan Kalik

24	January 11,2024	RRKS628559	Right leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Rt:</p> <p>The CFV, PFV origin, FV and popliteal veins were fully compressible with full color flow display. Refluxing SFJ and GSV throughout. The GSV was seen within fascia however is not straight and becomes tortuous 1.5-2 inches distal from the SFJ.The visible veins seen in the posteromedial area of the distal thigh that extends to the calf is the tortuous dilated GSV with some non-thrombosed branches connected as it goes down distally. No true SPJ. SSV was patent and competent that extends above popliteal crease.</p> <p>CONCLUSION Incompetent SFJ. Incompetent tortuous GSV from proximal thigh and throughout.</p>	Ivan Kalik
25	January 10, 2024	RRKN785489	Left leg Primary Varicose Vein	Y	U	Y	<p>US Doppler lower limb veins Lt:</p> <p>No acute DVT seen in the CFV, FV and popliteal veins. SFJ was refluxing and the anterior accessory vein is taking the reflux making the main GSV competent. The AASV causing varices in the anterior and lateral calf. AASV was seen connected to a perforator in the lateral area and the anterior varices of the distal calf unable to track distally due to small calibre in size. No true SPJ. Patent and competent SSV.</p> <p>CONCLUSION Incompetent AASV. Calf varices (anterior and lateral) connected to AASV were refluxing.</p>	Ivan Kalik