

**Reason** Varicose vein  
**Outcome** DVT negative, Incompetence - superficial

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	
Gastrocnemius			Widely Patent	
<b>Superficial Veins</b>				
Saphenofemoral Junction			Widely Patent	Incompetent
L Saphenous Vein Above			Widely Patent	Isolated Incompetence
L Saphenous Vein Below			Widely Patent	Competent
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Widely Patent	Competent
S Saphenous Vein			Widely Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee			No	
Popliteal			No	
Below the knee			No	

## Notes

### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear to the mid thigh (51cm). Incompetent branch noted in the mid thigh (51cm) which forms the medial thigh varicosity and tracks over the knee to the anterior aspect of the calf. The LSV

Assessed by Charlotte Roberts, MCVS

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is patent and competent distal to this branch to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.71cm,

Mid thigh - 0.56cm,

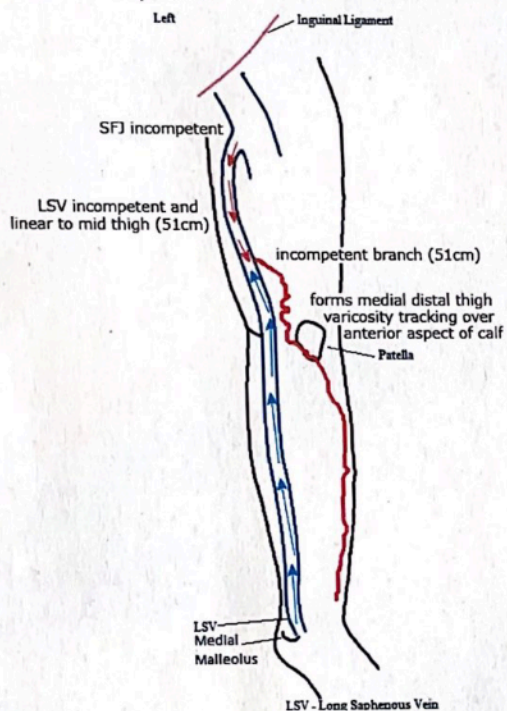
Distal thigh - 0.49cm.

Proximal calf - 0.24cm,

Mid calf - 0.12cm,

Distal calf - 0.22cm.

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent.



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**Reason** Varicose vein  
**Outcome** DVT negative, Incompetence - deep, Incompetence - superficial

Right			Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Incompetent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Incompetent
Soleal Vein			Widely Patent	
Gastrocnemius			Widely Patent	
<b>Superficial Veins</b>				
Saphenofemoral Junction			Widely Patent	Incompetent
L Saphenous Vein Above			Widely Patent	Incompetent
L Saphenous Vein Below			Widely Patent	Isolated Incompetence
Vein of Giacomini			Widely Patent	Isolated Incompetence
Saphenopopliteal Junction			Widely Patent	Competent
S Saphenous Vein			Widely Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee			No	
Popliteal			No	
Below the knee			No	

### Notes

#### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Referral for right lower limb varicose vein scan received, however patient states that left lower limb is symptomatic, therefore left lower limb scanned

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT, with the exception of the common femoral vein which appears widely patent and incompetent.

All measurements are proximal to the medial malleolus unless otherwise stated.

Assessed by Charlotte Roberts, MCVS

Printed on 17/07/2024 at 4:17 pm

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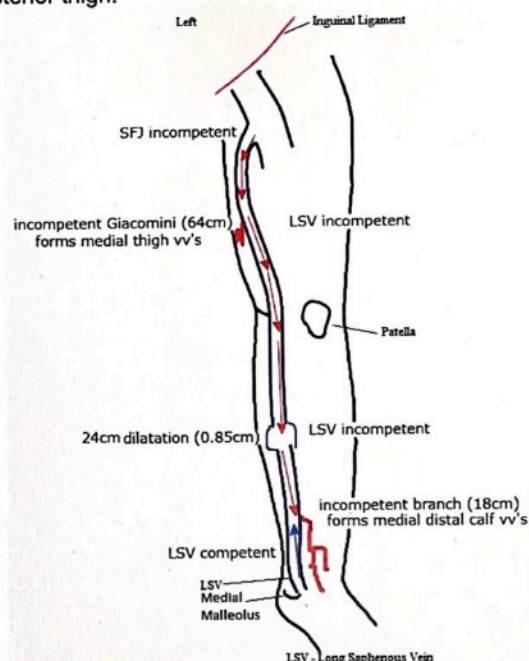
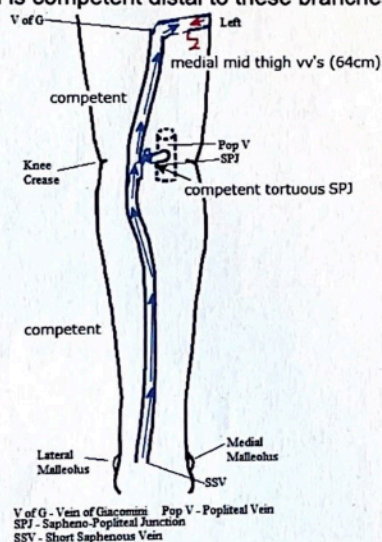


Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the thigh. The LSV is incompetent in the proximal to mid calf (18cm). Dilatation of the LSV noted in the mid calf (24cm). An incompetent branch in the mid calf forms medial distal calf varicosities. The LSV is competent distal to this branch to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.60cm,  
 Mid thigh - 0.68cm,  
 Distal thigh - 0.59cm.  
 Proximal calf - 0.62cm,  
 Mid calf - 0.45cm, 0.85cm dilatation  
 Distal calf - 0.66cm.

Sapheno-popliteal junction (SPJ) is widely patent, competent and is slightly tortuous. Short Saphenous vein (SSV) is widely patent and competent, and is continuous with a large calibre Giacomini which is competent on the posterior thigh. Incompetent vein of Giacomini joins the LSV in the mid thigh (64cm) and tracks medially to the posterior thigh, with incompetent medial thigh varicosities noted at this level. The vein of Giacomini is competent distal to these branches in the posterior thigh.



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**Reason** Varicose vein  
**Outcome** DVT negative, Incompetence - superficial

Right			Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	
Gastrocnemius			Widely Patent	
Superficial Veins				
Saphenofemoral Junction			Widely Patent	Competent
L Saphenous Vein Above			Widely Patent	Isolated Incompetence
L Saphenous Vein Below			Widely Patent	Isolated Incompetence
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Patent	
S Saphenous Vein			Patent	
Evidence of D.V.T.				
Above the knee			No	
Popliteal			No	
Below the knee			No	

### Notes

#### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Patient reports previous varicose vein treatment

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the thigh to the mid calf (54cm) where an incompetent branch leaves the

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LSV and forms medial, posterior distal thigh varicosities which track into the proximal medial calf. The LSV appears small calibre and competent distal to this branch, to the proximal calf (30cm), where an incompetent branch causes the LSV to be incompetent for a short section (26cm). The LSV then appears to peter out in the mid calf.

Transverse (AP) dimensions of LSV:

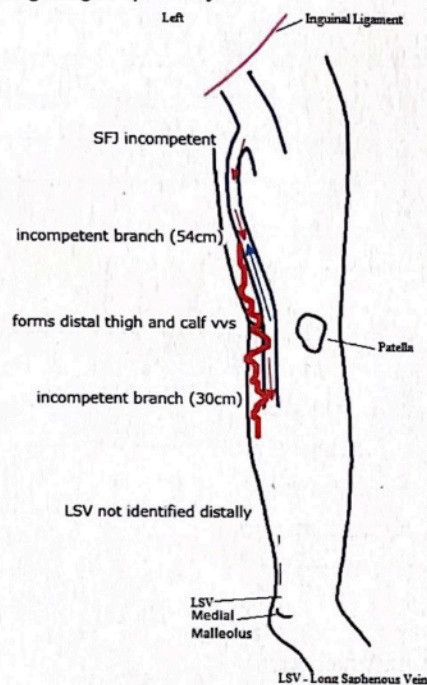
Proximal thigh - 0.33cm,

Mid thigh - 0.33cm,

Distal thigh - 0.16cm.

Proximal calf - 0.18cm,

Sapheno-popliteal junction (SPJ) is small calibre ?patency. Short Saphenous vein (SSV) is small calibre along length ?patency.



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Reason DVT

Reason Varicose vein

Outcome DVT positive - chronic, Chronic Superficial thrombophlebitis, Venous scarring, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Slight Incompetence	Widely Patent	Slight Incompetence
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Areas of Thrombus	Venous scarring	Widely Patent	
Gastrocnemius	Widely Patent		Widely Patent	
Superficial Veins				
Saphenofemoral Junction	Widely Patent	Incompetent	Widely Patent	Incompetent
L Saphenous Vein Above	Areas of Thrombus	Venous scarring	Widely Patent	Isolated Incompetence
L Saphenous Vein Below	Widely Patent	Isolated Incompetence	Widely Patent	Isolated Incompetence
Vein of Giacomini	Widely Patent	Competent	Widely Patent	Competent
Saphenopopliteal Junction	Not Identified		Widely Patent	Competent
S Saphenous Vein	Widely Patent	Competent	Widely Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	Yes	Old	No	

## Notes

### BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Patient reports previous varicose vein treatment in the calf bilaterally ?avulsions

All measurements are proximal to the medial malleolus unless otherwise stated.

### RIGHT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. Common femoral vein appears widely patent and slightly incompetent. Venous scarring associated with previous DVT identified in 1 x soleal vein. All other visualised deep veins appear widely patent and competent with no evidence of previous DVT.

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Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear proximal to mid in the thigh. Evidence of venous scarring associated with old superficial thrombophlebitis identified in the distal thigh LSV. Incompetent branch noted in the distal thigh (40cm) forming medial and posterior thigh and calf varicosities, with areas of venous scarring associated with old superficial thrombophlebitis identified. The LSV is incompetent to the proximal calf. An incompetent branch in the proximal calf (32cm) tracks anteriorly over the shin forming proximal lateral calf varicosities. The LSV is competent distal to this branch.

Medial calf varicosities with areas of old superficial thrombophlebitis, join an incompetent perforator in the mid calf (19cm LM), to a soleal vein with venous scarring associated with previous DVT identified.

Transverse (AP) dimensions of LSV:

Proximal thigh - 1.26cm,  
Mid thigh - 0.93cm,  
Distal thigh - 0.95cm.  
Proximal calf - 0.36cm,  
Mid calf - 0.12cm,  
Distal calf - 0.16cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.

#### LEFT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. Common femoral vein appears widely patent and slightly incompetent. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) appears bifid in the proximal-distal thigh, with both appearing widely patent, linear and competent to the distal thigh. An incompetent anterior thigh vein is widely patent, incompetent and linear to the mid thigh (69cm) where it becomes very superficial and tortuous, tracking medially over the anterior thigh. Anterior thigh vein communicates with both of the LSV's in the distal thigh (59cm and 53cm). The LSV is then singular and incompetent in the distal thigh to the proximal calf (33cm), where multiple small incompetent branches were noted in the proximal calf forming medial and posterior calf varicosities. The LSV is then competent to the distal calf (16cm). The LSV is then incompetent for a short section in the distal calf, with two incompetent branches noted (16cm and 11cm). The LSV is then competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.69cm,  
Mid thigh - 0.44cm,  
Distal thigh - 0.65cm.  
Proximal calf - 0.47cm,  
Mid calf - 0.18cm,  
Distal calf - 0.32cm.

Transverse (AP) dimensions of anterior thigh vein:

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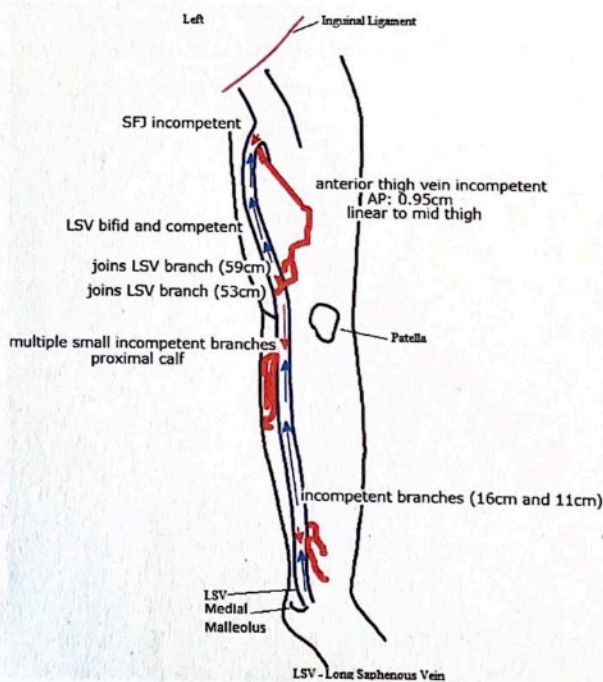
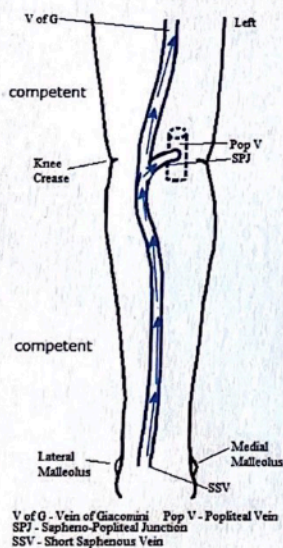
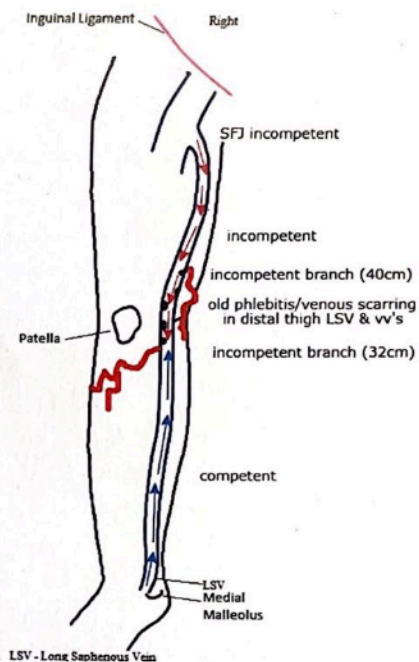
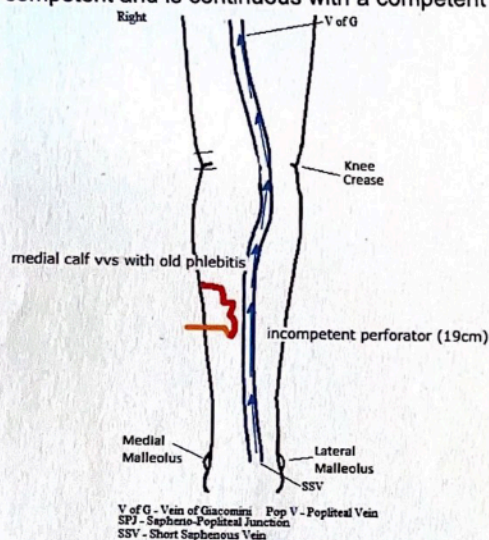
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Proximal thigh - 0.95cm

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.



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Reason

Varicose vein

Outcome

DVT negative, Chronic Superficial thrombophlebitis, Incompetence - superficial

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Slight Incompetence
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Widely Patent		Widely Patent	
Gastrocnemius	Widely Patent		Widely Patent	
Superficial Veins				
Saphenofemoral Junction	Not Identified		Widely Patent	Competent
L Saphenous Vein Above	Widely Patent	Incompetent	Widely Patent	Competent
L Saphenous Vein Below	Widely Patent	Incompetent	Widely Patent	Competent
Vein of Giacomini	Widely Patent	Competent	Widely Patent	Competent
Saphenopopliteal Junction	Widely Patent	Competent	Widely Patent	Competent
S Saphenous Vein	Areas of Thrombus	Old Thrombus	Areas of Thrombus	Old Thrombus
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

## Notes

## BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Patient states history of previous right vv treatment

## RIGHT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

Sapheno-femoral junction (SFJ) was not identified, with tortuous superficial veins identified in the right groin ?neovascularisation ?due to previous varicose vein treatment. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the thigh. Incompetent branches noted at knee crease forming medial calf

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varicosities. LSV is then small calibre (<0.20cm) with old, non-occlusive superficial thrombophlebitis identified throughout the LSV in the calf to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.63cm,

Mid thigh - 0.82cm,

Distal thigh - 0.62cm,

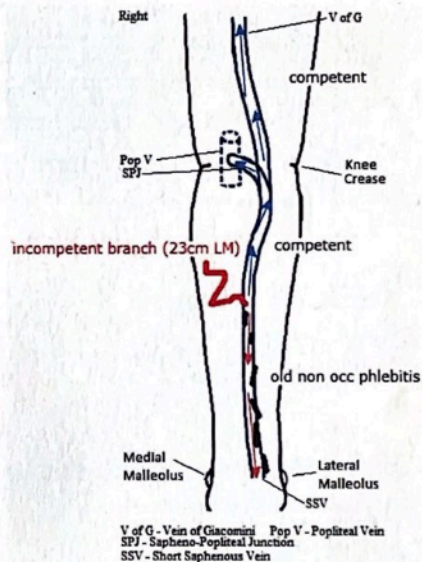
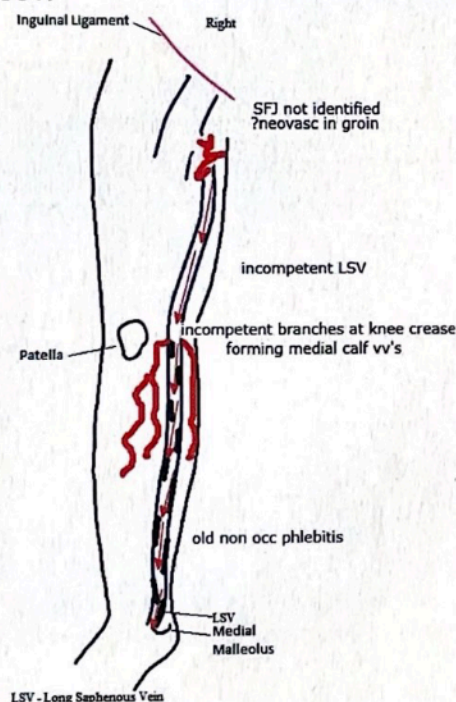
Calf - <0.20cm.

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent in the proximal vessel and is continuous with a competent vein of Giacomini. Incompetent branch joins the mid SSV (23cm LM). Old, non-occlusive superficial thrombophlebitis identified in the mid-distal SSV.

#### LEFT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT, with the exception of the popliteal vein which appears slightly incompetent but widely patent.

Sapheno-femoral junction (SFJ) appears widely patent and competent. Long Saphenous vein (LSV) is widely patent, competent and linear in the thigh and calf. Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent in the proximal vessel and is continuous with a competent vein of Giacomini. Old, non-occlusive superficial thrombophlebitis identified in the mid-distal SSV.



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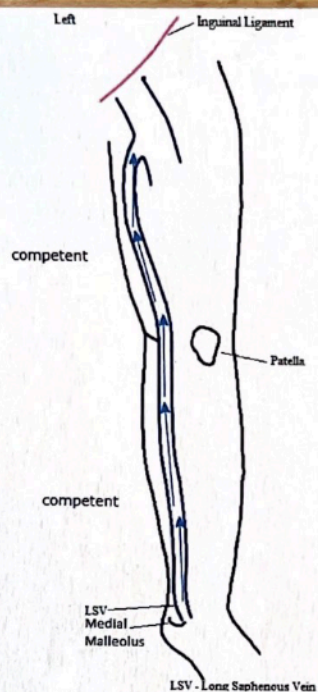
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Reason DVT  
Outcome DVT negative, Incompetence - superficial

	Right	Left
	Patency	Competency
Deep Veins		
Common Iliac Vein		
External Iliac Vein		
Internal Iliac Vein		
Common Femoral Vein		Widely Patent Competent
Profunda Vein		Widely Patent Competent
Superficial Femoral Vein		Widely Patent Competent
Popliteal Vein		Widely Patent Competent
Posterior Tibial Vein		Widely Patent Competent
Anterior Tibial Vein		Widely Patent Competent
Peroneal Vein		Widely Patent Competent
Soleal Vein		Widely Patent
Gastrocnemius		Widely Patent
Superficial Veins		
Saphenofemoral Junction		See notes
L Saphenous Vein Above		See notes
L Saphenous Vein Below		Widely Patent Competent
Vein of Giacomini		Widely Patent Competent
Saphenopopliteal Junction		Not Identified
S Saphenous Vein		Widely Patent Competent
Evidence of D.V.T.		
Above the knee		No
Popliteal		No
Below the knee		No

### Notes

#### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Previous left RFA

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is widely patent and competent. Long Saphenous vein (LSV) was not identified in the very proximal thigh, and is small calibre in the proximal to mid-thigh ? due to successful RFA

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treatment. Widely patent, competent LSV identified in the distal thigh and along the length of the calf.

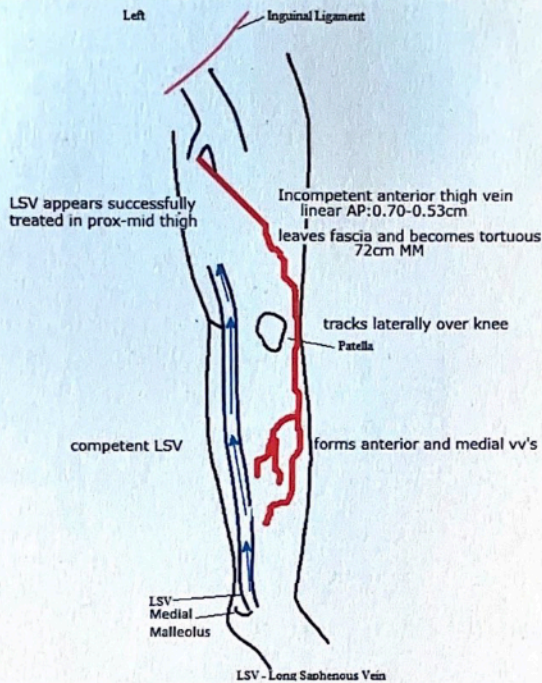
Incompetent anterior thigh vein identified arising from the SFJ, which is linear to the mid thigh (72cm) where it leaves the fascia and becomes tortuous, tracking laterally over the knee and forming anterior and medial calf varicosities. Small area of venous scarring identified in the very proximal anterior thigh vein.

Transverse (AP) dimensions of anterior thigh vein:

Proximal thigh - 0.70cm,

Mid thigh - 0.53cm,

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) is competent and is continuous with a competent vein of Giacomini.



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**Reason** Varicose vein  
**Outcome** DVT negative, Incompetence - deep, Incompetence - superficial

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Incompetent	Widely Patent	Incompetent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Widely Patent		Widely Patent	
Gastrocnemius	Widely Patent		Widely Patent	
<b>Superficial Veins</b>				
Saphenofemoral Junction	Widely Patent	Incompetent	Widely Patent	Incompetent
L Saphenous Vein Above	Widely Patent	Isolated Incompetence	Widely Patent	Incompetent
L Saphenous Vein Below	Widely Patent	Isolated Incompetence	Widely Patent	Competent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopliteal Junction	Widely Patent	Competent	Widely Patent	Competent
S Saphenous Vein	Widely Patent	Competent	Widely Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

## Notes

### BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Referral states previous high tie and stripping bilaterally

Iliac veins not viewed bilaterally. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. Right and left common femoral veins appear widely patent and incompetent bilaterally. All other visualised deep veins appear widely patent and competent with no evidence of previous DVT bilaterally.

All measurements are proximal to the medial malleolus unless otherwise stated.

## RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:57 pm

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Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the proximal to mid thigh. An incompetent branch leaves the LSV in the mid thigh (61cm), forming medial thigh varicosities. An incompetent branch leaves the LSV in the mid thigh (61cm) and tracks anterior laterally over the knee to the proximal lateral calf. The LSV appears competent to the proximal calf (34cm), where a further incompetent branch forms medial calf varicosities. The LSV is incompetent for a short section to the mid calf (30cm) where an incompetent branch forms medial calf varicosities. The LSV is then competent to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 1.10cm,

Mid thigh - 0.64cm,

Distal thigh - 0.25cm.

Proximal calf - 0.50cm,

Mid calf - 0.28cm,

Distal calf - 0.26cm.

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent.

#### LEFT

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the thigh. An incompetent branch leaves the LSV in the distal thigh (55cm) forming medial distal thigh varicosities which track into the medial and anterior calf. The LSV is competent distal to this branch to the ankle.

Transverse (AP) dimensions of LSV:

Proximal thigh - 1.51cm,

Mid thigh - 0.87cm,

Distal thigh - 0.77cm, 0.23cm

Proximal calf - 0.28cm,

Mid calf - 0.50cm,

Distal calf - 0.43cm.

Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent.

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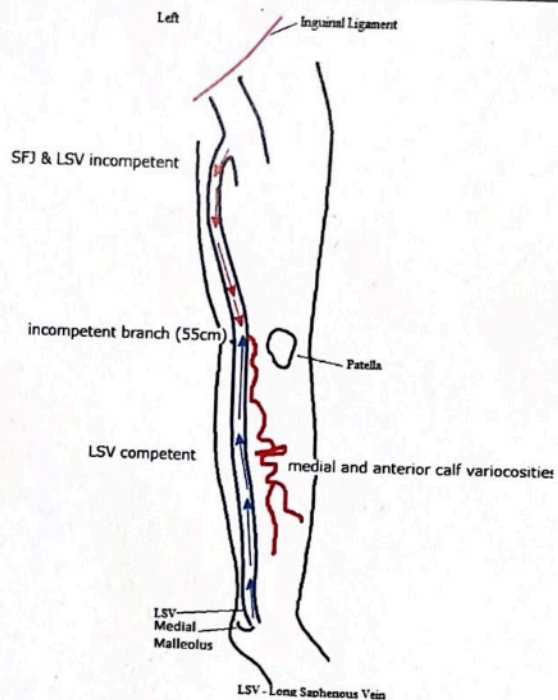
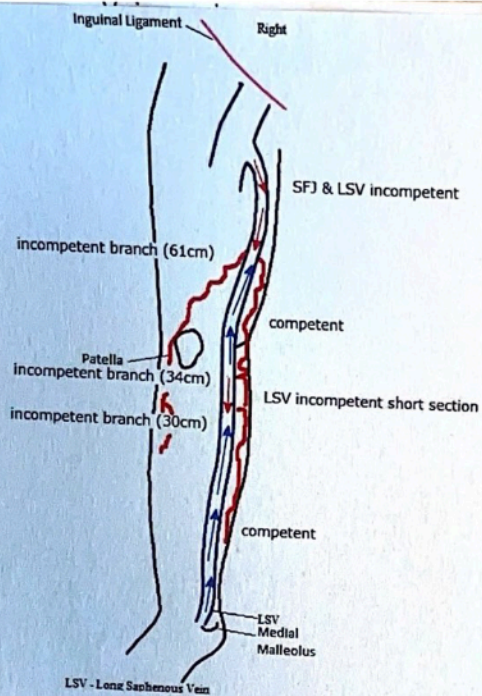
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**Reason** Varicose vein  
**Outcome** Incompetence - superficial

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Competent		
Popliteal Vein	Widely Patent	Competent		
Posterior Tibial Vein	Widely Patent	Competent		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Competent		
Soleal Vein	Widely Patent			
Gastrocnemius	Widely Patent			
<b>Superficial Veins</b>				
Saphenofemoral Junction	Widely Patent	Incompetent		
L Saphenous Vein Above	Widely Patent	Isolated Incompetence		
L Saphenous Vein Below	Widely Patent	Competent		
Vein of Giacomini	Not Identified			
Saphenopopliteal Junction	Widely Patent	Competent		
S Saphenous Vein	Widely Patent	Isolated Incompetence		
<b>Evidence of D.V.T.</b>				
Above the knee	No			
Popliteal	No			
Below the knee	No			

### Notes

#### RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear to the mid thigh (56cm), where an incompetent branch leaves and tracks over the anterior thigh, laterally over the knee, forming the lateral calf varicosities which track onto the

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anterior and posterior calf.

Transverse (AP) dimensions of LSV:

Proximal thigh - 0.86cm,

Mid thigh - 0.65cm,

Distal thigh - 0.23cm.

Proximal calf - 0.19cm,

Mid calf - 0.21cm,

Distal calf - 0.30cm.

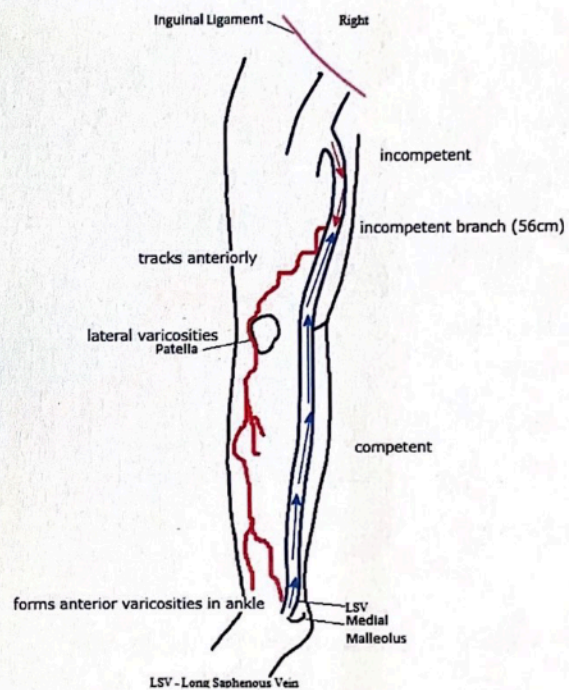
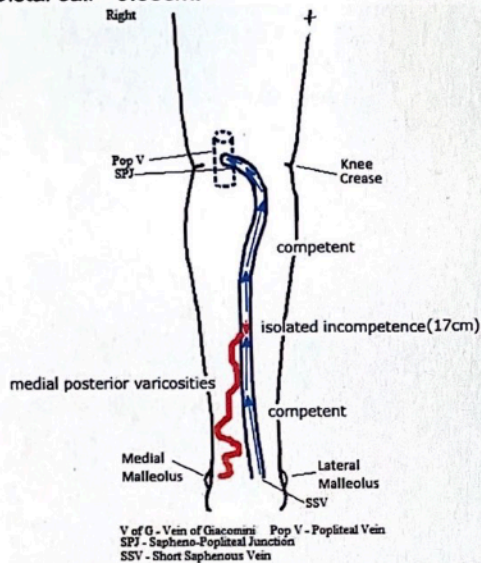
Sapheno-popliteal junction (SPJ) is widely patent and competent. Short Saphenous vein (SSV) is widely patent and competent in the proximal vessel. Short section of isolated incompetence identified in the mid SSV (17cm) where an incompetent branch leaves the SSV forming medial and posterior calf varicosities. The SSV is then competent to the ankle.

Transverse (AP) dimensions of SSV:

Proximal calf - 0.36cm,

Mid calf - 0.53cm,

Distal calf - 0.33cm.



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Reason

Varicose vein

Outcome

DVT equivocal, DVT positive - chronic, Poor images, patient habitus, Oedema, Chronic Superficial thrombophlebitis, Incompetence - superficial

Deep Veins	Right		Left	
	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent		
Profunda Vein	Widely Patent	Competent		
Superficial Femoral Vein	Widely Patent	Competent		
Popliteal Vein	Areas of Thrombus	Old Thrombus		
Posterior Tibial Vein	Poor Flow			
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Poor Flow			
Soleal Vein	Poor Flow			
Gastrocnemius	Poor Flow			
<b>Superficial Veins</b>				
Saphenofemoral Junction	Widely Patent	Incompetent		
L Saphenous Vein Above	Widely Patent	Incompetent		
L Saphenous Vein Below	Widely Patent	Isolated Incompetence		
Vein of Giacomini	Not Identified			
Saphenopopliteal Junction	Areas of Thrombus	Old Thrombus		
S Saphenous Vein	Areas of Thrombus	Old Thrombus		
<b>Evidence of D.V.T.</b>				
Above the knee	No			
Popliteal	Yes	Old		
Below the knee	Cannot Exclude			

## Notes

## RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT

\*Challenging assessment due to patient habitus and discomfort during assessment - suboptimal images obtained

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. The common femoral, profunda femoral origin and superficial femoral veins appear widely patent and competent with no evidence of previous DVT. Old, non-occlusive thrombus identified in the popliteal vein. The anterior tibial veins appear widely patent and competent. Other calf veins were difficult to visualise due to depth, oedema, swelling, ulceration and patient pain during assessment - unable to fully exclude the presence of thrombus or assess competency.

Assessed by Charlotte Roberts, MCVS

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All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the thigh to the mid calf (23cm). Incompetent branches noted in the proximal and mid calf (31cm and 23cm), forming medial calf varicosities. The LSV appears competent distal to this branch in the mid calf. Distal calf LSV was obscured by ulceration.

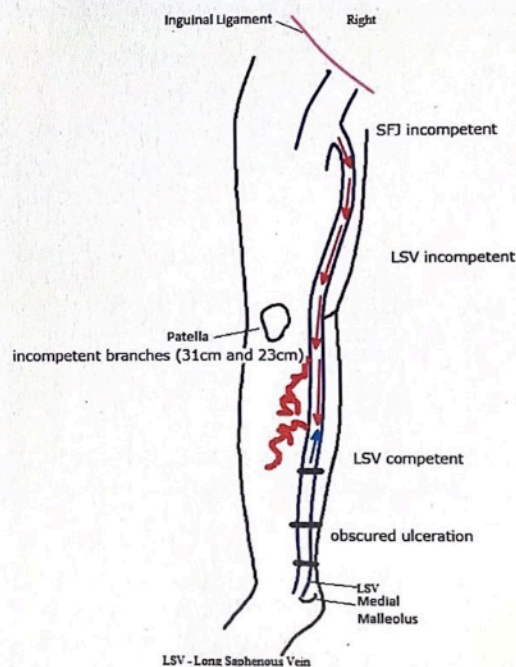
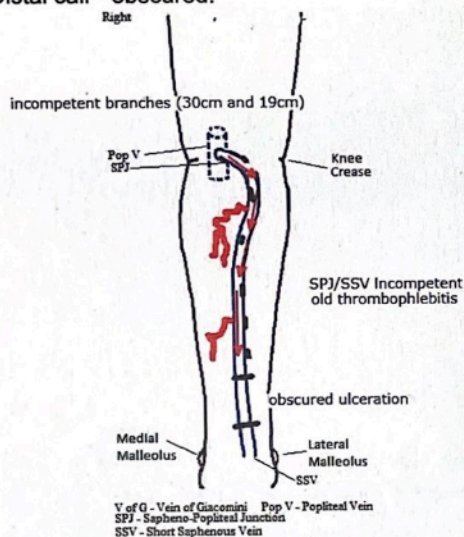
Transverse (AP) dimensions of LSV:

Proximal thigh - 0.80cm,  
Mid thigh - 0.59cm,  
Distal thigh - 0.51cm.  
Proximal calf - 0.50cm,  
Mid calf - 0.17cm,  
Distal calf - obscured.

Sapheno-popliteal junction (SPJ) is incompetent with areas of non-occlusive, old superficial thrombophlebitis. Short Saphenous vein (SSV) is incompetent with areas of non-occlusive, old superficial thrombophlebitis in the proximal-mid vessel. Very distal vessel was obscured by ulceration and patient pain. Incompetent branches noted in the proximal and mid calf (30cm and 19cm) forming medial calf varicosities.

Transverse (AP) dimensions of SSV:

Proximal calf - 0.81cm,  
Mid calf - 0.72cm,  
Distal calf - obscured.



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Reason Varicose vein  
Outcome DVT negative, Incompetence - superficial

	Right		Left	
	Patency	Competency	Patency	Competency
<b>Deep Veins</b>				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein			Widely Patent	Competent
Profunda Vein			Widely Patent	Competent
Superficial Femoral Vein			Widely Patent	Competent
Popliteal Vein			Widely Patent	Competent
Posterior Tibial Vein			Widely Patent	Competent
Anterior Tibial Vein			Widely Patent	Competent
Peroneal Vein			Widely Patent	Competent
Soleal Vein			Widely Patent	
Gastrocnemius			Widely Patent	
<b>Superficial Veins</b>				
Saphenofemoral Junction			Widely Patent	Incompetent
L Saphenous Vein Above			Widely Patent	Incompetent
L Saphenous Vein Below			Widely Patent	Isolated Incompetence
Vein of Giacomini			Not Identified	
Saphenopopliteal Junction			Not Identified	
S Saphenous Vein			Widely Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee			No	
Popliteal			No	
Below the knee			No	

## Notes

### LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent and competent with no evidence of previous DVT.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is widely patent and incompetent. Long Saphenous vein (LSV) is widely patent, incompetent and linear in the thigh. Incompetent branch identified in the mid calf (17cm) forming shin and ankle varicosities.

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Transverse (AP) dimensions of LSV:

Proximal thigh - 0.45cm,

Mid thigh - 0.55cm,

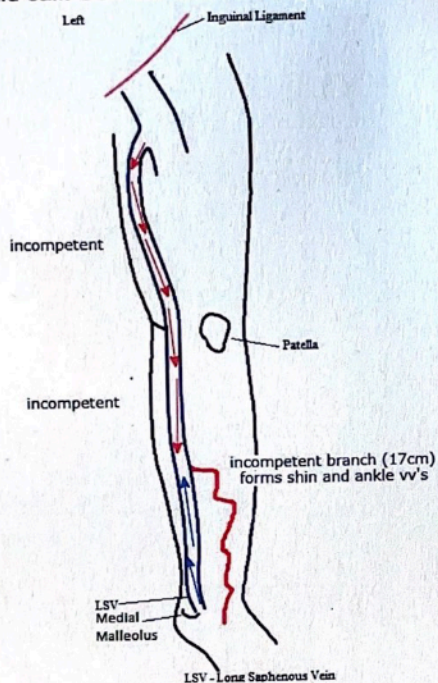
Distal thigh - 0.50cm.

Proximal calf - 0.47cm,

Mid calf - 0.43cm,

Distal calf - 0.24cm.

Sapheno-popliteal junction (SPJ) was not identified. Short Saphenous vein (SSV) was not identified in the proximal-mid calf. SSV identified distally and is competent.



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**Reason** Varicose vein

**Outcome** DVT negative, Oedema, Incompetence - superficial

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Patent		Patent	
Anterior Tibial Vein	Patent		Patent	
Peroneal Vein	Patent		Patent	
Soleal Vein				
Gastrocnemius	Patent		Patent	
<b>Superficial Veins</b>				
Saphenofemoral Junction	Widely Patent	Competent	Widely Patent	Competent
L Saphenous Vein Above	Widely Patent	Competent	Widely Patent	Competent
L Saphenous Vein Below	Widely Patent	Incompetent	Widely Patent	Competent
Vein of Giacomini	Widely Patent	Competent	Not Identified	
Saphenopopliteal Junction	Not Identified		Widely Patent	Competent
S Saphenous Vein	Widely Patent	Competent	Widely Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

### Notes

#### BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

Iliac veins not viewed bilaterally. Flow in the common femoral vein is phasic with respiration and a normal response on Valsalva manoeuvre, suggesting proximal vein patency bilaterally. All visualised proximal deep veins appear widely patent and competent with no evidence of previous DVT bilaterally. Calf veins were difficult to visualise due to swelling, depth and oedema, but appear patent with reasonable colour filling bilaterally.

All measurements are proximal to the medial malleolus unless otherwise stated.

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