



Reason Varicose vein
Outcome Lymph nodes, Incompetence

	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	Incompetent		
Posterior Tibial Vein	Widely Patent	Competent		
Anterior Tibial Vein	Widely Patent	Competent		
Peroneal Vein	Widely Patent	Competent		
Soleal Vein	Widely Patent	Competent		
Gastrocnemius	Widely Patent	Competent		
Superficial Veins				
Saphenofemoral Junction	Patent	Competent		
L Saphenous Vein Above	Patent	Competent		
L Saphenous Vein Below	Patent	Competent		
Vein of Giacomini	Not Identified			
Saphenopopiteal Junction	Patent	Incompetent		
S Saphenous Vein	Patent	Incompetent		
Evidence of D.V.T.				
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 demonstrates a normal response on Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear widely patent with no evidence of previous DVT. The popliteal vein appears incompetent. All other veins appear competent.

SFJ is patent and competent.

LSV is patent and competent in the thigh and calf.

SPJ is patent and incompetent.

Assessed by Ranit Shail, MCVS

Printed on 04/08/2024 at 8:09 pm

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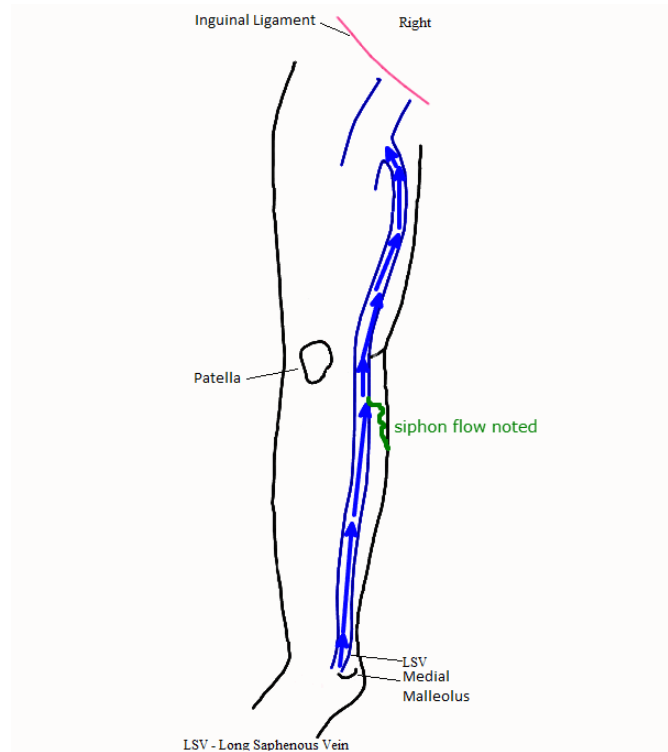
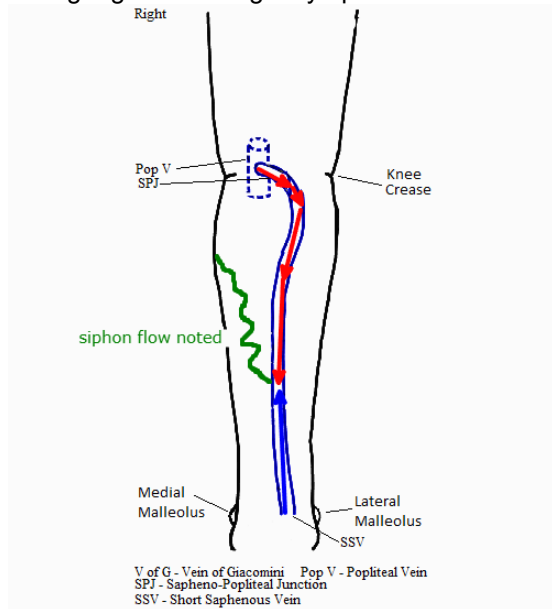


Patient **Vanessa Strickland**
D.O.B. **09/03/1973**

NHS No **614 500 0945**
Patient Ref **FYC12972979**

SSV is patent, and incompetent in the proximal and mid calf.
Incompetent branch with siphon flow noted at ~20cm from MM.
SSV is patent and competent in the distal calf.
SSV measures: 0.56, 0.40 and 0.32cm.

ADDITIONAL COMMENT: There appears to be a large avascular incompressible mixed echogenic mass in the right groin ?enlarged lymph node.



Assessed by **Ranit Shail, MCVS**

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.