



**Reason** Varicose vein  
**Outcome** Incompetence

	<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	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	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	Competent	Widely Patent	Competent
Gastrocnemius	Widely Patent	Competent	Widely Patent	Competent
<b>Superficial Veins</b>				
Saphenofemoral Junction	Patent	Incompetent	Patent	Incompetent
L Saphenous Vein Above	Patent	Incompetent	Patent	Incompetent
L Saphenous Vein Below	Patent	Competent	Patent	Incompetent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

**Notes**

## RIGHT AND LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

## RIGHT:

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 CFV appears incompetent. All other deep veins appears competent.

SFJ is patent and incompetent.

The proximal and mid ATV is patent and incompetent, measuring 0.58 and 0.39cm, respectively.

Assessed by Ranit Shail, MCVS

Printed on 04/08/2024 at 8:45 pm

Checked by



Patient **Sasha Stimpson**  
D.O.B. **02/11/1994**

NHS No **618 831 1446**  
Patient Ref **FYC34484657**

ATV leaves the fascia at ~51cm from MM and forms anterior thigh varicosities.

LSV is patent and competent in the proximal thigh.

Incompetent branch noted at ~63cm from MM, forming medial thigh varicosities.

LSV is patent in the mid and distal thigh and calf.

LSV is patent and competent in the calf.

LSV measures:

Thigh - 0.67, 0.26 and 0.36cm

Calf - 0.40, 0.39 and 0.36cm

SPJ was not identified.

SSV is patent, 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 demonstrates 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.

SFJ is patent and incompetent.

LSV is patent and competent in the proximal thigh.

Incompetent branch noted at ~61cm from MM, forming medial thigh and calf varicosities.

LSV is patent and competent in the mid and distal thigh.

LSV is patent and competent in the proximal calf.

Incompetent branch noted at ~30cm from MM.

LSV is patent and incompetent in the mid calf.

Incompetent branch noted at ~15cm from MM.

LSV is patent and competent in the distal calf.

LSV measures:

Thigh - 0.56, 0.40 and 0.40cm

Calf - 0.19, 0.35 and 0.32cm

SPJ was not identified.

SSV is patent, competent and is continuous with a competent vein of Giacomini.

Assessed by **Ranit Shail, MCVS**

Printed on 04/08/2024 at 8:45 pm

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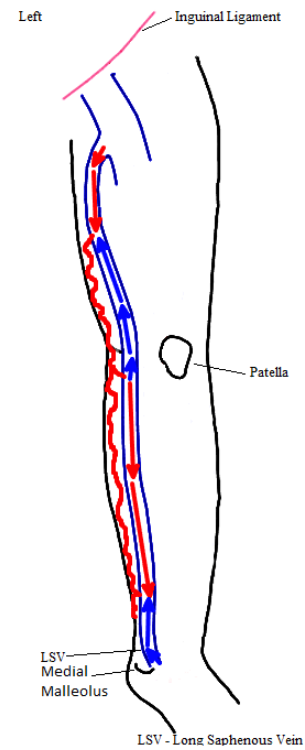
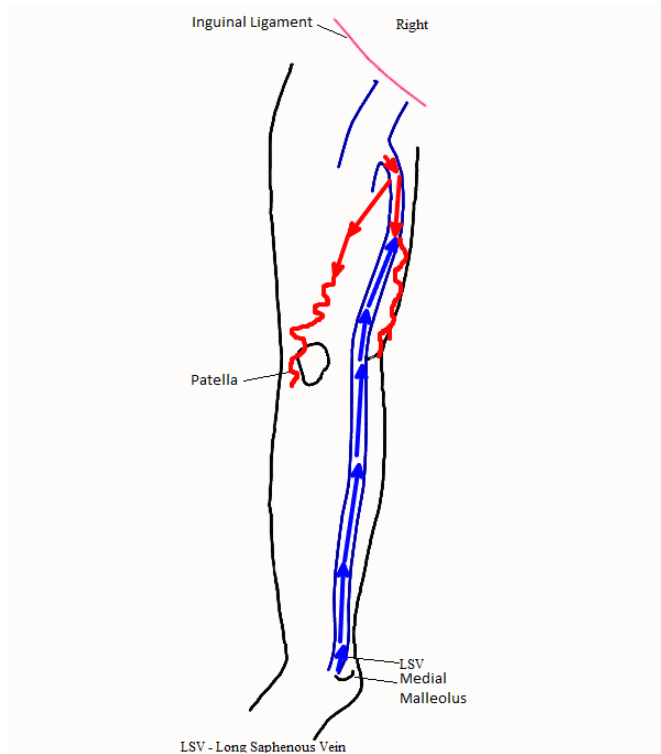


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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.