



**Reason** Varicose vein  
**Outcome** Lymph nodes, Incompetence

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein	Widely Patent	Competent	Widely Patent	Competent
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	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
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Incompetent
Vein of Giacomini	Patent	Competent	Not Identified	
Saphenopopliteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
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 and competent with no evidence of previous DVT.

SFJ is patent and competent.

LSV is patent and competent in the thigh and calf.

SPJ is patent and competent.

Assessed by Ranit Shail, MCVS

Printed on 04/08/2024 at 8:17 pm

Checked by



Patient **John Sutton**  
D.O.B. **05/05/1969**

NHS No **612 802 7458**  
Patient Ref **FYC33648555**

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 competent.

LSV is patent and competent in the thigh.

Incompetent branch and perforators noted at ~39cm, 37cm and 35cm from MM.

LSV is patent and incompetent in the proximal and mid calf.

Incompetent branch noted at ~15cm from MM.

LSV is patent and competent in the distal calf.

LSV measures:

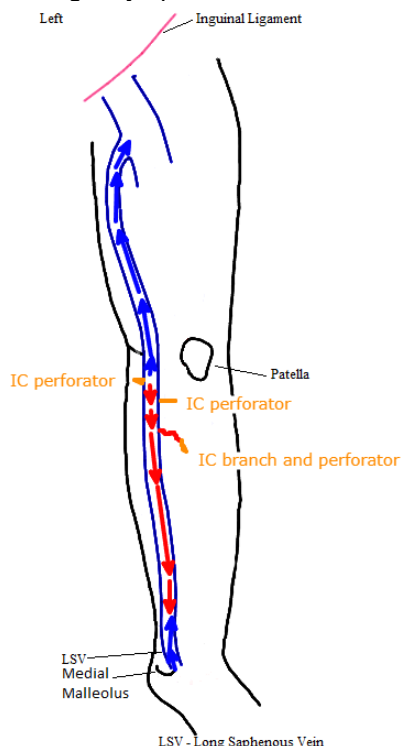
Thigh - 0.86, 0.81 and 0.73cm

Calf - 0.58, 0.38 and 0.51cm

SPJ was not identified.

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

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



Assessed by **Ranit Shail, MCVS**

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