



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	Slight Incompetence	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	Incompetent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Incompetent
Vein of Giacomini	Patent	Competent	Patent	Siphon flow
Saphenopopliteal Junction	Not Identified		Patent	Competent
S Saphenous Vein	Patent	Incompetent	Patent	Competent
Evidence of D.V.T.				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

Notes

RIGHT & 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 slightly incompetent. All other deep veins appear competent.

SFJ is patent and incompetent.

Incompetent branch to the SFJ noted ?pelvic source.

The ATV is patent and incompetent in the proximal and mid thigh.

Assessed by Ranit Shail, MCVS

Printed on 04/08/2024 at 8:35 pm

Checked by



Patient **Georgiana Burlacu**
D.O.B. **28/11/1988**

NHS No **715 535 2292**
Patient Ref **FYC34478239**

ATV leaves the fascia at ~54cm from MM, forming thigh and calf varicosities.

LSV is patent and competent in the thigh and calf.

SPJ was not identified.

Vein of Giacomini is patent and competent.

SSV is patent and competent in the proximal and mid calf.

Incompetent branch noted at ~19cm from MM.

SSV is patent and incompetent in the distal calf.

SSV measures: 0.21, 0.23 and 0.24cm.

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.

ATV is patent in the proximal and mid thigh.

ATV leaves the fascia at ~55cm from MM and communicates with an incompetent branch ?pelvic source, forming thigh and calf varicosities.

LSV is patent and competent in the thigh.

Distal thigh LSV not identified ?small calibre.

LSV reappears at knee crease where an incompetent branch is also identified.

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

Incompetent branch noted at ~16cm from MM.

LSV is patent and competent in the distal calf.

LSV measures:

Thigh - 0.30 and 0.21cm.

Calf - 0.39, 0.33 and 0.25cm.

SPJ is patent and competent.

Vein of giacomini appears to have siphon flow and communicates with the incompetent branch (pelvic source).

SSV is patent and competent in the calf.

SSV measures: 0.32, 0.26 and 0.22cm.

ADDITIONAL COMMENT: There is large avascular incompressible mixed echogenic mass in the groin, bilaterally ?enlarged lymph nodes.

Assessed by **Ranit Shail, MCVS**

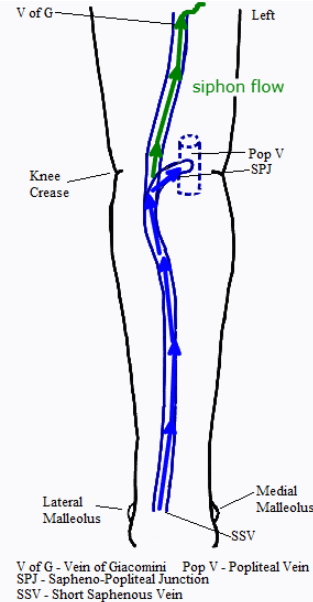
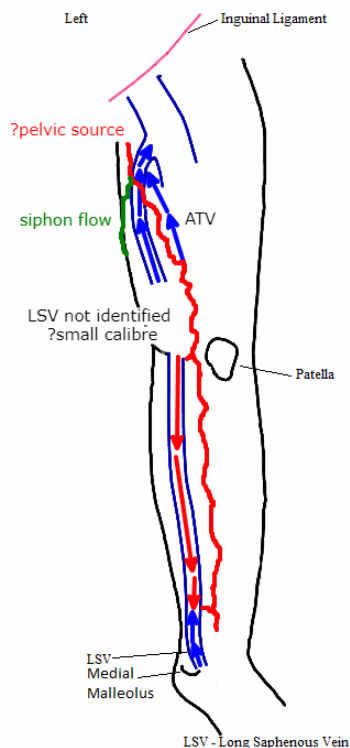
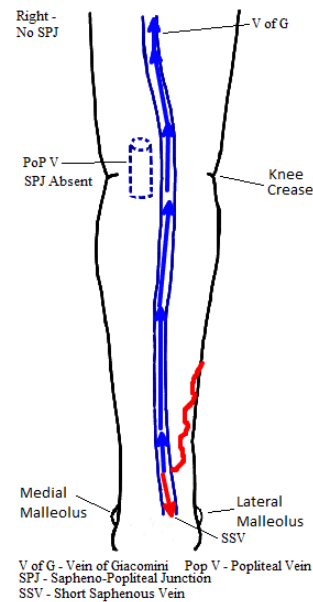
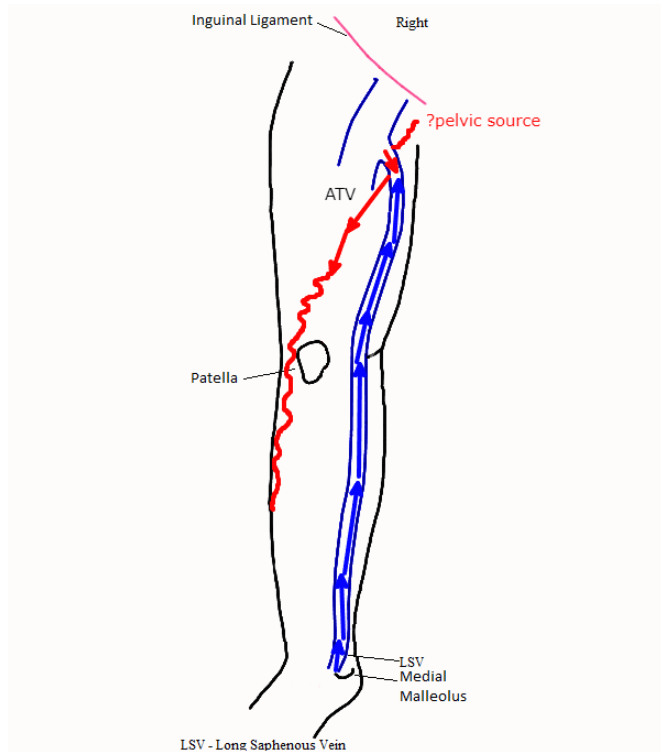
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