



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	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	Incompetent	Patent	Incompetent
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Not Identified		Not Identified	
Saphenopopiteal Junction	Patent	Competent	Patent	Incompetent
S Saphenous Vein	Patent	Competent	Patent	Incompetent
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 proximal thigh.

Incompetent branch (?source) noted at ~56cm from MM.

LSV is patent and incompetent in the mid thigh.

Assessed by Ranit Shail, MCVS

Printed on 04/08/2024 at 8:06 pm

Checked by



Patient **Lynda Higgins**
D.O.B. **22/02/1948**

NHS No **452 781 9429**
Patient Ref **FYC30167785**

Incompetent branch noted at ~43cm from MM.
LSV is patent and competent in the distal thigh and calf.
LSV measures:
Thigh - 0.49, 0.51 and 0.32cm.
Calf - 0.31, 0.22 and 0.24cm.

SPJ is patent and competent.
SSV is patent and competent in the calf.

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 with no evidence of previous DVT.
The mid, distal SFV and proximal POPV appears incompetent. All other deep veins appears competent.

SFJ is patent and competent.
Incompetent branch noted at ~66cm from MM.
LSV is patent and incompetent in the proximal thigh.
Incompetent branch and perforator to the mid SFV noted at ~58cm from MM.
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 ~10cm from MM.
LSV is patent and competent in the distal calf.
LSV measures:
Thigh - 0.42, 0.41 and 0.45cm.
Calf - 0.32, 0.24 and 0.34cm.

SPJ is patent and incompetent.
SSV is patent and incompetent in the proximal calf.
Incompetent branch noted at ~25cm from MM.
SSV is patent and competent in the mid and distal calf.
SSV measures: 0.66, 0.33 and 0.30cm.

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**

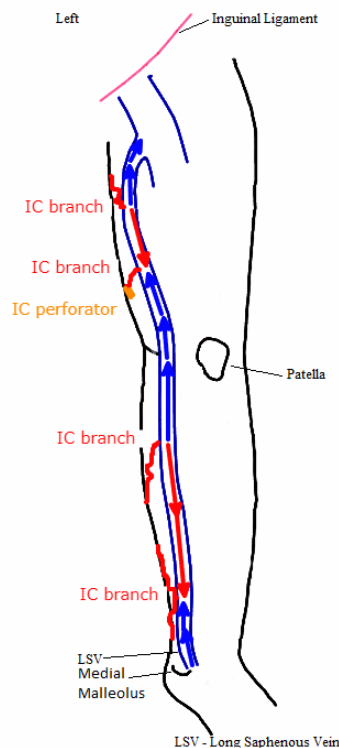
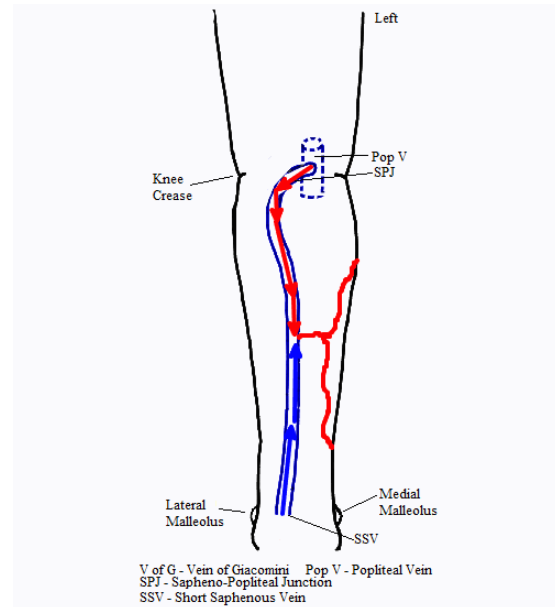
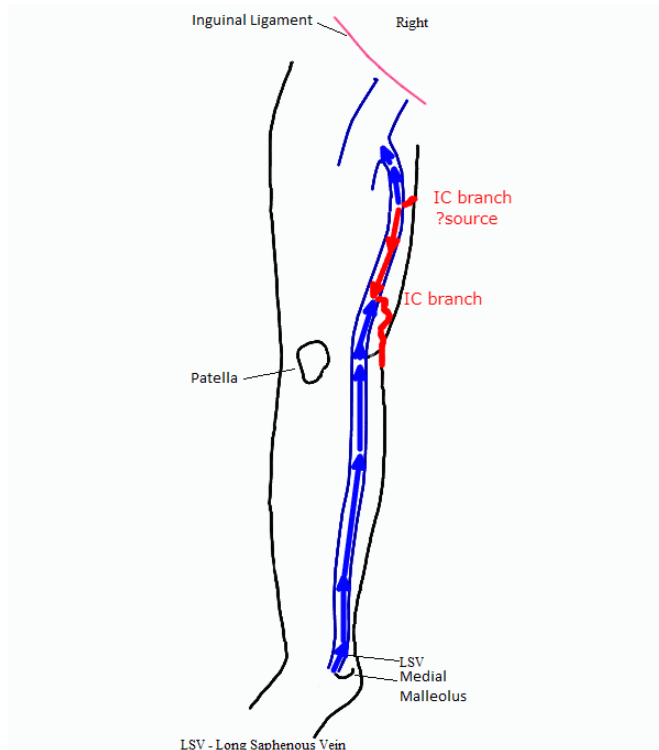
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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.