



Reason Varicose vein
Outcome Lymph nodes, Incompetence

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Incompetent	Widely Patent	Incompetent
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	Incompetent
L Saphenous Vein Above	Patent	Incompetent	Patent	Competent
L Saphenous Vein Below	Patent	Incompetent	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Patent	Competent
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 with no evidence of previous DVT. The CFV appears incompetent. All other deep veins appears competent.

SFJ is patent and incompetent.

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

Incompetent branch noted at ~76cm and ~58cm from MM, forming thigh and calf varicosities.

Assessed by Ranit Shail, MCVS

Printed on 04/08/2024 at 8:14 pm

Checked by



Patient **Erika Markovic**
D.O.B. **24/09/1971**

NHS No **717 032 5020**
Patient Ref **FYC34495984**

LSV is patent and competent in the distal thigh.
LSV leaves the fascia at ~55cm from MM.
Incompetent branch noted at knee crease.
LSV is patent and incompetent in the proximal and mid calf.
Incompetent branch noted at ~30cm from MM.
Incompetent perforator noted at ~23cm from MM.
Incompetent branch noted at ~17cm from MM.
LSV re-enters fascia at ~16cm from MM.
LSV is patent and competent in the distal calf.
LSV measures:
Thigh - 1.74, 0.66 and 0.49cm.
Calf - 0.70, 0.73 and 0.44cm.

SPJ is patent and competent.
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 with no evidence of previous DVT. The CFV appears incompetent. All other deep veins appears competent.

SFJ is patent and incompetent.
ATV is patent and incompetent in the proximal thigh.
Incompetent branch noted at ~76cm from MM, forming thigh and calf varicosities.
ATV is patent and competent in the mid thigh.
ATV measures: 0.88 and 0.30cm.

LSV is patent and competent in the thigh and calf.

SPJ is patent and competent.
Vein of Giacomini is patent and competent.
SSV is patent and competent in the proximal and mid calf.
Incompetent branch noted at ~17cm from MM.
SSV is patent and incompetent in the distal calf.

SSV measures: 0.24, 0.19 and 0.34cm

ADDITIONAL COMMENT: Varicose veins noted at the posterior thigh ?source.
ADDITIONAL COMMENT: There appears to be a large avascular incompressible mixed echogenic mass in the left and right groin ?enlarged lymph nodes.

Assessed by **Ranit Shail, MCVS**

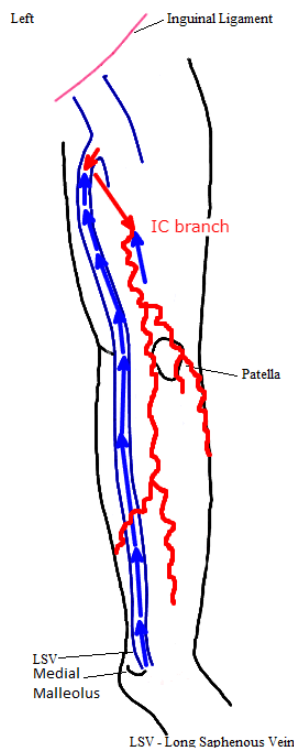
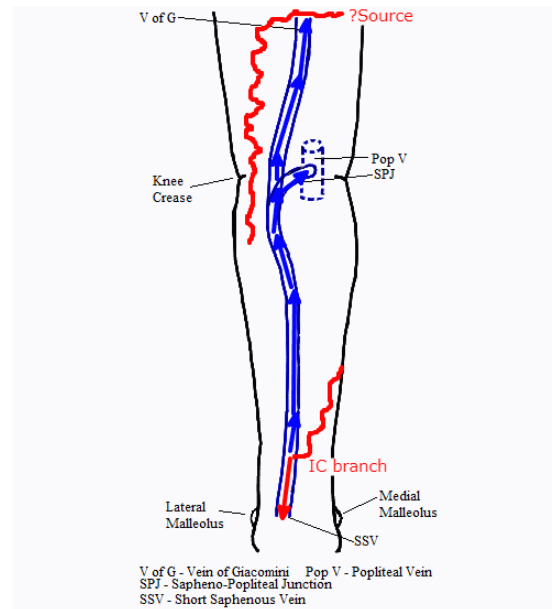
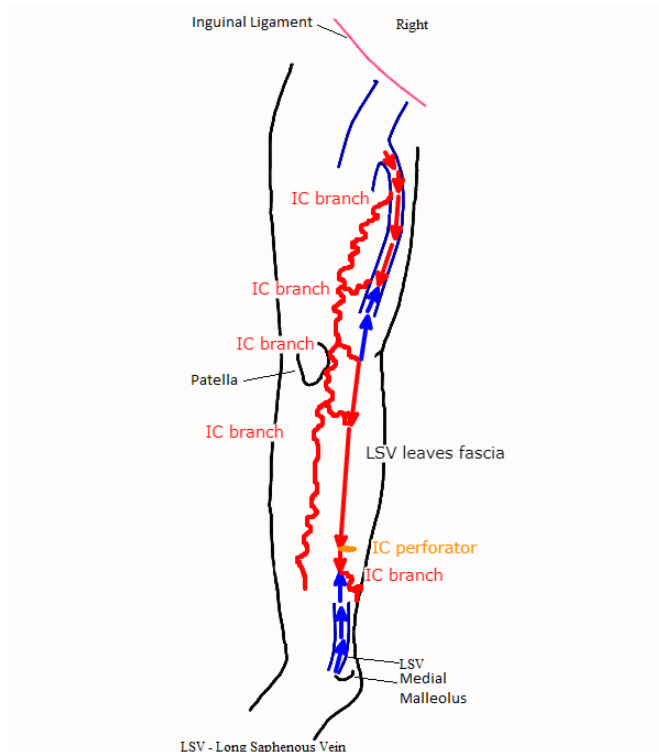
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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.