

DoB :
Hosp. No. :
CRIS No. :
NHS No. :

VERIFIED Verified By : AKHTAR Anam 30-Aug-2018
Typed By : AKHTAR Anam 30-Aug-2018

Clinical History :
ENTERED BY: J Naik

ROLE: RLBUHT Consultant
BLEEP: [NOT KNOWN]
Relevant Information: veins with skin changes
on 30-Aug-2018 at 11:47)

RIGHT- The CFV is widely patent, phasic with respiration and incompetent on Valsalva. The Femoral-Popliteal deep veins are widely patent, competent and fully compressible with no evidence of DVT.

Event Number :

Examination Date : **30-Aug-2018**

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Rt**

DoB
Hosp. No.
CRIS No.
NHS No.

The SFJ is widely patent and incompetent. The GSV is patent and incompetent throughout, becoming increasingly large and tortuous through the distal thigh and the proximal third of the calf, measuring approximately 1.97cm and 1.7cm respectively. Vessel kinking may not allow wire to pass through, therefore GSV the GSV is unsuitable for RFA. Incompetent GSV branch noted in the mid calf communicating with the SSV. Large competent perforator noted in the distal calf, beyond this level the GSV becomes smaller in calibre (0.2cm) and competent just above ankle level.

No SPJ. The SSV is widely patent and competent throughout its length.

Conclusion:

Incompetent right CFV.

Incompetent and tortuous right GSV, vessel unsuitable for RFA due to kinking.

Examination Date : **30-Aug-2018**

Event Number :

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Rt**

DoB :
Hosp. No. :
CRIS No. :
NHS No. :

VERIFIED Verified By : HARRISON Richard 24-Oct-2018
Typed By : HARRISON Richard 24-Oct-2018

Clinical History : Known Left GSV thrombophlebitis. ?Regression/Progression.

LEFT- The CFV , PFV, femoral and popliteal are widely patent and fully compressible with no evidence of DVT.

Mild venous scarring/old thrombus at the SFJ, appearances are similar to previous but the region is fully compressible. 3.3cm from the junction there remains an isolated segment of mild mixed recannalising non occlusive thrombus which is adhered to the posterior wall. Beyond this level mild scarring until mid thigh. At mid thigh there is more significant tube of old thrombus which extends into the calf. The thrombus is non occlusive.

Event Number :

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examination Date : **24-Oct-2018**

Examinations : **US Doppler Veins Leg Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

Concluision - Difficult to comment of regression. The thrombus in the proximal thigh to junction is mild and largely scarring with only a mild isolated segment of old non occlusive 3.3cm from the junction. The thrombus from mid thigh into the calf is more significant; a tube of old and non occlusive. No evidence of DVT.

Examination Date : **24-Oct-2018**

Event Number :

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

VERIFIED Verified By : AKHTAR Anam 31-Oct-2018
Typed By : AKHTAR Anam 31-Oct-2018

Clinical History : 1 year post left iliac vein stenting and lysis

LEFT-The CIV stent is patent with mild/moderate mixed thrombus lining the wall, approximately forming a 67% area reduction. This does not appear to have significantly changed since the previous scan. The EIV is widely patent with no evidence of thrombus, mildly phasic flow throughout.

No Routine follow up arranged. Please advise if otherwise.
Patient seen in JRHS opd clinic today.

Event Number : 111111

Examination Date : **31-Oct-2018**

Ref. Source : SCURR James, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No. :

VERIFIED Verified By : AKHTAR Anam 17-Oct-2018
Typed By : AKHTAR Anam 17-Oct-2018

Clinical History : Left leg VV's

LEFT- The CFV is widely patent, phasic with respiration and incompetent on Valsalva. The Femoral-Popliteal deep veins are widely patent, competent and fully compressible with no evidence of a DVT.

The SFJ is widely patent and incompetent. Small incompetent veins arise of the SPJ coursing towards the pubic area. Incompetent anterior thigh veins comes of the GSV shortly beyond its origin forming the visible anterior thigh varicosities. The anterior thigh vein is linear for >10cm from its origin, thus suitable for RFA. The GSV is small in calibre (~0.3cm through the thigh) and competent throughout its length to the ankle, despite communication of the anterior thigh vv's in the distal thigh. Incompetent medial and antero-lateral GSV branches extend down the

Event Number :

Examination Date : **17-Oct-2018**

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

calf, communicating with the GSV and forming the visible antero lateral VV's into the foot respectively. GSV remains small in calibre (<0.3cm) through the calf.

The SPJ is widely patent and competent. The SSV is widely patent and competent throughout its length.

Conclusion:

Incompetent left CFV.

Incompetent left SFJ.

Incompetent left anterior thigh veins, suitable for RFA with access in the mid thigh.

Examination Date : **17-Oct-2018**

Event Number : E-17092391

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

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DoB :
Hosp. No. :
CRIS No. :
NHS No. :**VERIFIED** Verified By : AKHTAR Anam 24-Oct-2018
Typed By : AKHTAR Anam 24-Oct-2018

Clinical History : Left leg pain.

Difficult scan due to body habitus.

LEFT-The CFV is widely patent, phasic with respiration and competent on valsalva. The Femoral-Popliteal deep veins are widely patent, competent and fully compressible with no evidence of DVT.

The SFJ is widely patent, difficult to obtain good augmentation due to large leg, however appears competent. The GSV and SSV are widely patent and competent throughout their length.

Event Number : Examination Date : **24-Oct-2018**

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

Hosp
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Conclusion:
Widely patent and competent deep and superficial venous system.

Examination Date : **24-Oct-2018**

Event Number :

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

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Hosp. No
CRIS No
NHS No**VERIFIED** Verified By : AKHTAR Anam 10-Oct-2018
Typed By : AKHTAR Anam 10-Oct-2018

Clinical History : Left leg VV's

LEFT- The CFV is widely patent, phasic with respiration and competent on Valsalva. The Femoral and Popliteal veins are widely patent with no evidence of DVT. The Femoral vein is patent and competent through the proximal and mid segment, becoming incompetent distally. The Popliteal vein is patent and incompetent to the junction and becomes competent distally.

The SFJ is widely patent and competent. The GSV is widely patent and competent throughout its length. Competent perforators in the proximal and mid calf. There is an incompetent branch arising of the proximal calf GSV communicating with the SSV distally.

Event Number :

Examination Date : **10-Oct-2018**

Ref. Source : SCURR James, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

The SPJ is widely patent, large (measuring approx 1.7cm) and incompetent. Incompetent tortuous VV's arise from the GSV SPJ forming the visible vv's which communicate with the SSV distally. The proximal and mid SSV is widely patent and competent. Beyond the above mentioned communicating VV's in the distal calf the SSV becomes incompetent.

Conclusion:

Incompetent left SPJ.

Incompetent distal left Femoral and Popliteal vein.

Distal left SSV incompetence.

Examination Date : **10-Oct-2018**

Event Number :

Ref. Source : SCURR James, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

Hosp.
CRIS
NH:

VERIFIED Verified By : AKHTAR Anam 08-Nov-2018
Typed By : AKHTAR Anam 08-Nov-2018

Clinical History :

ENTERED BY: Kajantharshri Sritharan

ROLE: RLBUHT Doctor

BLEEP: 07773253588

Relevant Information: Left leg swelling ? groin tenderness
on 08-Nov-2018 at 10:29)

LEFT- The CFV is widely patent, phasic with respiration and competent on Valsalva. The Femoral-Popliteal deep veins are widely patent, competent and fully compressible with no evidence of DVT.

Event Number :

Examination Date : **08-Nov-2018**

Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

The SFJ is widely patent and competent. The GSV and SSV is widely patent and competent throughout its length with no issues identified.

Conclusion:
Widely patent deep and superficial left venous system.

Examination Date : 08-Nov-2018

Event Number :

Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoE
Hosp. No
CRIS No
NHS N

VERIFIED Verified By : AKHTAR Anam 17-Jan-2019
Typed By : AKHTAR Anam 17-Jan-2019

Clinical History : Non healing left medial calf ulcer.

Difficult scan as patient was unable to stand and was in pain on augmentation.

RIGHT- The CFV is widely patent, phasic with respiration and competent on Valsalva. The Femoral-Popliteal deep veins are widely patent, competent and fully compressible with no evidence of DVT.

The SFJ is widely patent and incompetent. The GSV is widely patent and incompetent throughout its visualised length, measuring approximately 0.6cm through the thigh. The GSV becomes smaller in calibre (0.3cm) in the proximal calf, beyond a large incompetent branch which courses medially over the calf- unable to follow due to dressings. The GSV beyond the

Event Number :

Examination Date : 17-Jan-2019

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Rt**

DoB
Hosp. No.
CRIS No.
NHS No.

branch remains incompetent. Unable to image the vessels through the distal calf due to dressings.

The Proximal-Mid SSV is widely patent, competent and fully compressible with no issues identified.

Conclusion:

Incompetent right SFJ.

Incompetent right GSV.

Examination Date : 17-Jan-2019

Event Number :

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Rt**

VERIFIED Verified By : AKHTAR Anam
 Typed By : AKHTAR Anam

Clinical History :

Two episodes of superficial thrombophlebitis of the left leg in January 2018 after bending. PMH of left varicose veins surgery 30 years ago (stripping? high tie?). Recurrent varicose veins. Patient with increased BMI, no other medical history. Thank you.
 on 09-Jul-2018 at 09:37)

LEFT- The CFV is widely patent, phasic with respiration and incompetent on Valsalva. The Femoral-Popliteal deep veins are widely patent, competent and fully compressible with no evidence of DVT.

The SFJ is patent and incompetent. A small calibre (0.3cm) and incompetent GSV reforms in the proximal third of the thigh. The GSV is tortuous and incompetent, branching out in the distal

Event Number :

Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

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thigh to form the incompetent visible VV's over the anterior and medial aspect. These branches re communicate in the proximal calf where the vessel becomes competent to the ankle. further incompetent GSV branch noted at knee level communicating with the SSV in the mid calf.

SPJ not seen. The SSV is widely patent and competent throughout despite communication with incompetent GSV branch.

Conclusion:

Incompetent left CFV and SFJ.

Incompetent, small calibre and tortuous left GSV thus unsuitable for RFA.

Event **Number :**

Ref. **Source :**

Examinations : **US Doppler Veins Leg Lt**

BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

DoB :
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CRIS No. :
NHS No.

VERIFIED Verified By : AKHTAR Anam
Typed By : AKHTAR Anam

Clinical History: Left DVT 2007.

LEFT- The CFV is patent with mild/moderate venous scarring noted through the mid/distal vessel. Flow through the CFV is phasic with respiration and incompetent on Valsalva. The proximal PFV is patent with evidence of mild venous scarring. The femoral vein is bifid, one clear of thrombus and appears mildly incompetent. The adjacent Femoral vein is patent and incompetent with significant venous scarring throughout, flow improves through the distal third of the thigh. The proximal popliteal is bifid one clear of thrombus and competent, the adjacent incompetent with moderate venous scarring. Distally the vessels combine to a slightly incompetent vessel which is clear of thrombus.

Conclusion:

Event Number :

Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

Evidence of old DVT. No evidence of fresh.

Follow up in 12 months as per JB

Event Number :

Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler Veins Leg Lt**

DoB
Hosp. No.
CRIS No.
NHS No

VERIFIED Verified By : AKHTAR Anam 15-Jan-2019
Typed By : AKHTAR Anam 15-Jan-2019

Clinical History :

ENTERED BY: Julia Henderson

ROLE: RLBUHT Doctor

BLEEP: 3452

Relevant Information: recent US axilla shows mural thickening in axillary vein with decreased flow. For Doppler assessment please on 15-Jan-2019 at 09:04)

LEFT- The Left Axillary vein, Brachial vein, Ulnar and Radial veins are widely patent, fully compressible with good colour filling, no evidence of DVT. Previously reported mural thickening of the Axillary vein could not be seen today, good flow remains throughout.

Event Number :

Examination Date : **15-Jan-2019**

Ref. Source : HEIMANN H, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler vein map upper limb Lt**

DoB :
Hosp. No. :
CRIS No.
NHS No

Widely patent and fully compressible superficial upper limb veins. No issues identified.

Examination Date : **15-Jan-2019**

Event Number :

Ref. Source : HEIMANN H, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler vein map upper limb Lt**