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CRIS I

NHS

VERIFIED Verified By : AKHTAR Anam 07-Nov-2018

Typed By : AKHTAR Anam 07-Nov-2018

Clinical History :

ENTERED BY: Sohan Shah

ROLE: RLBUHT Doctor

BLEEP: switch

Relevant Information: 4 year hx of varicose veins with associated venous congestion and eczema. Would be eligible for potential GSV ablation. Duplex to assess extent of venous

disease please.

on 07-Nov-2018 at 14:28)

RIGHT- The CFV is widely patent, phasic with respiration and incompetent on Valsalva. The Femoral vein is widely patent and competent throughout its length. The Femoral vein becomes

Event Number : Examination Date : 07-Nov-2018

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

Examinations : US Doppler Veins Leg Rt

DOI
Hosp. No
CRIS No
NHS No

bid through the distal thigh- both veins are competent. The Popliteal vein is widely patent and competent. No evidence of DVT in the visualised deep veins.

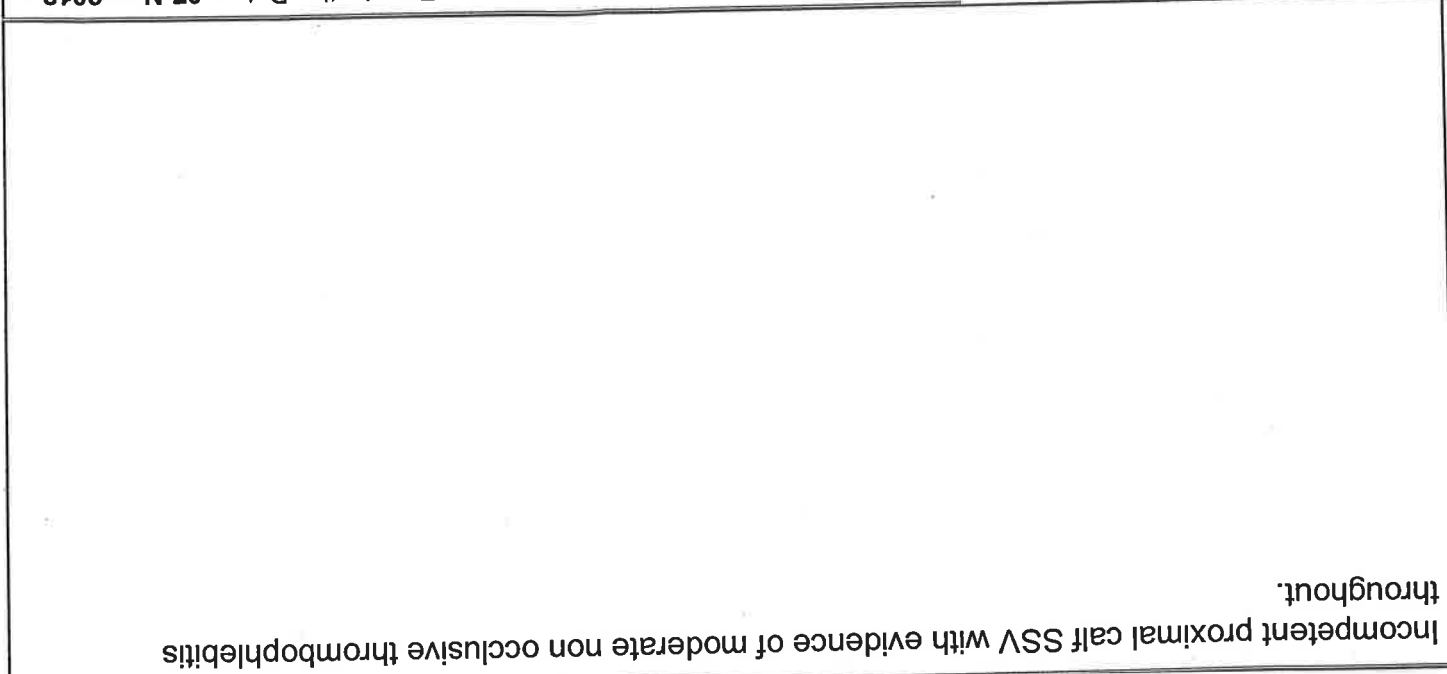
The SFJ is widely patent and incompetent. The GSV is widely patent and incompetent throughout the thigh, measuring approximately 1.0cm in the mid thigh. Large incompetent GSV branch in the proximal calf, courses antero-laterally to form the large visible v's which continue into the lateral aspect of the foot. The GSV beyond this branch becomes smaller in calibre and competent to the ankle. The GSV is linear and suitable for RFA. Access for RFA can be obtained in the proximal calf- just below knee level (GSV measures approximately 0.5cm).

SPJ not seen. The SSV is patent with evidence of moderate non occlusive thrombophlebitis lining the vein throughout. The SSV is incompetent through the proximal calf however becomes competent through the mid and distal segment.

Conclusion:
Incompetent right GSV with access for RFA just below knee level in the proximal calf.

DOB :
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NHS No. :

Incompetent proximal calf SSV with evidence of moderate non occlusive thrombophlebitis throughout.



DOB :
Hosp. No. :
CRIS No. :
NHS No. :

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

Clinical History :

I want to know if it would be feasible to surgically ligate the SFJ but then ablate GSV rather than strip.
She has very low platelets so stripping will lead to extensive bruising. If the GSV is otherwise suitable, I would prefer to RF this.
on 16-Jul-2018 at 12:00)
Anaesthetic appt at 1015 on the 8/8. Scan before on same day
on 16-Jul-2018 at 12:12)

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.

Event Number :
Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : **US Doppler Veins Leg Lt**
Examination Date : **08-Aug-2018**

DOB :
Hosp. No. :
CRIS No. :
NHS No. :

The SFJ is widely patent and incompetent. Competent pelvic vein noted to communicate with SFJ. The GSV is widely patent, small in calibre and competent through the thigh and into the proximal calf. Incompetent anterior thigh vein arises of the GSV origin and is dilated through its initial segment, measuring approximately 2.0 x 2.6cm. The anterior thigh vein is linear for a reasonable length (Approx 15cm) thus suitable for RFA. The anterior thigh vein continues down to form the large visible varicosities which communicate with the GSV in the distal third of the thigh, beyond this level the GSV leaves the fascia and remains small in calibre into the calf (0.2 cm). An incompetent VV branch from the anterior thigh vein continues into the calf to form the cluster of anterior calf v's, these drain into a competent perforator in the distal lateral aspect of the calf. Small incompetent varicosities from the anterior VV's communicate with the GSV in the distal third of the calf beyond which the GSV becomes incompetent to the ankle. Distal calf GSV measures 0.3cm- borderline dimensions for RFA access.

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

DOB :
Hosp. No. :
CRIS No.
NHS No.

Conclusion:
Incompetent left CFV.
Incompetent left SFJ.
Incompetent left anterior thigh vein, suitable for RFA with access in the proximal thigh.
incompetent left distal GSV.

Event Number :
Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler Veins Leg Lt
Examination Date : 08-Aug-2018

Hosp.
CRIS
NH

VERIFIED Verified By : AKHTAR Anam 15-Aug-2018
Typed By : AKHTAR Anam 15-Aug-2018

Clinical History :

Bilateral varicose veins. In RKF OPD 15/8
on 12-Jul-2018 at 15:24)

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.

The SFJ is widely patent and grossly incompetent. The GSV is widely patent and incompetent throughout. The GSV is dilated in the proximal and distal thigh measuring approximately 1.8cm and 1.5cm respectively. Small incompetent branch noted in the medial aspect of the proximal thigh, continuing distally to form the cluster of visible VVs which communicate with the GSV

Event Number :
Ref. Source :
Examinations : **US Doppler Veins Leg Rt,US Doppler Veins Leg Lt**
Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examination Date : **15-Aug-2018**

CONCEALON GIVE 2W

DOB :
Hosp. No. :
CRIS No. :
NHS No

just above knee level. Smaller incompetent branches at this level, course medially and communicate with the mid calf SSV. Further incompetent branch GSV communicates with the distal SSV. The GSV is suitable for RFA and measures approximately 0.8cm in the mid thigh and 0.5cm in the calf. Access for RFA can be obtained in the distal calf.

The SPJ is widely patent and competent. The SSV is widely patent and competent through the proximal-mid segment. The vessel becomes incompetent through the mid-distal segment, beyond the GSV communicating branch.

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

The SFJ is widely patent and grossly incompetent. The GSV is widely patent and incompetent through the thigh and into the mid calf. Large incompetent branch arises of the proximal GSV

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forming the tortuous visible varicosities over the anterior thigh and lateral calf, draining into into small lateral distal calf perforator. Incompetent branches from the large VV's communicate with the GSV in the distal thigh, proximal and distal calf with some branches draining into a competent distal calf perforator. The GSV remains incompetent through the calf until an large incompetent branch which communicates with the distal SSV. The GSV is linear and suitable for RFA. The GSV measures approximately 0.8cm in the mid calf. Access for RFA can be obtained in the distal calf.

The SPJ is widely patent and competent. The SSV is widely patent and competent through the proximal-mid segment. The vessel becomes incompetent through the mid-distal segment, beyond the GSV communicating branch.

Conclusion:
Incompetent CFV bilaterally.
Incompetent right GSV with access for RFA in the distal calf.
Incompetent Left GSV with access for RFA in the distal calf.

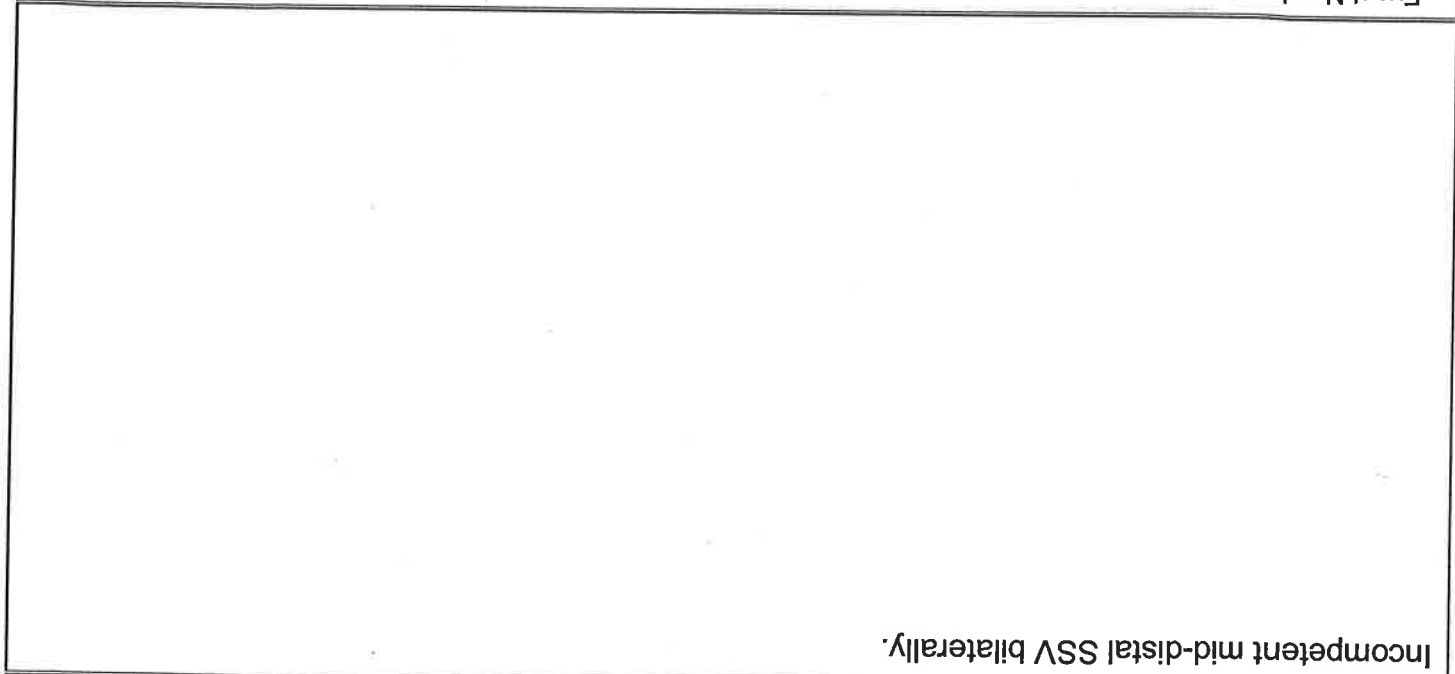
DOB :

Hosp. I

CRIS No. :

NHS No.

Incompetent mid-distal SSV bilaterally.



Event Number :

Examination Date : 15-Aug-2018

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler Veins Leg Rt, US Doppler Veins Leg Lt

Hosp.
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VERIFIED Verified By : AKHTAR Anam 16-Nov-2018
Typed By : AKHTAR Anam 16-Nov-2018

Clinical History : Rt leg VV's

Difficult scan as patient was unable to stand not tolerate augmentation.

RIGHT- The CFV is widely patent, phasic with respiration and appears 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 the visualised length. Large incompetent branch arises of the GSV in the mid thigh forming the tortuous visible varicosities, re-communicating with the GSV in the proximal calf. Further incompetent branches continue postero- medially and appear to communicate with the

DOB :
Hosp. No. :
CRIS No. :
NHS No. :

mid/distal SSV. Further communicating multiple smaller v's noted in the mid calf- unable to follow due to dressings. The GSV becomes smaller in calibre beyond the mid thigh branch measuring approximately 0.37cm, however vessel remains linear and patent thus suitable for RFA with access in the calf. Unable to scan the distal calf due to dressings and severe patient discomfort.

SPJ not seen. The proximal and mid SSV is widely patent and competent. Unable to scan the full length of the calf due to dressings and severe patient discomfort.

Conclusion:
Incompetent right SFJ.
Incompetent right GSV, suitable for RFA with access in the calf.

Ref. Locn. :
Referrer :
DOB :
Hosp. No. :
CRIS No. :
NHS No. :

VERIFIED Verified By : AKHTAR Anam 20-Nov-2018
Typed By : AKHTAR Anam 20-Nov-2018

Clinical History :
lymphagiomata in childhood. now VVs thigh ? venous anatomy and ?DVT resulting in visible veins
Will be seen in JDS clinic 5/12
on 20-Nov-2018 at 13:54)

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 competent. Competent pelvic veins noted, arising from the SFJ (symptomatic region). Widely patent and competent bifid GSV through the thigh. Small vvs

Event Number :
Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler Veins Leg Rt
Examination Date : 20-Nov-2018

Event Number :
Examination Date : **20-Nov-2018**

Conclusion:
Widely patent and competent deep and superficial veins with no evidence of DVT.
No obvious aberrant anatomy.
SPJ not seen. The SSV is small in calibre and competent throughout its length.
arise of the more medial GSV in the proximal third of the thigh, difficult to augment but appear competent on colour.

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Royal Liverpool and Broadgreen University Hospitals NHS Trust: Clinical Report

DOB :
Hosp. No. :
CRIS No. :
NHS No. :

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 :
Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler Veins Leg Lt
Examination Date : 08-Nov-2018

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Hosp. No.
CRIS No. :

The SFL 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.

Event Number :
Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler Veins Leg Lt
Examination Date : 08-Nov-2018

Dob :

Hosp. No. :

CRIS No. :

NHS No. :

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

Clinical History :

ENTERED BY: Kajantharshri Sriharan

ROLE: RLBHHT 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 :

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

Examinations : US Doppler Veins Leg Lt

Examination Date : 08-Nov-2018

Dol
Hosp. No.
CPIS 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.



VERIFIED Verified By : AKHTAR Anam 13-Nov-2018
Typed By : AKHTAR Anam 13-Nov-2018

Clinical History : Recurrent left leg VV's.

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

The SFJ is widely patent and incompetent. A patent GSV origin can be seen in its initial segment, beyond this level the vessel becomes small in calibre and competent (measuring <3cm) through the thigh and proximal calf, until incompetent branches from the visible v's communicate in the mid calf. The incompetent VV's arise from shortly beyond the SFJ, to form the anterior and medial varicosities into the calf and foot. Varicosities are tortuous from their origin in the groin, with a short linear segment in the proximal thigh for an approximate length

Ref. Locn. :
Referrer :
DOB : 23-Jun-1976
Hosp. No. : RQ64929800
CRIS No. : 946620
NHS No. 651 743 1136

of 10cm.

Short segment incompetence noted in the mid calf (beyond the vv communication), however the vessel becomes competent to the ankle following a further incompetent branch communication in the distal third of the calf.

The SPJ is widely patent and competent. The SSV is widely patent and competent throughout. Evidence of a Bakers Cyst behind the left knee, measuring approximately 3.1 x 4.0cm.

Conclusion:

Anterior thigh VV's not suitable for RFA due to tortuosity.
Evidence of Bakers cyst.
Short segment left GSV incompetence.

Event Number :
Ref. Source : SCURR James, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler Veins Leg Lt
Examination Date : 13-Nov-2018

DOB :
Hosp. No. :
CRIS No. :
NHS No. :

VERIFIED Verified By : AKHTAR Anam 14-Nov-2018
Typed By : AKHTAR Anam 14-Nov-2018

Clinical History : Painful VVs in the right groin.

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.

The SFJ is widely patent and competent. Small calibre competent pelvic veins arise of the SFJ, however these do not appear to be directly communicating with the visible varicosities. Competent, small Calibre GSV noted through the thigh and into the calf, leaving the fascia in the mid thigh region and reforming in the proximal calf. The GSV becomes incompetent in the proximal calf, beyond communication of incompetent branches from the posterior calf vvs.

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

The visible varicosities arise from an incompetent giacomini vein, measuring approximately 0.5 cm in the distal thigh. Further varicosities arise from same segment (proximal posterior calf) and form the large lateral varicosities which drain into a competent perforator.

No SPJ. The SSV is patent and incompetent throughout with minimal non significant phlebitis noted through the distal calf.

Conclusion:
Incompetent right vein of Giacomini forms the visible V's, suitable for RFA with access in the proximal posterior calf.
Incompetent calf GSV, access for RFA may be obtained in the distal calf.
Mild non occlusive phlebitis noted in the distal calf.

Event Number :

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

Examinations : US Doppler Veins Leg Rt

Examination Date : 14-Nov-2018