Northampton General Hospital NHS
NHS Trust

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Northampton
NN1 5BD

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Protocol for Lower Limb Venous Duplex Scanning

It is assumed that every operator has sufficient background knowledge and training as outlined by the Society for Vascular Technology of Great Britain and Ireland (SVT) accreditation process before performing the test.

The operator should also follow guidelines in accordance with Trust Policies on Infection Control and Health and Safety.

The patient's dignity must be respected at all times and in accordance with Trust Policies.

Lower limb venous Duplex scans are performed for the assessment of patients with primary or secondary varicose veins, or the investigation of patients with venous skin changes, leg swelling or ulceration. It quantifies the degree of venous reflux if present, assesses patency and provides accurate anatomical information of the venous system.
Pressure or compression dressings must be removed before scanning an ulcerated limb as this can reduce venous reflux.

The lower limb venous Duplex protocol should be used as a general guide but can be adjusted and tailored depending on the patients' symptoms and/or pathology found during the course of the investigation and on the operator's discretion.

The test is usually performed with the patient standing on a stool using the raised couch for support in order to fill and distend the veins and accurately assess the reflux.
It may be necessary for patients that are unable to stand, to perform the test with the patient sat on the edge of a raised couch with feet placed on the stool.

Calf compression is used throughout the test to augment the venous blood flow during the Doppler assessment.

Equipment

- An appropriate colour Duplex ultrasound machine
- A 9/3MHz linear array transducer and a 17/5 MHz linear array transducer
- A high viscosity ultrasound gel
- A height adjustable couch and a foot step.

Protocol

Action	Rationale
1. Ensure the correct identification of the patient.	To ensure you have the correct patient.
2. An explanation of the test is given to the patient and the patient is questioned regarding any symptoms, history of DVT and previous varicose vein surgery. Verbal consent is obtained.	To ensure the patient understands why they are having the test and what is expected of them. The symptoms and history may give the operator an indication of disease location.
3. The patient is asked to remove any clothing restricting access to the leg/s and to stand on the step.	To ensure the operator can scan the course of the leg/s.
4. The clinical notes and any previous scan results are read if available.	To give the operator insight into any current disease.
5. Enter the patient's name and hospital number into the machine.	To ensure any recordings are appropriately labeled.
6. Recall the venous pre-set application and select the optimal frequency transducer 9/3MHz, or depending on the patient.	The machine has different presets for the different vessels under investigation. The choice of transducer selected depends on depth of the vessels.

7. Starting in the groin, in transverse or longitude, an initial assessment of the common femoral vein (CFV) and the sapheno-femoral junction (SFJ) using B-mode.	This is helpful by giving the operator an insight into vessel layout and any potential disorders.
8. Using colour and spectral Doppler in longitude, with calf compression assess the CFV and take appropriate spectral Doppler recordings.	This gives an accurate assessment of the blood flow patterns i.e. phasicity and spontaneity and reflux.
9. In longitude, using colour and spectral Doppler assess the SFV, taking appropriate spectral Doppler recordings.	Check for anatomical variations, patency, thrombus and reflux.
10. Assess the popliteal vein for patency and competency using colour, spectral Doppler and calf compression.	Assess anatomy of the vessel; check patency and competency above and below knee.
11. It may be appropriate to select the 12/5 MHz transducer for imaging the superficial system.	Higher frequency transducer will give better resolution of the superficial venous system.
12. The SFJ is assessed using colour and spectral Doppler with calf compression. A spectral Doppler recording is made at the junction.	To demonstrate any incompetence, check for previous surgery and anatomical variations.
13. Assess the LSV in the thigh using colour and spectral Doppler and note any perforators. Make spectral Doppler recordings as appropriate.	To demonstrate any anatomical variations and any incompetence. Confirm any association with superficial varicies.

14. Any other incompetent veins in the thigh are assessed as appropriate.	To demonstrate any incompetence.
15. Locate the short saphenous vein (SSV) in the upper calf and assess for patency and competency using colour and spectral Doppler any calf perforators are noted.	To demonstrate any anatomical variations and any incompetence. Confirm any association with superficial varicies.
16. If necessary, locate and assess the sapheno-popliteal junction (SPJ) using colour and spectral Doppler. If the junction is incompetent, note its position in relation to the knee crease.	Assess then anatomy of the SPJ and any source of incompetence.
17. Assess the distal LSV in the calf using colour and spectral Doppler, note any perforators.	To demonstrate any incompetence.
18. Assess the remainder of the calf for signs of incompetence in perforators or connecting branches and confirm any association with superficial varicies.	There are several interconnections between the superficial systems that could cause incompetence.

Interpretation

A diagrammatic report is used to demonstrate the condition of the vessels including corresponding reflux measurements, anatomical variations and presence of thrombus. Reflux is reported in seconds for both deep and superficial veins. The presence of incompetent perforators is also reported.

The report should state whether the scan was sub-optimal for any reason i.e. dressings.

Lower limb venous studies are considered normal when there is:

- No anatomical abnormalities detected on B mode.
- Uniform colour throughout the veins with no evidence of colour filling defects indicating DVT.
- No reflux demonstrated on waveform traces taken.

Lower limb venous studies are considered to be abnormal when there is:

- Thrombus present
- Reflux of >0.8s present
- Vessels are varicosed

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 23 January 2019

Referring Doctor: Mr Bahal

↑	↓		?	d=depth (mm) c=diameter (mm) LSV=Long saphenous vein SSV=Short saphenous vein
Normal	Reflux	Occluded	Unclear	

NAME

ADDRESS

DoB

HOSP. NUM

Right Leg

CFV normal
SFV incompetent
Pop V incompetent

SFJ ligated

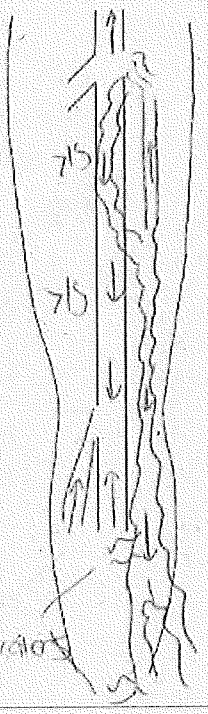
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs incompetent



Left Leg

CFV normal
SFV incompetent
Pop V incompetent

SFJ ligated

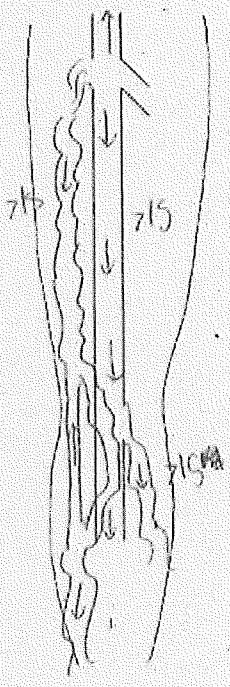
LSV incompetent

Thigh Perfs

SPJ incompetent
SSV incompetent

Level of SPJ
1cm above knee, lateral

Calf Perfs



Summary
Previous varicose vein surgery.
There is deep venous incompetence in the SFV and above knee popliteal vein with reflux lasting greater than 1 second. No obvious DVT demonstrated.
The SFJ appears to have been ligated.
There is the an incompetent anterior thigh vein with reflux supplied via incompetent tributaries from the SFJ. The LSV becomes incompetent in the mid thigh with reflux supplied via the anterior thigh vein.
The SSV is competent.
There is an incompetent calf perforator proximally and distally.

Summary
Previous varicose vein surgery.

There is deep venous incompetence in the SFV and popliteal vein lasting greater than 1 second.
The SFJ appears to have been ligated. The LSV is present and incompetent with reflux supplied via incompetent tributaries from the SFJ.

There is saphenopopliteal incompetence with reflux in the SSV lasting greater than 1 second.

Scanned by Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 23 January 2019

Referring Doctor: Mr Kappadath

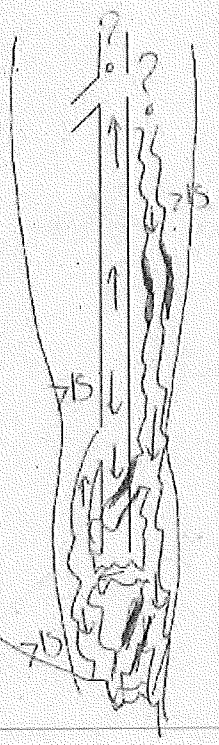
Normal	Reflux	Occluded	Unclear

d=depth (mm)
D=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

NAME:
ADDRESS:
DoB:
HOSP. NUM:

Right Leg

CFV
SFV incompetent
Pop V incompetent
SFJ
LSV incompetent
Thigh Perfs
SPJ
SSV incompetent
Level of SPJ
Calf Perfs incompetent



Summary
The CFV could not be clearly imaged. The SFV is competent. There is deep venous incompetence in the popliteal vein lasting greater than 1 second. No obvious DVT demonstrated.
The SFJ could not be clearly imaged. The LSV is incompetent with reflux lasting greater than 1 second. Chronic thrombophlebits is present in the LSV and LSV branches.
The proximal SSV is competent becoming incompetent with reflux supplied via an incompetent LSV communicating branch.
There is also an incompetent mid calf perforator.

Left Leg

CFV
SFV incompetent
Pop V incompetent
SFJ
LSV incompetent
Thigh Perfs
SPJ
SSV normal
Level of SPJ
Calf Perfs

Summary
The CFV could not be clearly imaged. The SFV is competent. There is deep venous incompetence in the popliteal vein lasting greater than 1 second. No obvious DVT demonstrated.

The SFJ could not be clearly imaged. The LSV is incompetent with reflux lasting greater than 1 second. Chronic thrombophlebits is present in the LSV.

The SSV is competent.
The mid and distal calf could not be imaged due to dressings.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS: Dob:

Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 10 January 2019

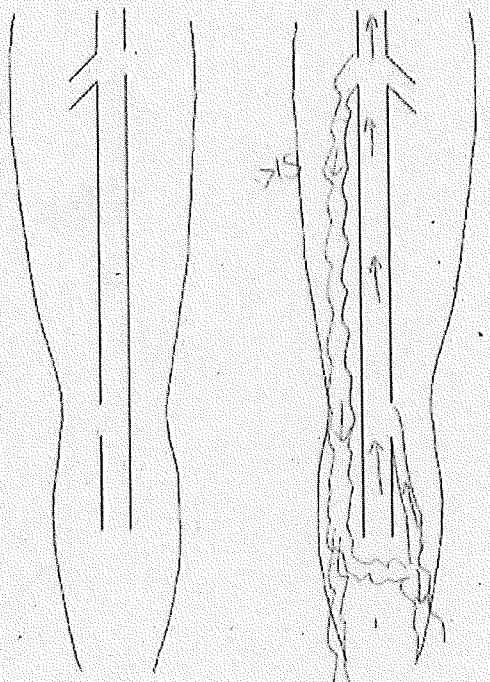
Referring Doctor: Mr Hicks

NAME	
ADDRESS	
DoB	
HOSP. NUM.	

Normal | Reflux | Occluded | Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg		Left Leg	
CFV		CFV	normal
SFV		SFV	normal
Pop V		Pop V	normal
SFJ		SFJ	incompetent
LSV		LSV	incompetent
Thigh Perfs		Thigh Perfs	
SPJ		SPJ	
SSV		SSV	incompetent
Level of SPJ		Level of SPJ	
Calf Perfs		Calf Perfs	



Summary
Not imaged

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second.

The proximal SSV is competent becoming incompetent in the mid calf with reflux supplied via an incompetent LSV communicating branch.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 10 January 2019

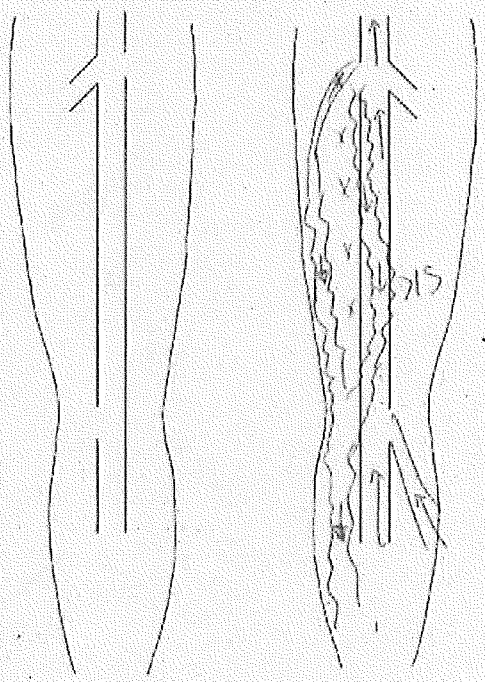
Referring Doctor: Mr Brar / Dr Salako

NAME
ADDRESS
DoB
HOSP. NUM

Normal | Reflux | Occluded | Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg		Left Leg	
CFV		CFV	normal
SFV		SFV	normal
Pop V		Pop V	normal
SFJ		SFJ	incompetent
LSV		LSV	stripped
Thigh Perfs		Thigh Perfs	
SPJ		SPJ	
SSV		SSV	normal
Level of SPJ		Level of SPJ	
Calf Perfs		Calf Perfs	



Summary
Not imaged

Summary
Previous varicose vein surgery.
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.
The LSV appears to have been stripped in the thigh.
There is saphenofemoral incompetence with reflux in an anterior thigh vein. The LSV is present and incompetent in the calf with reflux supplied via the anterior thigh branch.
Thre is also a medial thigh vein that is competent proximally becoming incompetent in the mid thigh which too connects with the incompetent LSV in the calf.The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS: Dob:

Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 07 January 2019

Referring Doctor: Mr Libertiny

Normal	Reflux	Occluded	Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

NAME

ADDRESS

DoB

HOSP NUM

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ ligated

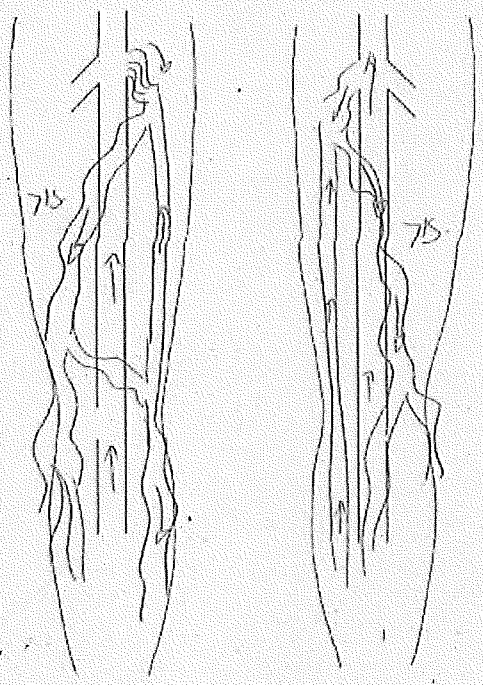
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

LSV normal

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
No deep venous incompetence or evidence of a DVT demonstrated in the fem-pop segment.

The SFJ appears to have been ligated. There are incompetent tributaries from the SFJ that supply an incompetent anterior thigh vein that is the source of visible varicosities.
The LSV is incompetent distally supplied via a communicating branch from the ATV.

No sephenopopliteal incompetence demonstrated

Summary
No deep venous incompetence or evidence of a DVT demonstrated in the fem-pop segment.

The SFJ is incompetent with reflux into an anterior thigh vein that is the source of visible varicosities.
The LSV is competent.

No saphenopopliteal incompetence demonstrated

Scanned by: Leah Sayers
Clinical Vascular Scientist
Northamptonshire Vascular Service

Verbal Consent dB

CRIS Dob:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 19 December 2018

Referring Doctor: Mr Libertiny

Normal	Reflux	Occluded	Unclear

d=depth (mm)
=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

NAME

ADDRESS

DoB

HOSP NUM

Right Leg

CFV
SFV normal
Pop V normal

SFJ

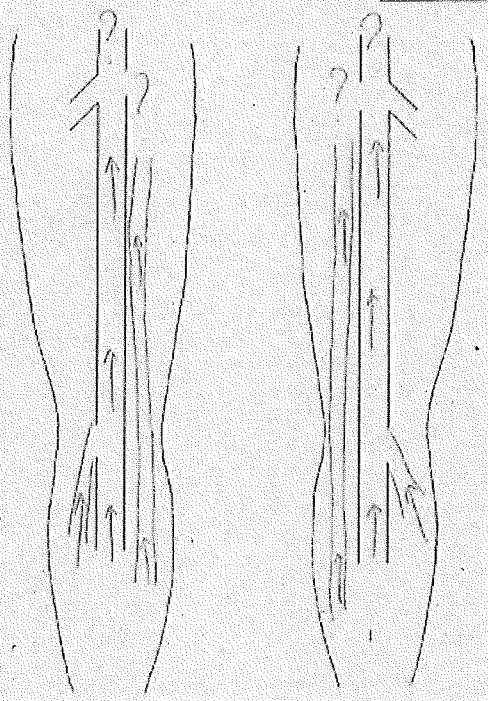
LSV normal

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV
SFV normal
Pop V

SFJ

LSV normal

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
The CFV could not be clearly imaged. The SFV and popliteal vein is competent. No DVT demonstrated in the fem-pop segment.

The SFJ and proximal LSV could not be clearly imaged. The LSV is competent from the mid thigh.

The SSV is competent.

Summary
The CFV could not be clearly imaged. The SFV and popliteal vein is competent. No DVT demonstrated in the fem-pop segment.

The SFJ and proximal LSV could not be clearly imaged. The LSV is competent from the mid thigh.

The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

✓ Verbal Consent

dB

CRIS. Dob:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 18 December 2018

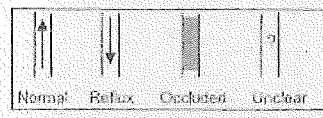
Referring Doctor: Mr Hicks

NAME

ADDRESS

DoB

HOSP. NUM.



Right Leg

CFV normal
SFV normal
Pop V normal

SFJ
LSV

Thigh Perfs

SPJ
SSV incompetent

Level of SPJ

Calf Perfs normal

Left Leg

CFV normal
SFV normal
Pop V normal

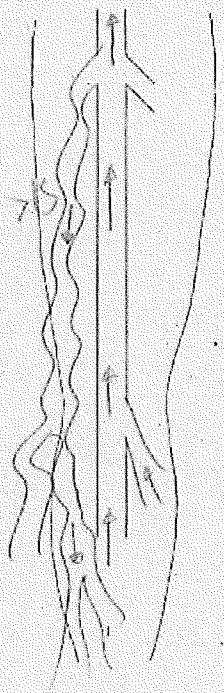
SFJ incompetent
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Summary

There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.
The LSV is competent proximally becoming incompetent distally with reflux supplied via an incompetent SSV communicating branch.
There is also an anterior thigh branch noted with chronic occlusive thrombophlebitis demonstrated.
The SSV is incompetent with reflux supplied via an incompetent giacommini vein. The giacommini vein courses up the upper thigh where it could not be followed.
There is a large mid calf perforator but this appears to be competent.

Summary

There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. This is the source of visible varicosities in the thigh and calf.

The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS: Dob:

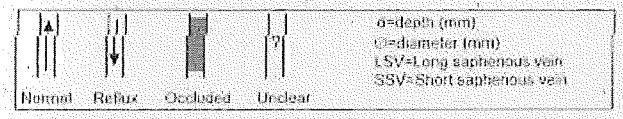
Surname Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 17 December 2018

Referring Doctor: Mr Libertiny

NAME
ADDRESS
DoB
HOSP. NUM



Right Leg

CFV normal

SFV incompetent

Pop V normal

SFJ ligated

LSV

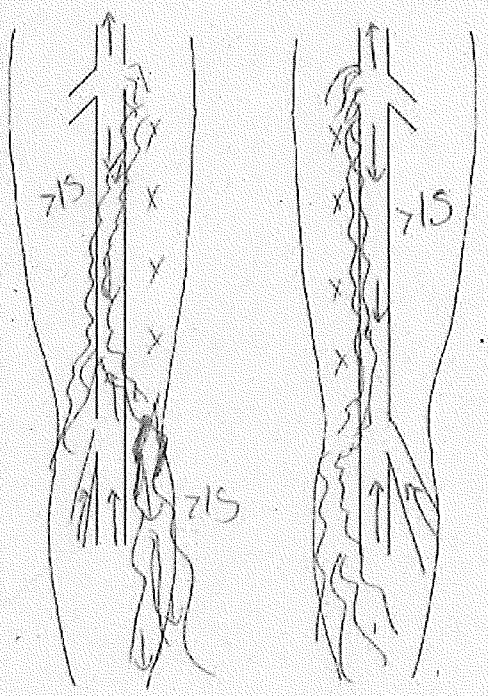
Thigh Perfs

SPJ

SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV normal

SFV incompetent

Pop V normal

SFJ ligated

LSV

Thigh Perfs

SPJ

SSV normal

Level of SPJ

Calf Perfs

Summary

Previous varicose vein surgery.
The CFV is competent. There is deep venous incompetence with reflux in the SFV lasting greater than 1 second. The popliteal vein is competent.
The LSV appears to have been stripped proximally. The LSV is present and incompetent distally with chronic thrombophlebitis demonstrated. There is an incompetent anterior thigh branch present with reflux supplied via incompetent tributories at the SFJ. The LSV becomes incompetent with reflux supplied via the incompetent branch.
The SSV is competent.

Summary

Previous va
The CFV is competent. There is deep venous incompetence with reflux in the SFV lasting greater than 1 second. The popliteal vein is competent.
The LSV appears to have been stripped proximally. The LSV is present and incompetent distally. There is an incompetent medial thigh branch present with reflux supplied via incompetent tributories at the SFJ. The LSV becomes incompetent with reflux supplied via the incompetent branch.
The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS: Dob:

Surname: Forename

Vascular Studies Unit
Venous Duplex Scan Report

Date: 17 December 2018

Referring Doctor: Mr Libertiny

Normal	Reflux	Occluded	Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

NAME

ADDRESS

DoB

HOSP NUM

Right Leg

CFV

SFV incompetent

Pop V incompetent

SFJ normal

LSV normal

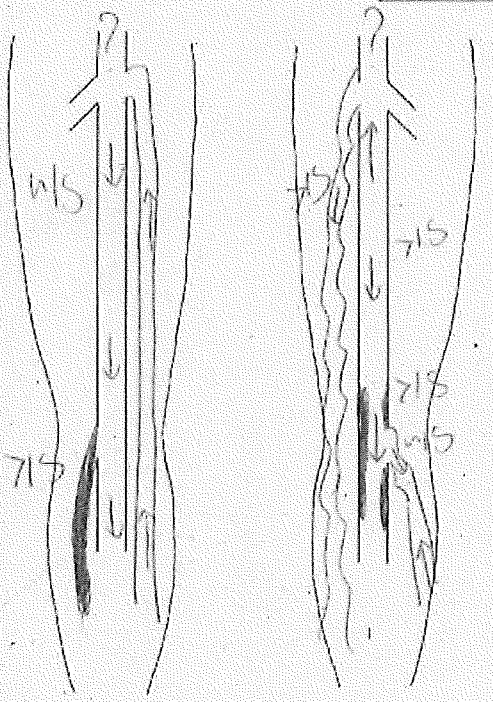
Thigh Perfs

SPJ

SSV occluded

Level of SPJ

Calf Perfs



Left Leg

CFV

SFV incompetent

Pop V incompetent

SFJ incompetent

LSV incompetent

Thigh Perfs

SPJ incompetent

SSV normal

Level of SPJ approx 3cm, lateral above knee

Calf Perfs

Summary

Technically difficult scan.
Difficult assessment of reflux due to deep inspiration on augmentation of the calf and pain.

The CFV could not be clearly imaged. The SFV appears incompetent with reflux lasting approx 1 second. The popliteal vein also appears incompetent reflux lasting greater than 1 second.

The LSV appears competent.
The SSV appears occluded.

Summary

Technically difficult scan
Difficult assessment of reflux due to deep inspiration on augmentation of the calf and pain.
The CFV could not be clearly imaged. The proximal SFV appears competent. There is deep venous reflux in the distal SFV and popliteal vein lasting greater than 1 second. Non occlusive chronic thrombus is present the popliteal vein, appearance suggest of previous DVT.
There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second.
The saphenopopliteal junction appears incompetent with reflux lasting approx 1 second. The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS: Dob:

Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 14 December 2018

Referring Doctor: Mr Kappadath

NAME	
ADDRESS	
DoB	
HOSP. NUM.	

Normal Reflux Occluded Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

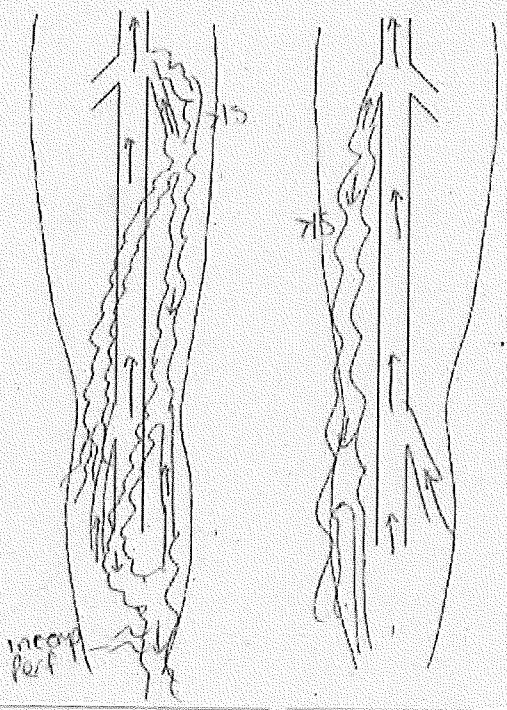
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs incompetent



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ normal

LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary

There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in an anterior thigh vein lasting greater than 1 second. The LSV competent proximally becoming incompetent with reflux supplied via the anterior thigh branch. This is the source of visible varicosities in in the thigh, behind the knee and in the calf.

The SSV is competent.
There is an incompetent proximal calf perforator.

Summary

There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The SFJ is competent. The LSV becomes incompetent proximally. This is the source of visible varicosities.

The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 12 December 2018

Referring Doctor: Mr Brar

NAME

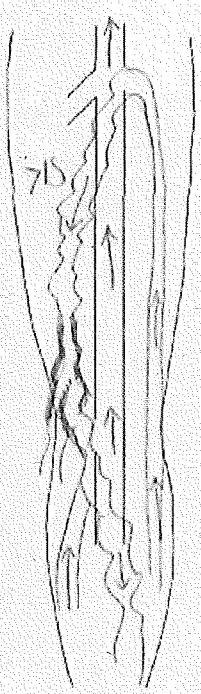
ADDRESS

DoB

HOSP. NUM.

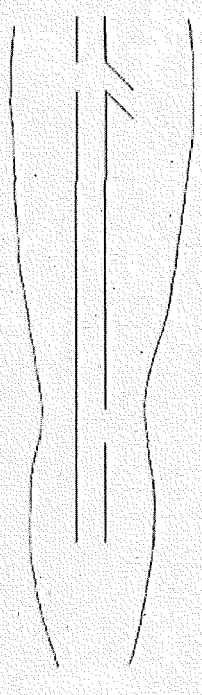
Right Leg

CFV normal
SFV normal
Pop V normal
SFJ incompetent
LSV normal
Thigh Perfs
SPJ
SSV normal
Level of SPJ
Calf Perfs



Left Leg

CFV
SFV
Pop V
SFJ
LSV
Thigh Perfs
SPJ
SSV
Level of SPJ
Calf Perfs



Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux into a large anterior thigh branch lasting greater than 1 second. This is the source of visible varicosities in the thigh and calf.
Chronic thrombophlebitis noted at the lateral thigh and knee.

The LSV and SSV are competent.

Summary
Not imaged

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 10 December 2018

Referring Doctor: Mr Bahal

NAME

ADDRESS

DoB

HOSP. NUM

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

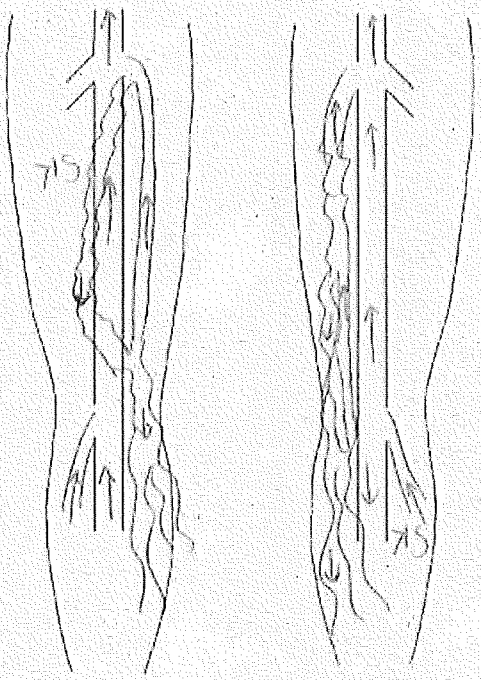
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V incompetent

SFJ normal

LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary

There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in an anterior thigh branch lasting greater than 1 second. The LSV is competent proximally becoming incompetent at the distal thigh with reflux supplied via the anterior thigh branch.

The SSV is competent.

Summary

The CFV and SFV are competent. There is deep venous incompetence in the below knee popliteal vein lasting greater than 1 second.

The SFJ is competent. The LSV is incompetent with reflux lasting greater than 1 second. This is source of visible varicosities.

The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 05 December 2018

Referring Doctor: Mr Kappadath

Normal	Reflux	Occluded	Unclear

d=depth (mm)
ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

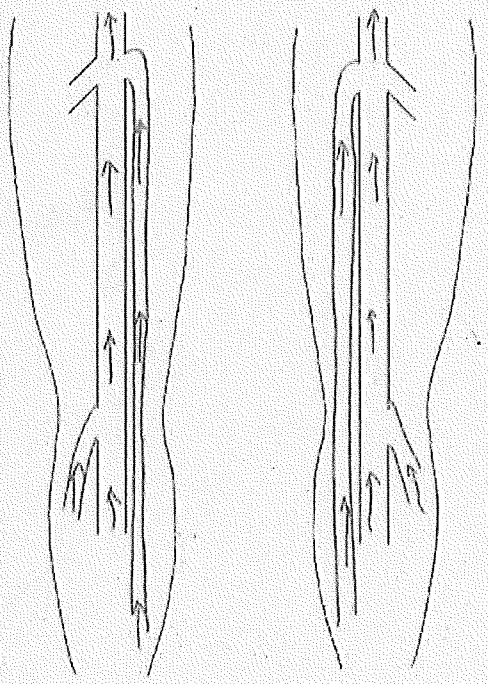
NAME

ADDRESS

DoB

HOSP. NUM.

Right Leg		Left Leg	
CFV	normal	CFV	normal
SFV	normal	SFV	normal
Pop V	normal	Pop V	normal
SFJ	normal	SFJ	normal
LSV	normal	LSV	normal
Thigh Perfs		Thigh Perfs	
SPJ		SPJ	
SSV	normal	SSV	normal
Level of SPJ		Level of SPJ	
Calf Perfs		Calf Perfs	



Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

08

CRIS:
Surname. Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 05 December 2018

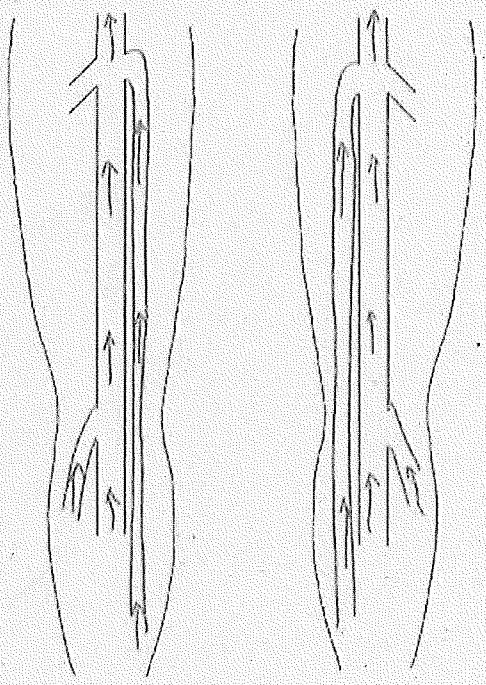
Referring Doctor: Mr Kappadath

NAME	
ADDRESS	
DoB	
HOSP. NUM.	

Normal Reflux Occluded Unclear ?

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg		Left Leg	
CFV	normal	CFV	normal
SFV	normal	SFV	normal
Pop V	normal	Pop V	normal
SFJ	normal	SFJ	normal
LSV	normal	LSV	normal
Thigh Perfs		Thigh Perfs	
SPJ		SPJ	
SSV	normal	SSV	normal
Level of SPJ		Level of SPJ	
Calf Perfs		Calf Perfs	



Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

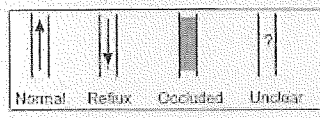
08

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 03 December 2018

Referring Doctor: Mr Libertiny



d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

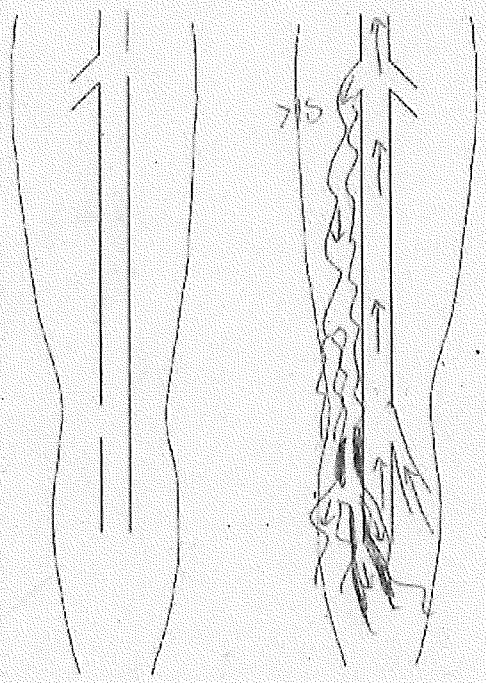
NAME

ADDRESS

DoB

HOSP NUM

Right Leg		Left Leg	
CFV		CFV	normal
SFV		SFV	normal
Pop V		Pop V	normal
SFJ		SFJ	incompetent
LSV		LSV	incompetent
Thigh Perfs		Thigh Perfs	
SPJ		SPJ	
SSV		SSV	normal
Level of SPJ		Level of SPJ	
Calf Perfs		Calf Perfs	



Summary
Not imaged

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment

There is saphenofemroal incometence lasting greater than 1 second in the LSV and LSV branches causing the visible varicosities in the thigh and calf

Chronic thrombophlebitis demonstrated in the LSV in the calf

The SSV is competent

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 27 November 2018

Referring Doctor: Mr Hicks

Normal Reflux Occluded Unclear ?

d=depth (mm)
ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

NAME

ADDRESS

DoB

HOSP. NUM

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ normal

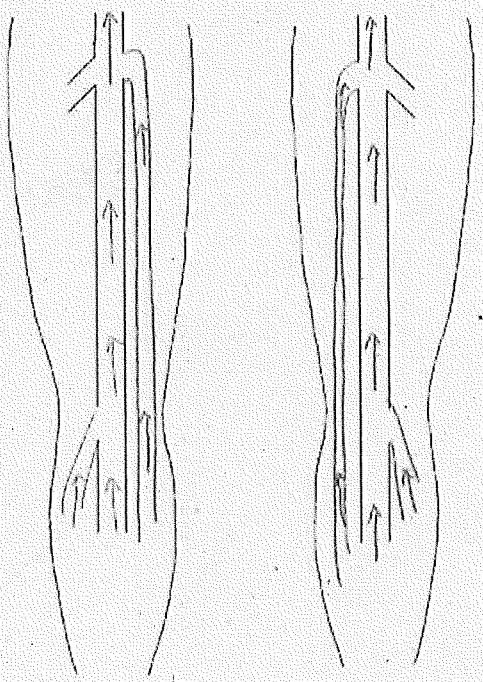
LSV normal

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ normal

LSV normal

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 26 November 2018

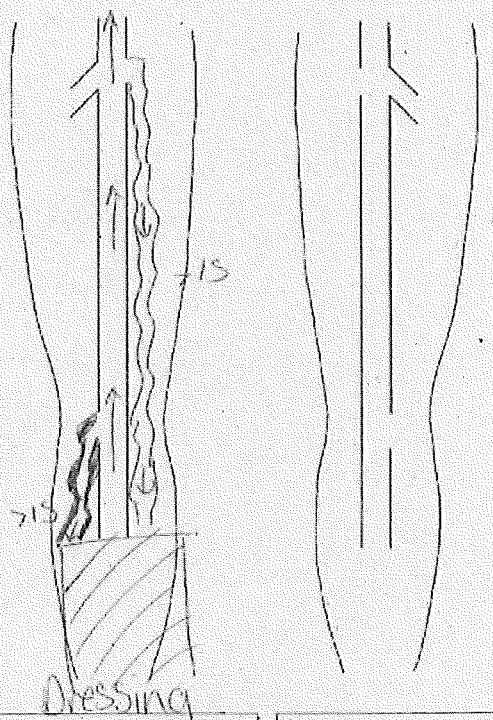
Referring Doctor: Mr Libertiny

NAME	
ADDRESS	
DoB	
HOSP. NUM.	

Normal | Reflux | Occluded | Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg		Left Leg
CFV	normal	CFV
SFV	normal	SFV
Pop V	normal	Pop V
SFJ	incompetent	SFJ
LSV	incompetent	LSV
Thigh Perfs		Thigh Perfs
SPJ		SPJ
SSV	incompetent	SSV
Level of SPJ		Level of SPJ
Calf Perfs		Calf Perfs



Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second.

There is saphenopopliteal incompetence with reflux in the SSV lasting greater than 1 second.
Chronic thrombophlebitis demonstrated in the SSV.

Calf not imaged due to dressings.

Summary
Not imaged

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

✓ Verbal Consent

dB

CRIS:
Surname:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 26 November 2018

Referring Doctor: Mr Libertiny

NAME

ADDRESS

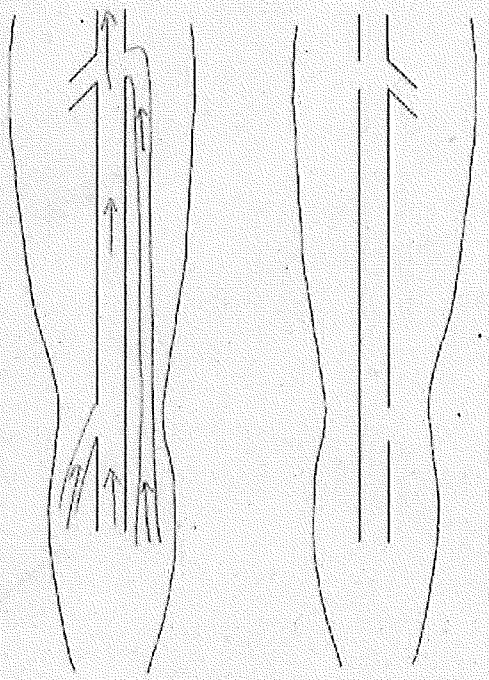
DoB

HOSP. NUM.

Normal Reflux Occluded Unclear ?

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg		Left Leg
CFV	normal	CFV
SFV	normal	SFV
Pop V	normal	Pop V
SFJ	normal	SFJ
LSV	normal	LSV
Thigh Perfs		Thigh Perfs
SPJ		SPJ
SSV	normal	SSV
Level of SPJ		Level of SPJ
Calf Perfs		Calf Perfs



Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Summary
Not imaged.

Scanned by; Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 21 November 2018

Referring Doctor: Mr Brar

Normal	Reflux	Occluded	Unclear	d=depth (mm) Ø=diameter (mm) LSV=Long saphenous vein SSV=Short saphenous vein

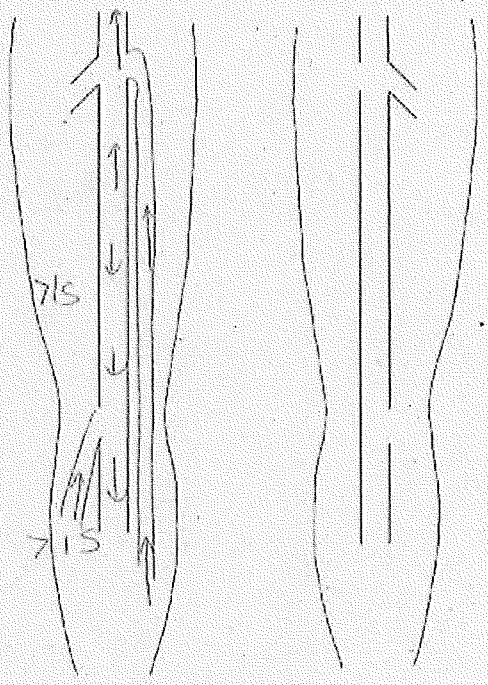
NAME John Folwell

ADDRESS

DoB 20/07/1960

HOSP NUM 425551

Right Leg		Left Leg
CFV	normal	CFV
SFV	incompetent	SFV
Pop V	incompetent	Pop V
SFJ		SFJ
LSV	normal	LSV
Thigh Perfs		Thigh Perfs
SPJ		SPJ
SSV	normal	SSV
Level of SPJ		Level of SPJ
Calf Perfs		Calf Perfs



Summary
The CFV and proximal SFV are competent. There is deep venous incompetence with reflux in the distal LSV and popliteal vein lasting greater than 1 second.

No obvious DVT demonstrated.

The LSV and SSV are competent.

Summary
Not imaged

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS
Surname Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 20 November 2018

Referring Doctor: Mr Libertiny

NAME	
ADDRESS	
DoB	
HOSP. NUM.	

Normal | Reflux | Occluded | Unclear

d=depth (mm)
Ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ normal

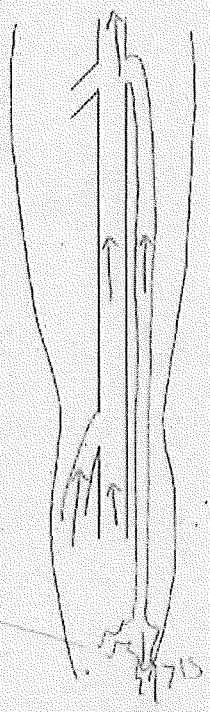
LSV incompetent distally

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs incompetent



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ normal

LSV normal

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV is competent proximally becoming incompetent distally with reflux supplied via an incompetent perforator.

The SSV is competent.

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV and SSV are competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:
Surname Forename

Vascular Studies Unit
Venous Duplex Scan Report

Date: 20 November 2018

Referring Doctor: Mr Libertiny

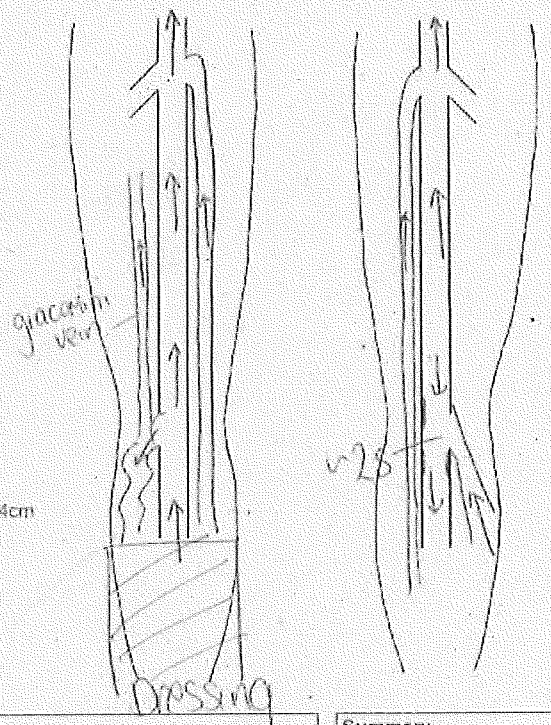
Normal	Reflux	Occluded	Unclear

d=depth (mm)
⌀=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

NAME
ADDRESS
DoB
HOSP. NUM

Right Leg

CFV normal
SFV normal
Pop V normal
SFJ normal
LSV normal
Thigh Perfs
SPJ incompetent
SSV incompetent
Level of SPJ slighty later, approx 4cm above knee
Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V incompetent
SFJ normal
LSV normal
Thigh Perfs
SPJ
SSV normal
Level of SPJ
Calf Perfs

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The LSV is competent.

There is saphenopopliteal incompetence with reflux in the SSV lasting greater than 1 second.
The SPJ is tortuous.
Calf not imaged due to dressings.

Summary
The CFV and SFV are competent. There is deep venous incompetence with reflux in the popliteal vein lasting approx 2 seconds. Mild non occlusive chronic thrombus also noted in the popliteal vein, ? from previous DVT.

The LSV and SSV are competent.

Calf not imaged due to dressings.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

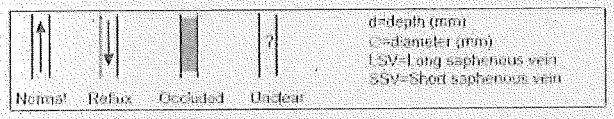
CRIS:
Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date: 19 November 2018

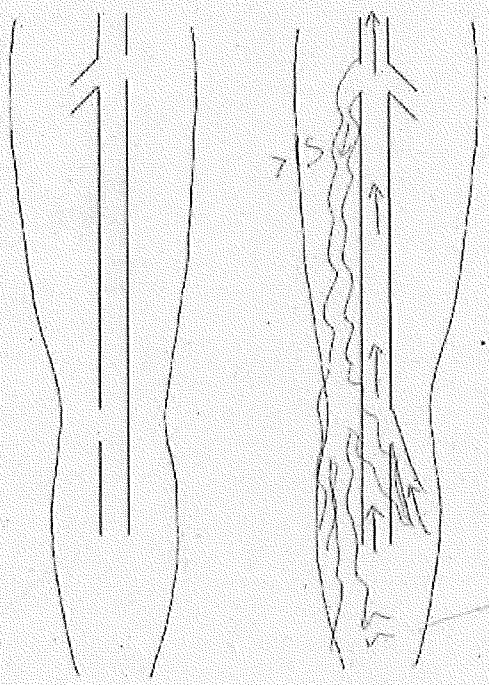
Referring Doctor: Mr Kappadath

NAME	
ADDRESS	
DoB	
HOSP. NUM	



Right Leg

CFV
SFV
Pop V
SFJ
LSV
Thigh Perfs
SPJ
SSV
Level of SPJ
Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V normal
SFJ incompetent
LSV incompetent
Thigh Perfs
SPJ
SSV normal
Level of SPJ
Calf Perfs incompetent

Summary
Not imaged

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. This is the source of visible varicosities in the thigh and calf.

The SSV is competent.

There is an incompetent mid calf perforator.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

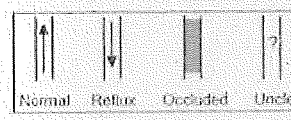
dB

CRIS:
Surname Forename

Vascular Studies Unit
Venous Duplex Scan Report

Date: 19 November 2018

Referring Doctor: Mr Bahal



NAME

ADDRESS

DoB

HOSP. NUM.

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

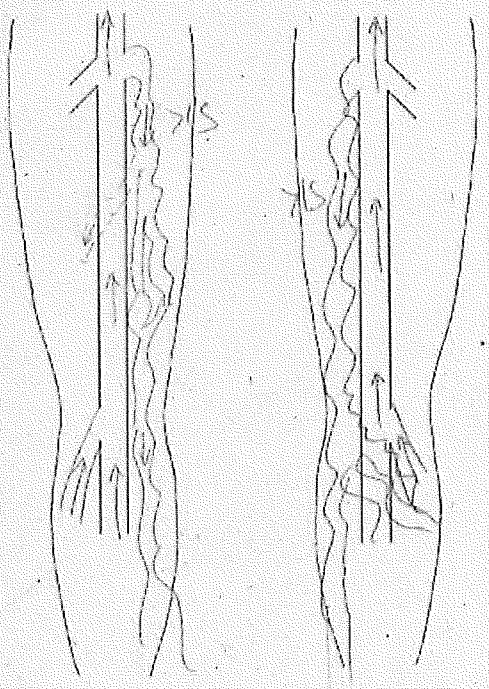
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. There is a proximal posterior LSV thigh branch also noted.

The SSV is competent.

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. There is a large branch noted at the knee causing the visible varicosities.

The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

dB

CRIS.
Surname Forename

Vascular Studies Unit
Venous Duplex Scan Report

Date: 15 November 2018

Referring Doctor: Mr Hamish

Normal	Reflux	Occluded	Unclear	d=depth (mm) d=diameter (mm) LSV=Long saphenous vein SSV=Short saphenous vein

NAME

ADDRESS

DoB

HOSP. NUM

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

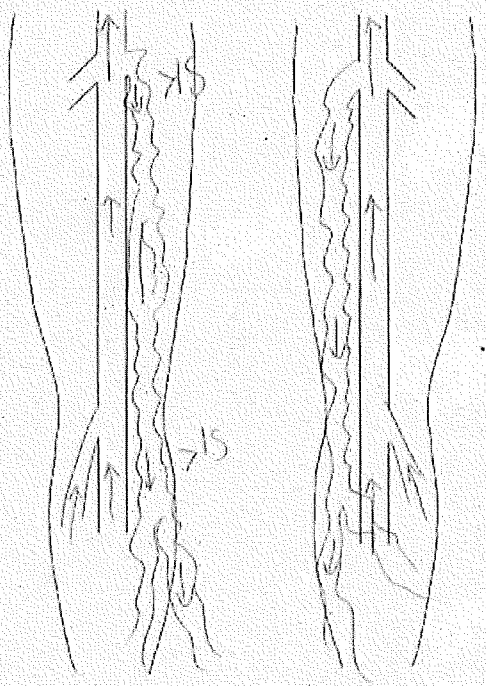
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
There is no deep venous incompetence or deep vein thombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. This the source of visible varicosities

The SSV is competent

Summary
There is no deep venous incompetence or deep vein thombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. This the source of visible varicosities

The SSV is competent

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent

JB

CRIS:

Surname: Forename:

Vascular Studies Unit
Venous Duplex Scan Report

Date. 15 November 2018

Referring Doctor Mr Hamish

NAME	
ADDRESS	
DoB	
HOSP NUM	

Normal Reflux Occluded Unclear

d=depth (mm)
ø=diameter (mm)
LSV=Long saphenous vein
SSV=Short saphenous vein

Right Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

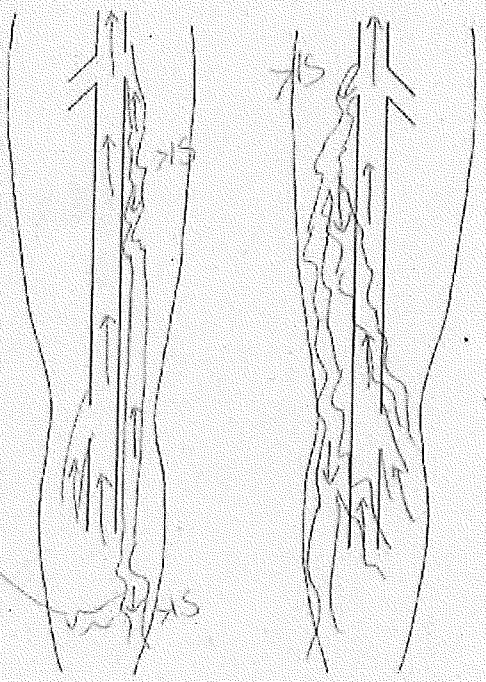
LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs incompetent



Left Leg

CFV normal
SFV normal
Pop V normal

SFJ incompetent

LSV incompetent

Thigh Perfs

SPJ
SSV normal

Level of SPJ

Calf Perfs

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

The SFJ is competent. The LSV is incompetent proximally becoming competent from the mid thigh. The LSV becomes incompetent again distally. This appears to be segmental.

The SSV is competent.

There is an incompetent distal calf perforator.

Summary
There is no deep venous incompetence or deep vein thrombosis demonstrated in the fem-pop segment.

There is saphenofemoral incompetence with reflux in the LSV lasting greater than 1 second. There is also a large incompetent LSV branch from the proximal thigh coursing across the knee and shin. This is the source of visible varicosities.

The SSV is competent.

Scanned by: Leah Sayers
Trainee clinical vascular scientist
Northamptonshire Vascular Service

Verbal Consent dB ☐