



Patient **Peter Smyth**
D.O.B. **06/02/1956**

NHS No **452 284 2171**
Patient Ref **3259174**

Reason Varicose vein

Outcome DVT positive - chronic, Lymph nodes, Superficial oedema, Oedema

	Right		Left	
	Patency	Competency	Patency	Competency
Deep Veins				
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Patent	Competent	Widely Patent	Competent
Profunda Vein	Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Areas of Thrombus	Old Thrombus	Widely Patent	Competent
Popliteal Vein	Areas of Thrombus	Old Thrombus	Widely Patent	Competent
Posterior Tibial Vein	Areas of Thrombus	Old Thrombus	Patent	Competent
Anterior Tibial Vein	Patent	Competent	Patent	Competent
Peroneal Vein	Poor Flow		Patent	Competent
Soleal Vein	Patent	Competent	Patent	Competent
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Areas of Thrombus	Old Thrombus	Patent	Competent
Evidence of D.V.T.				
Above the knee	Yes	Old	No	
Popliteal	Yes	Old	No	
Below the knee	Yes	Old	No	

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT:

*Difficult scan due to vessel depth and oedema.

RIGHT:

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and responds normally to a Valsalva manoeuvre, suggesting proximal vein patency.

The CFV and profunda veins appear patent and competent with no evidence of previous DVT. Recanalised old thrombus identified in the distal SFV/proximal popliteal vein, however vessels appear competent. Calf vessels were difficult to assess due to oedema and vessel depth. Irregular flow noted in 1 x posterior tibial vein, indicative of old DVT. Poor colour-filling in the peroneal vein - unable to exclude an old DVT or comment on competency in these vessels, however no evidence of acute DVT. Other visualised deep calf

Assessed by Sharifa Kiyegga

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Checked by



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veins appear patent and competent with no evidence of previous DVT.

All measurements are proximal to the medial malleolus unless otherwise stated.

Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along its length.

Sapheno-popliteal junction (SPJ) is patent and competent. The SSV is continuous with a competent vein of Giacomini.

The SSV is competent along its length.

Short Saphenous vein (SSV) is competent along its length. old thrombus identified in the proximal SSV.

LEFT:

Iliac veins not viewed. Flow in the common femoral vein is phasic with respiration and responds normally to a Valsalva manoeuvre, suggesting proximal vein patency. All visualised deep veins appear patent and competent with no evidence of previous DVT.

The Sapheno-femoral junction (SFJ) is competent. Long Saphenous vein (LSV) is competent along its length.

Sapheno-popliteal junction (SPJ) is patent and competent. The SSV patent and competent and is also continuous with a competent vein of Giacomini.

Additional comment: Enlarged lymph node identified in the right groin.