



Patient **John Burthem**
D.O.B. **02/02/1947**

NHS No **442 054 5054**
Patient Ref **5163579**

Reason Varicose vein
Outcome Incompetence

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

Notes

LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT

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 widely 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 in competent along its length. Venous scarring noted in the proximal calf LSV.

Short Saphenous vein (SSV) and is continuous with a competent vein of Giacomini. SSV is competent in

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Checked by



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the proximal to mid calf. A small incompetent perforator communicates with the SSV in the mid calf at 17cm. Distal to this the SSV is incompetent for a short segment (AP diameter - 0.33cm). An incompetent branch leaves the fascia at 14cm forming varicosities. Distal to the LSV is competent to the ankle.

Sapheno-popliteal junction (SPJ) is patent and competent.

