

**Varicose Vein****Arun Balakrishnan**Examined **22/01/2019 10:05**

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Reference

Accession **CR-19-0003743****Patient** **Diana Roberts**
D.O.B. **24/10/1941****NHS No** **440 653 9166**
Patient Ref **5330006****Reason** Varicose vein
Outcome Incompetence

	Right		Left	
Deep Veins	Patency	Competency	Patency	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	Not Identified	
L Saphenous Vein Above	Not Identified	
L Saphenous Vein Below	Not Identified	
Vein of Giacomini	see notes	
Saphenopopiteal Junction	Not Identified	
S Saphenous Vein	Patent	Isolated Incompetence

Evidence of D.V.T.

Above the knee	No
Popliteal	No
Below the knee	No

Notes

RIGHT LOWER LIMB VENOUS DUPLEX ASSESSMENT :

*Difficult assessment due to extreme patient discomfort.

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) not identified. Long Saphenous vein (LSV) not identified along its length.

Assessed by **Sharifa Kiyegga**

Printed on 25/01/2019 at 4:46 pm

Checked by _____



Patient **Diana Roberts**
D.O.B. **24/10/1941**

NHS No **440 653 9166**
Patient Ref **5330006**

An incompetent perforator to the PTV noted in the proximal medial calf at 32cm, forming calf varicosities. Another perforator to the PTV, which appears competent, noted in the very distal calf and appears to give rise to distal calf varicosities.

Sapheno-popliteal junction (SPJ) was not identified.

Small incompetent and tortuous veins identified in the very distal thigh/ popliteal fossa ?neovascularisation, which appears to reform a competent SSV in the proximal calf. The SSV remains competent to the mid calf. An incompetent branch communicates with the SSV. Distal to this the SSV is incompetent until an incompetent branch leaves the fascia in the distal calf at 9cm (SSV AP diameter: 0.28cm) . Distal to this the SSV is competent to the ankle.

