



C Chan

Reference

Accession CR-18-0051808

Patient **Jeanette Liveley**
D.O.B. **04/08/1962**

NHS No **476 243 2067**
Patient Ref **3076566**

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	Patent	Competent
L Saphenous Vein Above	Patent	Competent
L Saphenous Vein Below	Patent	Competent
Vein of Giacomini	Patent	see notes
Saphenopopiteal Junction	Not Identified	
S Saphenous Vein	Patent	Competent

Evidence of D.V.T.

Above the knee	No
Popliteal	No
Below the knee	No

Notes**RIGHT 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 competent along its length.

Sapheno-popliteal junction (SPJ) was not identified.

Assessed by Sharifa Kiyegga

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Checked by

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Short Saphenous vein (SSV) is competent and is continuous with a vein of Giacomini. An incompetent deep perforator off the vein of Giacomini noted in the posterior distal thigh at 48cm, which causes siphoned flow into the proximal vein of Giacomini. Flow then drains into a mid posterior thigh branch at 53cm, causing visible thigh and shin varicosities.

