



Patient **Kim Howard**  
D.O.B. **28/01/1979**

NHS No **610 690 5649**  
Patient Ref **3221804**

**Reason** Varicose vein  
**Outcome** Incompetence

	<b>Right</b>		<b>Left</b>	
<b>Deep Veins</b>	<b>Patency</b>	<b>Competency</b>	<b>Patency</b>	<b>Competency</b>
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Widely Patent	Competent	Widely Patent	Competent
Popliteal Vein	Widely Patent	Competent	Widely Patent	Competent
Posterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Anterior Tibial Vein	Widely Patent	Competent	Widely Patent	Competent
Peroneal Vein	Widely Patent	Competent	Widely Patent	Competent
Soleal Vein	Patent	Competent	Patent	Competent
Gastrocnemius	Patent	Competent	Patent	Competent
<b>Superficial Veins</b>				
Saphenofemoral Junction	Not Identified		Patent	Slight Incompetence
L Saphenous Vein Above	see notes		see notes	Competent
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Isolated Incompetence
Vein of Giacomini	Patent		Patent	Competent
Saphenopopiteal Junction	Not Identified		Patent	Competent
S Saphenous Vein	Patent	Competent	Patent	Competent
<b>Evidence of D.V.T.</b>				
Above the knee	No		No	
Popliteal	No		No	
Below the knee	No		No	

**Notes****BILATERAL 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, bilaterally.

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

**RIGHT:**

Sapheno-femoral junction (SFJ) not identified. A competent LSV reforms in the distal thigh at 50.5cm via a perforator. The LSV remains competent to the mid/distal calf. An incompetent branch communicates with the LSV in the mid/distal calf at 15cm. Distal to this the LSV is incompetent to the ankle (AP diameter:

Assessed by Sharifa Kiyegga

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0.40cm). Another incompetent branch off the LSV was noted in the proximal calf at 33cm. A slightly incompetent perforator noted in the mid thigh at 57cm forming thigh varicosities.

Sapheno-popliteal junction (SPJ) was not identified.

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

#### LEFT:

SFJ appears slightly incompetent. Tortuous and incompetent veins noted in the groin, which communicate with Sapheno-femoral junction (SFJ). The aforementioned varicose veins track to the anterior thigh where they reform an incompetent anterior thigh vein in the mid thigh at 67cm (AP diameter: 0.33cm). The ATV leaves the fascia in the mid thigh at 61cm, forming thigh varicose veins.

A competent LSV reforms in the mid thigh at 67cm and remains competent to the proximal calf. An incompetent branch communicates with the LSV in the proximal calf at 33cm forming shin varicosities. Distal to this the LSV is incompetent (AP diameter: 0.41cm). An incompetent branch leaves the fascia in the proximal calf at 27cm. Distal to this the LSV is competent to the ankle.

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

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

