



Patient **Linda Carbutt**
D.O.B. **06/03/1966**

NHS No **618 500 9846**
Patient Ref **5138803**

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	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
Superficial Veins				
Saphenofemoral Junction	Not Identified		Not Identified	
L Saphenous Vein Above	see notes		see notes	
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Competent
Vein of Giacomini	Not Identified		Patent	Competent
Saphenopopiteal Junction	Patent	Incompetent	Not Identified	
S Saphenous Vein	Patent	Isolated Incompetence	Patent	Competent
Evidence of D.V.T.				
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, bilaterally. 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. Tortuous and incompetent small veins noted in the groin ?neovascularisation. Long Saphenous vein (LSV) not identified in the proximal to mid thigh, however reforms in the distal thigh at 50cm and is competent to the mid calf. An incompetent branch communicates

Assessed by Sharifa Kiyegga

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Checked by _____



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with the LSV in the mid calf at 20cm. Distal to this LSV is incompetent. An incompetent branch leaves the fascia in the distal calf at 14cm. Distal to this the LSV is competent to the ankle.

An incompetent ?abdominal branch noted, which forms/ communicates with an incompetent anterior thigh vein (ATV) (AP diameter: 0.51-0.49cm). The ATV is linear and remains with the fascia to the mid thigh at 66cm, at which point it leaves the fascia forming visible lateral thigh and calf varicosities.

Sapheno-popliteal junction (SPJ) is patent and incompetent, and situated 3cm proximal to the knee crease and at the mid-line. Short saphenous vein (SSV) is incompetent in the proximal calf (AP diameter: 1.48-0.86cm). An incompetent branch leaves the fascia in the proximal calf. Distal to this the SSV is competent to the ankle.

LEFT:

Sapheno-femoral junction (SFJ) not identified. Long Saphenous vein (LSV) not identified in the proximal to mid thigh, however reforms in the distal thigh and is competent to the ankle.

A slightly incompetent ?abdominal branch noted, which forms/communicates with an incompetent anterior thigh vein (ATV) (AP diameter: 0.51-0.42cm). The ATV is linear and remains with the fascia to the proximal/ mid thigh at 73cm, at which point it leaves the fascia forming visible lateral thigh and calf varicosities.

Sapheno-popliteal junction (SPJ) was not identified.

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

