



Patient **Loraine Casford**
D.O.B. **09/07/1970**

NHS No **610 684 2604**
Patient Ref **5042942**

Reason Varicose vein

Outcome DVT positive - chronic, Incompetence

	Right		Left	
Deep Veins	Patency	Competency	Patency	Competency
Common Iliac Vein				
External Iliac Vein				
Internal Iliac Vein				
Common Femoral Vein	Recanalised	Old Thrombus	Widely Patent	Competent
Profunda Vein	Widely Patent	Competent	Widely Patent	Competent
Superficial Femoral Vein	Recanalised	Old Thrombus	Widely Patent	Competent
Popliteal Vein	Recanalised	Old Thrombus	Widely Patent	Competent
Posterior Tibial Vein	Recanalised	Old Thrombus	Widely Patent	Competent
Anterior Tibial Vein	Patent	Competent	Widely Patent	Competent
Peroneal Vein	Recanalised	Old Thrombus	Recanalised	Old Thrombus
Soleal Vein	Patent	Competent	Patent	Competent
Gastrocnemius	Patent	Competent	Patent	Competent
Superficial Veins				
Saphenofemoral Junction	Patent	Competent	Patent	Competent
L Saphenous Vein Above	Patent	Competent	Patent	Competent
L Saphenous Vein Below	Patent	Competent	Patent	Competent
Vein of Giacomini	Patent	Competent	Patent	Competent
Saphenopopiteal Junction	Not Identified		Not Identified	
S Saphenous Vein	Patent	Competent	Patent	Competent
Evidence of D.V.T.				
Above the knee	Yes	Old	No	
Popliteal	Yes	Old	No	
Below the knee	Yes	Old	Yes	Old

Notes

BILATERAL LOWER LIMB VENOUS DUPLEX ASSESSMENT

RIGHT:

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. Recanalised old thrombus identified in the common femoral, superficial femoral, popliteal, posterior tibial and peroneal veins. Other visualised deep veins appear patent. 1 x posterior tibial vein is incompetent. All other visualised deep veins appear competent.

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.

Assessed by Sharifa Kiyegga

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Checked by _____



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Sapheno-popliteal junction (SPJ) was not identified.

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

LEFT:

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. Recanalised old thrombus identified in 1 x peroneal vein, which is competent. All other 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.

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