

**Varicose Vein****Arun Balakrishnan**Examined **18/12/2018 13:55**

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Reference

Accession **CR-18-0064651****Patient** **Andrew Griffith**
D.O.B. **21/03/1966****NHS No** **618 950 4868**
Patient Ref **5362341****Reason** Varicose vein**Outcome** DVT positive - chronic, Superficial thrombophlebitis

Right		Left	
Deep Veins	Patency	Competency	Competency
Common Iliac Vein			
External Iliac Vein			
Internal Iliac Vein			
Common Femoral Vein		Widely Patent	Competent
Profunda Vein		Areas of Thrombus	Old Thrombus
Superficial Femoral Vein		Recanalised	Old Thrombus
Popliteal Vein		Recanalised	Old Thrombus
Posterior Tibial Vein		Recanalised	Old Thrombus
Anterior Tibial Vein		Patent	
Peroneal Vein		Recanalised	Old Thrombus
Soleal Vein		Patent	
Gastrocnemius		Areas of Thrombus	Old Thrombus
Superficial Veins			
Saphenofemoral Junction		Patent	
L Saphenous Vein Above		Occluded	
L Saphenous Vein Below		Occluded	
Vein of Giacomini			
Saphenopopiteal Junction			
S Saphenous Vein		Patent	
Evidence of D.V.T.			
Above the knee		Yes	Old
Popliteal		Yes	Old
Below the knee		Yes	Old

Notes**LEFT LOWER LIMB VENOUS DUPLEX ASSESSMENT ? DVT:**

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.

The common femoral vein widely patent, with good colour-filling and is fully compressible. Old thrombus noted in the profunda femoral vein, superficial femoral veins and in the popliteal veins - no evidence of acute DVT.

Old thrombus identified in the gastrocnemius veins. Irregular colour filling noted in the posterior tibial and peroneal vein, suggestive of previous DVT. All deep calf veins appear fully compressible with no evidence of acute DVT.

Assessed by **Sharifa Kiyegga**

Printed on 30/01/2019 at 10:49 am

Checked by _____

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The sapheno-femoral junction is patent and is fully compressible. Non-occlusive thrombus identified in the LSV, 6cm distal to the groin. The LSV becomes occluded soon after and remains occluded along its length.