



Patient **Margaret Hatton**
D.O.B. **31/10/1952**

NHS No **452 382 3553**
Patient Ref **3051502**

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	Patent	Competent	Patent	Competent
L Saphenous Vein Above	see notes	see notes	see notes	Competent
L Saphenous Vein Below	Patent	Isolated Incompetence	Patent	Isolated Incompetence
Vein of Giacomini	Patent		Patent	Competent
Saphenopopliteal Junction	Patent	Competent	Patent	Competent
S Saphenous Vein	Patent	Competent	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. 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) is incompetent. Long Saphenous vein (LSV) was not identified in the proximal thigh. A competent LSV appears to reform in mid thigh at 45cm, via a competent perforator. An incompetent branch (from the anterior thigh varicosities) communicates with the LSV in the proximal calf at

Assessed by Sharifa Kiyegga

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Checked by _____



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27cm. Distal to this the LSV is incompetent (AP diameter: 0.60-0.43cm). Isolated incompetence noted in a perforator off LSV the distal calf at 13cm. Distal to this the LSV is incompetent to the ankle.

An incompetent anterior thigh vein (ATV) was identified. The ATV becomes tortuous at 3cm distal to groin before it becomes linear for a short segment, then becomes tortuous again in the proximal thigh at 58cm. ATV is then linear for 4cm before it leaves the fascia and comes tortuous in the mid thigh at 54cm, forming visible varicose veins. ATV diameter - 1.0 - 0.68cm.

Sapheno-popliteal junction (SPJ) was not identified.

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

LEFT:

Sapheno-femoral junction (SFJ) is incompetent. Long Saphenous vein (LSV) was not identified in the proximal thigh. An incompetent LSV appears to reform in mid thigh at 44cm, via a branch from the anterior thigh vein. LSV remains incompetent to the proximal calf (AP diameter: 0.41-0.44cm). An incompetent perforator off LSV identified in the proximal calf at 24cm. Distal the LSV is competent to the ankle.

An incompetent anterior thigh vein (ATV) was identified. The ATV is linear and within the fascia until it becomes tortuous 11cm distal to the groin and leaves in the fascia in the mid thigh at 46cm, forming visible varicosities. ATV diameter - 1.0 - 0.63cm.

Sapheno-popliteal junction (SPJ) was not identified.

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

