

CASE 1

Known chronic dissection flap within infrarenal aorta, this does appear does cause haemodynamic disturbance.
Unusual shaped AAA arising from anterior wall just above iliac bifurcation, measures max diameter of 4.4cm. Sac is ~50% thrombosed.
Alternative imaging of this segment advised if clinically indicated, although I note CTA performed on 22/07/21

Right:

Poor views of iliac vessels.

CFA patent with triphasic pulsatile flow. Non vascularised small segment of Hyperechoic collection above anterior wall of CFA ?Very small thrombosed segment of dilation

ProfA patent with triphasic pulsatile flow

SFA heavily calcified throughout. Appears to be occluded at mid thigh. Monophasic damped flow distally PSV 0.2m/s

POPA patent where seen with monophasic damped flow PSV 0.1m/s

Very poor views of crural vessels (calcification/patient mobility/oedema):

At mid to distal calf level:

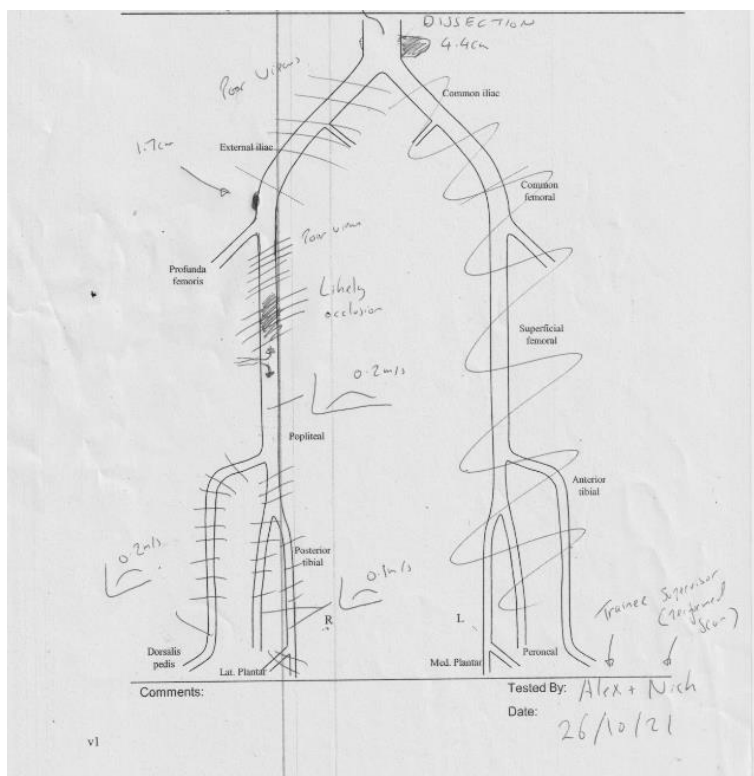
PTA and PeroA patent with monophasic damped flow PSV 0.1m/s

ATA/DPA patent with monophasic damped flow PSV 0.2m/s

Conclusion:

Please see diagram on PACS.

Given above findings, alternative imaging advised if clinically indicated, although I note CTA performed on 22/07/21



Case 2

US Doppler lower limb arteries Lt

VERIFIED—Attended-15-Oct-2021—ZAKIN/ZAKIN-15-Oct-2021—

Infrarenal aorta patent, measures ~2cm

Left:

Sub-optimal views of aorto-iliac segment due to overlying bowel gas, however patent where seen with strong pulsatile flow.

CFA patent with strong triphasic pulsatile flow.

~50% stenosis at ProfA origin.

SFA, POPA, TPT occluded throughout.

Flow reconstitutes at proximal calf level within PTA and PeroA via collaterals. Patent distally with monophasic pulseless flow PSV 0.1m/s in both. ATA/DPA occluded

Conclusion :

Significant PAD, with very poor flow via 2 vessel run off

Case 3

US Doppler lower limb arteries Rt

VERIFIED—Attended-11-Oct-2021—ZAKIN/ZAKIN-11-Oct-2021—

Right:

CFA and ProfA patent with biphasic pulsatile flow.

SFA occluded from origin to distal thigh.

POPA patent with monophasic flow PSV 0.4m/s

Calf vessels not scanned, flow at ankle level:

Distal PTA, DPA and distal PeroA patent with monophasic flow PSV 0.3m/s, 0.2m/s and 0.2m/s respectively.

Results discussed with vascular reg.

Case 4

US Graft Surveillance Right

VERIFIED—Attended-12-Oct-2021—ZAKIN/ZAKIN-12-Oct-2021—

Bypass graft follow-up

	F/U interval:	<input type="text"/>	Location:	<input type="text"/>	Type:	<input type="text"/>
Best Resting Ankle Pressure		<input type="text"/>	mmHg			
Brachial systolic Pressure:		<input type="text"/>	mmHg			
ABPI:		<input type="text"/>	mmHg			
ABPI Not Measured		<input type="text"/>				

Comments:

Dedicated scan as requested by Mr [REDACTED]:

POPA calcified by patent, monophasic pulsatile flow

>75% stenosis at proximal anastomosis

POPA - DPA bypass patent with monophasic flow, 0.3-0.6m/s

50% stenosis at distal anastomosis.

DPA patent with monophasic pulsatile flow PSV 0.6m/s

Conclusion:

Reduced graft and run off velocities compared to previous.

Patient sent to DFC, results discussed with Mr [REDACTED]

Case 5

==US Doppler lower limb arteries Rt==

VERIFIED-Attended-04-Oct-2021-ZAKIN/ZAKIN-04-Oct-2021

Poor views of aorto-iliac segment due to overlying bowel gas. Aorta patent where seen

Right:

Good biphasic pulsatile flow to CFA and ProfA

SFA - 75% stenosis at prox thigh, 50-75% stenosis at mid thigh, ~50% stenosis at distal thigh
>75% stenosis at mid POPA.

Crural vessels not scanned due to proximal findings, flow at ankle level:

Distal PTA patent with monophasic damped flow PSV 0.2m/s

DPA patent monophasic damped flow PSV 0.1m/s

Conclusion:

SFA and POPA disease, very poor flow to DPA and distal PTA.

Exercise/pressure drop test not performed due to very low flow & patient mobility (safety on treadmill)

Case 6

==US Doppler lower limb arteries Lt==

VERIFIED-Attended-04-Oct-2021-ZAKIN/ZAKIN-04-Oct-2021

Poor views of aorto-iliac segment due to overlying bowel gas. Aorta patent where seen

Left:

Good biphasic pulsatile flow to CFA and ProfA

SFA - 50% stenosis just below SFA origin, 75% stenosis at mid thigh, SFA occludes from mid to distal thigh, very distal SFA patent.

POPA patent with damped flow PSV 0.3m/s

Crural vessels not scanned due to proximal findings, flow at ankle level:

DPA patent with monophasic flow PSV 0.2m/s

Distal PTA occluded

Conclusion:

SFA disease, PTA occluded distally

Exercise/pressure drop test not performed due to very low flow & patient mobility (safety on treadmill)

Case 7

==US Doppler lower limb arteries Lt==

==VERIFIED--Attended-07-Oct-2021--ALEXL+ZAKINALEXL-07-Oct-2021==

LEFT:

CFA and proximal PFA calcified but patent with triphasic flow.

SFA, PopA and TPT calcified but patent with triphasic flow.

Known single vessel run-off:

PerA calcified but patent with pulsatile monophasic flow detected, PSV 0.9 m/s distally.

Known PTA and ATA/DPA occlusion.

Conclusion:

No change from previous scan (27/07/21).

Patient sent to DFC.

Case 8

==US Doppler lower limb arteries Lt==

==VERIFIED--Attended-23-Sep-2021--ZAKINZAKIN-23-Sep-2021==

No evidence of AAA

LEFT:

Tight stenosis of distal ATA. Patent distally with good flow.

Otherwise, right lower limb arteries widely patent with strong bi/triphasic pulsatile flow.

Case 9

==US Doppler lower limb arteries Rt==

==VERIFIED--Attended-28-Sep-2021--ZAKINZAKIN-28-Sep

Right:

CFA, ProfA, SFA and POPA patent with triphasic pulsatile flow. ~50% stenosis at ProfA origin.

Known occlusion of ATA. Retrograde flow in DPA.

>75% stenosis at mid calf PTA. Strong triphasic pulsatile flow distally PSV 1m/s. Plantar arteries patent.

~50% PeroA stenosis at proximal calf. Strong triphasic pulsatile flow distally PSV 0.8m/s

Case 10

==US Doppler lower limb arteries Lt==

==VERIFIED--Attended-28-Sep-2021--ZAKINZAKIN-28-Sep-2021==

Left:

Limited scan performed with patient in wheelchair.

CFA, POPA, distal PTA and DPA patent with strong bi/triphasic pulsatile flow

Case 11:

==US Doppler lower limb arteries Lt==

==VERIFIED--Attended-26-Aug-2021--ZAKINZAKIN-26-Aug-202

Left:

Aorto-iliac segment and ProfA patent with biphasic pulsatile flow.

SFA occludes at mid thigh.

SFA-POP stent/POPA aneurysm occluded. Sac measures 1.8cm.

PeroA occluded.

PTA and ATA patent from proximal calf. Monophasic damped flow distally PSV 0.2m/s in both

Case 12:

US Doppler lower limb arteries Rt	VERIFIED - Attended: 28-Sep-2021 - ZAKINZAKIN-28-Sep-2021
Aorta patent with good flow. Infrarenal aorta measures 1.5cm	
Right: CFA, POPA, distal PTA and DPA patent with strong biphasic pulsatile flow.	

Case 13:

US Doppler lower limb arteries Rt	VERIFIED - Attended: 28-Sep-2021 - ZAKINZAKIN-28-Sep-2021
Right:	
Poor views of aorto-iliac segment today due to bowel gas. Patent where seen. Strong monophasic pulsatile to CFA PSV 1.3m/s 75% stenosis at ProfA origin. SFA - >75% stenosis at proximal thigh, 50% stenosis at mid thigh, 75% stenosis at mid/distal thigh. Monophasic damped flow to POPA PSV 0.4m/s	
Crural vessels not scanned due to proximal findings and known crural vessel disease. Flow at ankle level:	
Distal ATA occluded. Distal PTA patent with severely damped flow PSV 0.1m/s Distal PeroA patent with monophasic damped flow PSV 0.2m/s	
Conclusion: Significant PAD seen throughout right lower limb, no improvement of flow following angioplasty. Patient states that he has a telephone consultation in 1/2 weeks with vascular doctor.	

Case 14:

US Doppler lower limb arteries Lt

VERIFIED - Attended-25-Aug-2021 - LORDH+ZAKINLORDH-25-Aug-2021

Left:

EIA, CFA and PFA patent with bi/triphasic pulsatile flow.

SFA and PopA calcified, however patent with triphasic hyperaemic flow.

TPT patent with monophasic pulsatile flow.

Suboptimal views of the calf vessels due to vessel calcification and patient movement.

PeroA patent throughout with monophasic pulsatile flow, distal PSV 0.4m/s.

ATA patent throughout with monophasic pulsatile flow.

DPA patent with monophasic pulsatile flow, PSV 1.2m/s.

PTA occluded at mid calf. Patent distally with damped monophasic flow, PSV 0.2m/s.

Conclusion:

PTA occlusion.

Patient returning to ACU.

Case 15:

==US Graft Surveillance Right== VERIFIED--Attended-12-Oct-2021--ZAKIN/ZAKIN-12-Oct-2021--
Bypass graft follow-up

	F/U interval:	1/12	Location:	R SFA-PTA	Type:	OMNI
Best Resting Ankle Pressure		0				mmHg
Brachial systolic Pressure:		0				mmHg
ABPI:		0				mmHg
ABPI Not Measured		-				

Comments:

Inflow:

The EIA is patent with no evidence of stenosis.
Known 50-75% stenosis within CFA ?non-mobile dissection flap.
SFA patent with monophasic pulsatile flow

Proximal Anastomosis:

Patent

Graft:

Patent with no evidence of stenosis, monophasic pulsatile flow, PSVs 0.5m/s

Distal Anastomosis:

Patent

Run-Off:

The distal PTA is patent with monophasic pulsatile flow, PSV 2.1 m/s.

Date of next scan

2 months

Comments:

Similar to previous.

Non-vascular collection adjacent to the graft in the proximal thigh, and a non-vascular collection surrounding the graft at distal thigh; this is outside vascular lab's scope of practice, please refer for alternative imaging if clinically indicated.

Case 16:

==US Doppler lower limb arteries Rt== VERIFIED--Attended-23-Sep-2021--ZAKIN/ZAKIN-23-Sep-2021--

No evidence of AAA

RIGHT:

5cm occlusion of distal PTA. Collateral reconstitutes flow distally, good biphasic pulsatile flow.
Otherwise, right lower limb arteries widely patent with strong bi/triphasic pulsatile flow.

Case 17:

US Graft Surveillance Left

VERIFIED-Attended:28-Sep-2021-ZAKINZAKIN-28-Sep-2021

Bypass graft follow-up

	FU Interval:	>12 MONTHS	Location:	LCFA-PERO	Type:	PTFE AND VEIN
Best Resting Ankle Pressure		0				mmHg
Brachial systolic Pressure:		0				mmHg
ABPc:		0				mmHg
ABPI Not Measured		-				

Comments:

No significant change compared to previous imaging;

Inflow:

EIA/CFA patent with biphasic pulsatile (?site of CEA causing some turbulence)

Proximal Anastomosis:

Patent

Graft:

PTFE graft patent with biphasic pulsatile flow PSV 0.6m/s

x2-3 velocity increase at PTFE-vein anastomosis, appears to be due to angulation.

Vein graft patent with biphasic pulsatile flow PSV 0.4m-0.6m/s

Distal Anastomosis:

Patent

Run-Off:

PeroA patent with biphasic pulsatile flow PSV 0.8m/s

Date of next scan

Please advise

Case 18

US Doppler lower limb arteries Rt

VERIFIED-Attended-13-Sep-2021-ZAKIN/ZAKIN-13-Sep-2021

Right:

Known occlusion of PTA at mid calf, patent distally with good triphasic pulsatile flow.
CFA, ProfA, SFA, POPA, ATA/DPA and PeroA patent with triphasic pulsatile flow.

Case 19:

US Graft Surveillance Left

VERIFIED-Attended-25-Aug-2021-LORDH+ZAKIN/LORDH-25-Aug-2021

Bypass graft follow-up

	FU interval:	MONTHS POST AN	Location:	L POP-PTA	Type:	VEIN
Best Resting Ankle Pressure		0		mmHg		
Brachial systolic Pressure:		0		mmHg		
ABPI:		0		mmHg		
ABPI Not Measured		-				

Comments:

Inflow:

CFA, PFA, SFA patent with biphasic pulsatile flow.
SFA is stented in the proximal and distal thigh. Both stents are patent with no evidence of stenosis.
Proximal PopA is patent with biphasic pulsatile waveforms.

Proximal Anastomosis:

2x velocity increase detected at the proximal anastomosis, however appears widely patent on b-mode imaging. Velocity increase likely due to calibre mismatch.

Graft:

Patent throughout with no evidence of stenosis. PSV's typically 0.6m/sec, <50% stenosis detected in the mid calf level likely due to valve cusp

Distal Anastomosis:

Patent with no evidence of stenosis

Run-Off:

2x 50-75% stenoses in the distal PTA followed by short segment occlusion at the distal PTA above the plantar bifurcation.
Lateral plantar is patent with retrograde flow supplying the medial plantar, monophasic pulsatile waveforms, PSV's 0.3m/sec(LP) and 0.2m/sec(MP).

Date of next scan

3 months.

Comments:

2x 50-75% stenoses in the distal PTA.
Known short distal PTA occlusion
No change in graft velocities compared to previous imaging.

Case 20:

==US Graft Surveillance Right==VERIFIED-Attended-14-Sep-2021-ZAKIN/ZAKIN-14-Sep-2021==
Bypass graft follow-up

	FU interval:	>12 MONTH	Location:	R SFA-PTA	Type:	VEIN
Best Resting Ankle Pressure		0			mmHg	
Brachial systolic Pressure:		0			mmHg	
ABPI:		0			mmHg	
ABPI Not Measured		-				

Comments:

Inflow:

Poor views of Aorto-iliac segment, patent where seen with strong monophasic pulsatile flow.

~50% stenosis at distal CIA/proximal EIA.

Strong monophasic pulsatile flow to CFA & ProfA.

Stenosis approaching 50% just distal to SFA origin

50-75% SFA stenosis just prior to proximal anastamosis

Proximal Anastomosis:

Patent

Graft:

Patent with monophasic pulsatile flow PSV 0.4-0.7m/s

Distal Anastomosis:

Patent

Run-Off:

PTA patent throughout with strong monophasic pulsatile flow PSV 0.8m/s

Unable to visualise plantar arteries due to dressings.

Date of next scan

Please advise

Comments:

Case 21

==US Doppler lower limb arteries Rt

==VERIFIED--Attended-07-Sep-2021--ZAKIN/ZAKIN-07-Sep-2021==

RIGHT:

CFA, ProfA, SFA and POPA diffusely calcified but patent where seen with triphasic pulsatile flow.

POP-DPA bypass patent with triphasic pulsatile flow, PSV 0.4m/s

Known increased velocities detected at distal anastomosis, likely due to calibre mismatch.

Known 75% stenosis in DPA. Patent distally with monophasic flow PSV 0.4m/s

Case 22

==US Doppler lower limb arteries Rt

==VERIFIED--Attended-07-Sep-2021--ZAKIN/ZAKIN-07-Sep-2021==

RIGHT:

Infrarenal AAA measured at 3.7cm, approx 30% mural thrombus.

Limited views iliac arteries, patent where seen.

CFA, ProfA and proximal SFA patent

Distal SFA and POPA occluded.

Unable to detect exclusion bypass, likely occluded. 2 large collaterals (1 from deep thigh and 1 which runs parallel to SFA) drain into proximal crural vessels.

PTA and PeroA patent from proximal calf, monophasic flow PSV 0.7m/s and 0.2m/s respectively.

ATA/DPA seen patent from proximal calf, biphasic pulsatile flow PSV 0.2m/s

Case 23

==US Doppler lower limb arteries Lt==

==VERIFIED--Attended-07-Sep-2021--ZAKIN/ZAKIN-07-Sep-2021==

LEFT:

Dedicated scan:

Infrarenal AAA measured at 3.7cm, approx 30% mural thrombus.

POPA aneurysm patent, measures 1.9cm. Approx 20% mural thrombus.

DPA patent with biphasic pulsatile flow, PSV 0.4m/s

Distal PTA patent with monophasic flow PSV 0.2m/s, likely proximal disease

Case 24

==US Graft Surveillance Right==

==VERIFIED--Attended-24-Aug-2021--LORDH+ZAKIN/LORDH-24-Aug-2021==

Bypass graft follow-up

	FU interval:	8 DAYS POST ANGI	Location:	R POP-ATA	Type:	VEIN
Best Resting Ankle Pressure		0	mmHg			
Brachial systolic Pressure:		0	mmHg			
ABPI:		0	mmHg			
ABPI Not Measured		ULTRADISTAL GRAF				

Comments:

Inflow:

CFA, PFA and SFA patent with bi/triphasic pulsatile flow.

SFA diffusely calcified, ~50% stenosis at mid thigh level.

PopA patent with biphasic pulsatile flow, PSV 1.0m/s.

Proximal Anastomosis:

Patent with no evidence of stenosis.

Graft:

Graft patent throughout with monophasic pulsatile flow, PSV 0.2m/s prox, 0.6m/s mid and 0.5m/s distally.

Distal Anastomosis:

5x velocity increase detected at the distal anastomosis suggestive of >75% stenosis, likely a combination of stenosis and calibre mismatch. These velocities are increased compared to previous scan (18/08/21).

Run-Off:

DPA patent with monophasic pulsatile flow, PSV 1.3m/s.

Date of next scan

Please advise.

Comments:

>75% stenosis at the distal anastomosis, velocities increased compared to previous scan (18/08/21).

Vascular reg informed by telephone.

Case 25

US Graft Surveillance Left VERIFIED - Attended: 24-Aug-2021 - ZAKIN/ZAKIN-24-Aug-2021 -
Bypass graft follow-up

	FAU interval:	3 MONTHS	Location:	L CFA-TPT	Type:	OMNIFLOW
Best Resting Ankle Pressure		0	mmHg			
Brachial systolic Pressure:		0	mmHg			
ABPI:		0	mmHg			
ABPI Not Measured		-				

Comments:

Inflow:

CFA patent with triphasic pulsatile flow

Proximal Anastomosis:

Patent

Graft:

Patent with biphasic pulsatile flow PSV 0.4-0.6m/s

Distal Anastomosis:

Patent with ~ x4 velocity increase, likely due to calibre mismatch

Run-Off:

Know heavy disease of PTA and PeroA

Main run off of ATA/DPA patent with strong biphasic pulsatile flow PSV 0.8-1m/s

Date of next scan

3 months

Patient sent to DFC