

### **Arterial Duplex**

The aorta (1.5cm max AP diameter) and external iliac arteries are patent with no significant stenosis or aneurysmal dilatation. The common iliac arteries were difficult to visualise bilaterally due to girth size.

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

### **CONCLUSION**

Right: CIA is difficult to visualise. No significant arterial disease noted

Left: CIA is difficult to visualise. No significant arterial disease noted.

### **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 17-Jan-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983.17-Jan-2019-1136

Send Report To : VASCULAR LAB SCANNING

Examination Date : 17-Jan-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Arterial Duplex**

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery (<50% stenosis present proximally and minor plaques present throughout) and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery (minor, diffuse echogenic plaques present throughout) and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

## **CONCLUSION**

Right: <50% stenosis present in the proximal SFA

Left: No significant arterial disease noted.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 01-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 01-Feb-2019-1215

Send Report To : VASCULAR LAB SCANNING

Examination Date : 01-Feb-2019

Ref. Source : RIZVI SAH, Vascular Lab, Watford General Hospital

Examinations : US Doppler

**Clinical History :**

51 yo female with chronic leg pain. known PMR. difficult to feel peripheral pulses. PMH > DM 1  
ENTERED BY: TAN, Dr Justin  
BLEEP: 1501

**UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 05-Feb-2019

Typed By: SVT983 05-Feb-2019-1200

**Arterial Duplex**

Significant arterial wall calcification noted throughout.

Difficult to visualise the aorta and the proximal iliac arteries due to body habitus. Biphasic waveforms noted in the EIA bilaterally.

Right: The common femoral artery and the proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery is occluded from the origin. Monophasic flow reconstitutes approx. 8cm from the origin. The popliteal artery and arterial run-offs are patent with monophasic waveforms.

Left: The common femoral artery and the proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery is occluded from the origin. Monophasic flow reconstitutes approx. 8cm from the origin. The popliteal artery and arterial run-offs are patent with monophasic waveforms.

**CONCLUSION**

Right: SFA occlusion, patent at mid thigh

Left: SFA occlusion, patent at mid thigh.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 05-Feb-2019  
Professional Status: A READ SVT983 VASCULAR SCIENTIST  
Professional Registration Number: SVT983  
Typed By: SVT983 05-Feb-2019-1200

Send Report To : SURGICAL OPD

Examination Date : 05-Feb-2019

Ref. Source : HALAWA MO, Hemel Hempstead General Hospital, Hillfield Road, Hemel Hempstead, Hertfordshire, H

Examinations : US Doppler,US Doppler

## Arterial Duplex

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal biphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

## CONCLUSION

Right: No significant arterial disease noted.

Left: No significant arterial disease noted.

## VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 08-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 08-Feb-2019-1646

Send Report To: VASCULAR LAB SCANNING

Examination Date : 08-Feb-2019

Ref. Source : GIRISH Mr, Vascular Lab, Watford General Hospital.

Examinations: US Doppler

Clinical History :

**UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 12-Feb-2019

Typed By: SVT983 12-Feb-2019-1636

**Arterial Duplex**

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms

Left: The common femoral artery and proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery is occluded from the origin. Monophasic flow reconstitutes in the distal superficial femoral artery/proximal popliteal artery (collaterals present). The popliteal artery and arterial run-offs are patent with biphasic waveforms.

**CONCLUSION**

Right: Normal arterial study.

Left: SFA occlusion from the origin, patent distally.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 12-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 12-Feb-2019-1636

Send Report To : VASCULAR LAB SCANNING

Examination Date : 12-Feb-2019

Ref. Source : SARIN S, Vascular Lab, Watford General Hospital

Examinations : US Doppler,US Doppler

**AAA Surveillance**  
**Arterial Duplex**

**AAA Surveillance**

The aorta is patent and ectatic with a max AP diameter of 2.8cm.

**Arterial Duplex**

The iliac arteries are patent with no significant stenosis or aneurysmal dilatation.

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery (there is a <40% stenosis present in the mid thigh) and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery (50-60% stenosis present at mid thigh) and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

**CONCLUSION**

Right: <40% stenosis in mid SFA.

Left: 50-60% stenosis in mid SFA.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 12-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 12-Feb-2019-1558

Send Report To : VASCULAR LAB SCANNING

Examination Date: 12-Feb-2019

Ref. Source : SARIN S, Vascular Lab, Watford General Hospital

Examinations : US Doppler

**Arterial Duplex**  
**Previous SFA angioplasty**

Left: The common femoral artery, proximal profunda femoris artery and superficial femoral artery are patent with triphasic waveforms. There are diffuse areas of <50% stenosis present in the popliteal artery, but the flow remains triphasic. The arterial run-offs are patent with triphasic waveforms.

**CONCLUSION**

Left: NO significant arterial disease noted.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 13-Feb-2019  
Professional Status: A READ SVT983 VASCULAR SCIENTIST  
Professional Registration Number: SVT983  
Typed By: SVT983 13-Feb-2019-1154

Send Report To: VASCULAR LAB SCANNING

Examination Date : 13-Feb-2019

Ref. Source : HALAWA MO, Vascular Lab, Watford General Hospital

Examinations : US Doppler

## **Arterial Duplex**

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery and anterior tibial artery are patent with triphasic waveforms. The peroneal artery is very thready in appearance but patent with biphasic waveforms.

## **CONCLUSION**

Right: Normal arterial study.

Left: No significant arterial disease noted.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 09-Jan-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 09-Jan-2019-1226

Send Report To : VASCULAR LAB SCANNING

Examination Date : 09-Jan-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : US Doppler



Clinical History : Left swollen painful knee and lower leg post revision knee replacement in may 2018.

Venous duplex:

Right: Not required.

Left: The SFJ has been previously ligated and the LSV stripped with no significant recurrence present.

Superficial varices present in the thigh demonstrated minor reflux communicate with the competent proximal thigh perforator

The SPJ and SSV are patent and competent.

There is a 4mm in diameter incompetent distal calf perforator present feeding varices present in the calf.

The popliteal artery demonstrated minor-moderate reflux. All the other deep veins are patent and competent with no evidence of a current or previous DVT.

**VERIFIED**

Verified By: Joanna Napper Vascular Scientist 28-Feb-2019

Professional Status: J NAPPER RA41086 VASCULAR SCIENTIST

Professional Registration Number: RA41086

Typed By: RA41086 28-Feb-2019-1555

Send Report To : VASCULAR LAB SCANNING

Examination Date : 28-Feb-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## Arterial Duplex

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

## CONCLUSION

Right: Normal arterial study

Left: Normal arterial study.

## VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 11-Jan-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 11-Jan-2019-1045

Send Report To : VASCULAR LAB SCANNING

Examination Date : 11-Jan-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : US Doppler

## **Arterial Duplex**

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

## **CONCLUSION**

Right: Normal arterial study

Left: Normal arterial study.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 16-Jan-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 16-Jan-2019-1233

Send Report To : VASCULAR LAB SCANNING

Examination Date : 16-Jan-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Clinical History :**

92 F admitted lower limb cellulitis

BG: AF, CCF, HTN, dementia

O/E -left lower leg discoloured, cold, painful to touch, weak pulses

Doppler required ?arterial supply compromised

ENTERED BY: SomasundaramV

BLEEP: [NOT KNOWN]

**Arterial Duplex**

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

**CONCLUSION**

Left: No significant arterial disease noted.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 13-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 13-Feb-2019-1559

Send Report To : VASCULAR LAB SCANNING

Examination Date : 13-Feb-2019

Ref. Source : MIR MA, Vascular Lab, Watford General Hospital

Examinations : US Doppler

**UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 22-Feb-2019

Typed By: SVT983 22-Feb-2019-1231

**Arterial Duplex**

Difficult scan due to significant arterial wall calcification throughout. Alternative method of imaging recommended to verify status of the peroneal artery and posterior tibial artery bilaterally.

Right: There are diffuse echogenic plaques present in the common femoral artery, resulting in a focal <50% stenosis. There is a focal <50% stenosis present at the origin of profunda femoris artery. The superficial femoral artery is patent throughout with minor plaque and triphasic waveforms. The popliteal artery and anterior tibial artery are patent with triphasic waveforms. The posterior tibial artery and peroneal artery could not be visualised, ? calcified, ? occluded.

Left: The common femoral artery is patent with minor plaque. The proximal profunda femoris artery, superficial femoral artery (minor plaque present throughout) and popliteal artery are patent with no significant stenosis and triphasic waveforms. The anterior tibial artery is patent with biphasic waveforms.

The posterior tibial artery and peroneal artery could not be visualised, ? calcified, ? occluded.

**CONCLUSION**

Right: <50% focal stenosis in CFA. Alternative method of imaging recommended to verify status of the peroneal artery and posterior tibial artery.

Left: Alternative method of imaging recommended to verify status of the peroneal artery and posterior tibial artery.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 22-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 22-Feb-2019-1231

Send Report To : VASCULAR LAB SCANNING

Examination Date : 22-Feb-2019

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : US Doppler, US Doppler

**UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 22-Feb-2019

Typed By: SVT983 22-Feb-2019-1001

**Arterial Duplex**

Right: The common femoral artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery and anterior tibial are patent with triphasic waveforms. The peroneal artery is very calcified, but patent with biphasic waveforms.

**CONCLUSION**

Right: Normal arterial study

Left: No significant arterial disease noted.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 22-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 22-Feb-2019-1001

Send Report To : VASCULAR LAB SCANNING

Examination Date : 22-Feb-2019

Ref. Source : VASCULAR LAB SCANNING, Vascular Lab, Watford General Hospital

Examinations : US Doppler,US Doppler

## **Arterial Duplex**

Very difficult abdominal scan due to body habitus. The EIA are patent bilaterally with triphasic waveforms.

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

## **CONCLUSION**

Right: No significant arterial disease noted

Left: No significant arterial disease noted

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 15-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 15-Feb-2019-1249

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 28-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 28-Feb-2019-1154

Send Report To : VASCULAR LAB SCANNING

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler,US Doppler**

Examination Date : **15-Feb-2019**

## Arterial Duplex

LEFT: The common femoral artery and proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery is patent throughout with triphasic waveforms (minor <50% stenosis present distally).

The proximal popliteal artery is patent with monophasic waveforms. The mid-distal popliteal artery is occluded (echolucent in appearance, ? acute). The run-offs are calcified. The anterior tibial artery and posterior tibial artery visualised in a one section are patent with thready, damped monophasic waveforms.

## CONCLUSION

Left: <50% stenosis in distal SFA. Occlusion in mid-distal POP A.

Checked by Jeny Anton.

**SYNTAX CHECKED** by: ANTON JENY Vascular Scientist 19-Feb-2019

Report By: AMY REED Trainee Vascular Scientist 19-Feb-2019 and: ANTON JENY Vascular Scientist

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 19-Feb-2019-1300

Send Report To : VASCULAR LAB SCANNING

Examination Date : 19-Feb-2019

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**



**Clinical History :**

66M underwent urgent Right SFA angioplasty 12/2, requires repeat arterial doppler of right lower limb to assess outcome of angioplasty.

ENTERED BY: WONG, Dr Eleanor

BLEEP: 1501

**Arterial Duplex**

Right: The common femoral artery and proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery stent is patent throughout with no stenoses. The popliteal artery, posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

**CONCLUSION**

Right: Normal arterial study.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 27-Feb-2019

Professional Status: A READ SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 27-Feb-2019-1544

Send Report To: VASCULAR LAB SCANNING

Examination Date: 27-Feb-2019

Ref. Source: AWAD RWI, Vascular Lab, Watford General Hospital

Examinations: US Doppler

### **Arterial Duplex**

The aorta is patent (damped, low velocity flow) with a max AP diameter of 1.3cm. There is a >70% stenosis present in the mid CIA. The EIA is patent with monophasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and monophasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with monophasic waveforms.

### **CONCLUSION**

Left: Mid CIA stenosis.

### **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 23-Nov-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 23-Nov-2018-1110

Send Report To : VASCULAR LAB SCANNING

Examination Date : 23-Nov-2018

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Clinical History :**

Right leg arterial doppler please. Dusky right foot, reduced CRT, unable to palpate DP and popliteal pulses on right leg.

ENTERED BY: SIVAPALARAJAHS, Dr Shayeesham

BLEEP: ext 3885

**Arterial Duplex**

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

**CONCLUSION**

Right: Normal arterial study.

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 27-Nov-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 27-Nov-2018-1018

Send Report To : VASCULAR LAB SCANNING

Examination Date : 27-Nov-2018

Ref. Source : EKANAYAKE P, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## **Arterial Duplex**

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

## **CONCLUSION**

Right: Normal arterial study

Left: Normal arterial study.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 27-Nov-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 27-Nov-2018-1135

Send Report To : VASCULAR LAB SCANNING

Examination Date : 27-Nov-2018

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital

Examinations : US Doppler

## **Arterial Duplex**

The aorta (1.7cm max AP diameter) and iliac arteries are patent with no significant stenosis or aneurysmal dilatation. Triphasic waveforms noted.

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

## **CONCLUSION**

Right: Normal arterial study

Left: Normal arterial study.

## **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 09-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 09-Jan-2019-1001

Send Report To: VASCULAR LAB SCANNING

Examination Date : 09-Jan-2019

Ref. Source : BHATTI TS, Vascular Lab, Watford General Hospital

Examinations : US Doppler

## Arterial Duplex

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with triphasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery and anterior tibial artery are patent with triphasic waveforms. The peroneal artery is very thready in appearance but patent with biphasic waveforms.

## CONCLUSION

Right: Normal arterial study.

Left: No significant arterial disease noted.

## VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 09-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 09-Jan-2019-1226

Send Report To : VASCULAR LAB SCANNING

Examination Date : 09-Jan-2019

Ref. Source : AWAD RWI, Vascular Lab, Watford General Hospital.

Examinations : US Doppler

### **Arterial Duplex**

The aorta (1.8cm max AP diameter), right CIA and right EIA are patent with biphasic waveforms. The left EIA is patent with biphasic waveforms distally. There is a ~60% stenosis present in the proximal EIA.

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

Left: The common femoral artery and the proximal profunda femoris artery are patent with biphasic waveforms. There is a ~3cm in length occlusion in the superficial femoral artery at proximal/mid thigh level. Damped monophasic flow reconstitutes in the mid thigh (large collateral present). The popliteal artery and arterial run-offs are patent with damped monophasic waveforms.

### **CONCLUSION**

Right: No significant arterial disease noted.

Left: ~60% stenosis in the proximal EIA, occlusion in the SFA at prox/mid thigh level.

### **VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 07-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 07-Jan-2019-1220

Send Report To : VASCULAR LAB SCANNING

Examination Date : 07-Jan-2019

Ref. Source : VASCULAR LAB SCANNING, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

## Arterial Duplex

Very difficult scan due to mobility issues. Difficult abdominal scan due to body habitus and bowel gas.

The aorta appears to be patent with a max AP diameter of 1.7cm. Limited sections of the iliac arteries seen- no obvious iliac disease seen in the sections visualised.

Right: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and monophasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with monophasic waveforms.

Left: The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and monophasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent with monophasic waveforms.

## CONCLUSION

Monophasic waveforms present throughout, patient may require alternative method of imaging to determine cause.

## VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 21-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 21-Jan-2019-1508

Send Report To : VASCULAR LAB SCANNING

Examination Date : 21-Jan-2019

Ref. Source : SARIN S, Vascular Lab, Watford General Hospital

Examinations : US Doppler



**Clinical History :**

51 yo female with chronic leg pain. known PMR. difficult to feel peripheral pulses. PMH > DM 1  
ENTERED BY: TAN, Dr Justin  
BLEEP: 1501

**UNVERIFIED**

Report By: AMY REED Trainee Vascular Scientist 05-Feb-2019

Typed By: SVT983 05-Feb-2019-1200

**Arterial Duplex**

Significant arterial wall calcification noted throughout.

Difficult to visualise the aorta and the proximal iliac arteries due to body habitus. Biphasic waveforms noted in the EIA bilaterally.

Right: The common femoral artery and the proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery is occluded from the origin. Monophasic flow reconstitutes approx. 8cm from the origin. The popliteal artery and arterial run-offs are patent with monophasic waveforms.

Left: The common femoral artery and the proximal profunda femoris artery are patent with triphasic waveforms. The superficial femoral artery is occluded from the origin. Monophasic flow reconstitutes approx. 8cm from the origin. The popliteal artery and arterial run-offs are patent with monophasic waveforms.

**CONCLUSION**

Right: SFA occlusion

Left: SFA occlusion

**VERIFIED**

Verified By: AMY REED Trainee Vascular Scientist 05-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 05-Feb-2019-1200

Send Report To : SURGICAL OPD

Examination Date : 05-Feb-2019

Ref. Source : HALAWA MO, Hemel Hempstead General Hospital, Hillfield Road, Hemel Hempstead, Hertfordshire, H

Examinations : US Doppler,US Doppler