

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	[REDACTED]	Hospital No	[REDACTED]	Date of Exams:	04/04/2019
DOB	[REDACTED]	NHS No:	[REDACTED]	Ip/Op:	OP
Ref	[REDACTED]	Hospital Site:	QEH		

Clinical Indications:

Right Lower Limb – Arterial Duplex
RIGHT LEG:
TRIPHASIC INFLOW

CFA = Patent - Triphasic

PFA = Patent – Triphasic

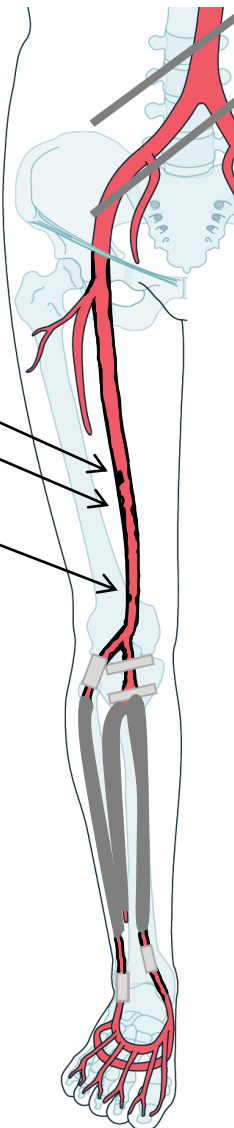

SFA = 2 x focal stenosis; >75% and 50-75% - monophasic flow thereafter.
POPA = >75% stenosis


TPT = Patent Monophasic (heavy ca++)


Run off: Heavy Ca+++ unable to fully assess


ATA, PTA and PEROA patent distally with damped monophasic flow.


DPA – no flow (heavy ca++) ? occluded.


 Black colour fill indicates stenosis or occlusion

 Grey and white texture indicates calcified plaque

 Grey dotted line indicates medial wall calcification

 Grey box indicates acoustic shadowing from calcification

 Dashed green line indicates stent in situ

Report:

CFA and PFA origin are patent with triphasic flow, no significant stenosis detected.

Proximal to mid FA is patent although diffusely diseased but no significant stenosis detected (? Stent in situ – difficult to define on ultrasound).

**>75% focal FA stenosis detected 17cm above the level of the knee (PSV increase from 0.72m/sec to 3.05m/sec).
Second focal 50-75% stenosis detected ~ 15cm above the knee (PSV increase from 0.72m/sec to 1.96m/sec).
Monophasic flow thereafter.**

>75% stenosis detected 2-3cm above the knee crease (PSV increase from 0.6m/sec to 4.94m/sec).

TPT is heavily calcified (signal drop-out) but patent where seen with monophasic flow.

Tibial vessels very difficult to assess due to diffuse heavy calcification obscuring views of the vessel lumen therefore unable to fully comment. All three tibial's are Patent distally with damped monophasic flow.

DPA is heavily calcified ? occluded.

Distal PSVs:

AT = 0.13m/sec

PT = 0.38m/sec

PERO = 0.27m/sec

Conclusion:

FEM-POP:

2 x focal FA stenosis >75% and 50-75% - monophasic flow thereafter.

1 x focal >75% POPA stenosis.

TIBIALS:

3 x patent distal run-off with damped monophasic flow.

? DPA occlusion (heavily calcified).
