

**Vascular lab report**
**Assessed by:** Emily Blake (cvs)

Name	Hospital	Date of Exams: 21/2/2019
DOB	NHS No:	Ip/Op: ED
Refer	Hospital	

Clinical Indications: Known Astham, ex-smoker, under investigation for IHD

**Lower Limb – Arterial Duplex [Both] – Diseased**
**RIGHT LEG:**

Triphasic inflow

CFA = Patent, triphasic flow (PSV = 1.0m/sec)

PFA = Patent, triphasic flow (PSV 1.1m/sec)

SFA = Patent, monophasic flow  
50-75% adductor FA stenosis

Pop = Patent, monophasic flow

TPT proximal = Patent, monophasic flow

**Run off:**

ATA = Patent, monophasic flow  
Occluded distally.

PTA = Patent, monophasic flow

Peroneal = Patent monophasic waveforms

Diffuse concentric hypoechoic arterial walls noted throughout the FEM-POP and into the calfs. Typical 'halo' appearances associated with vasculitis.

Causing a 50-75% stenosis of the distal FA on the right and >75% stenosis on the left.

PT patent lumen diameter = 2mm (PSV = 0.22m/sec).

AT = 1mm diameter.

PT = 1mm diameter PSV = 0.04m/sec

**LEFT LEG:**

TRIPHASIC INFLOW

CFA = Patent, triphasic flow

PFA = Patent, triphasic flow

SFA = Patent, monophasic flow  
>75% stenosis adductor FA

Pop = Patent, monophasic flow

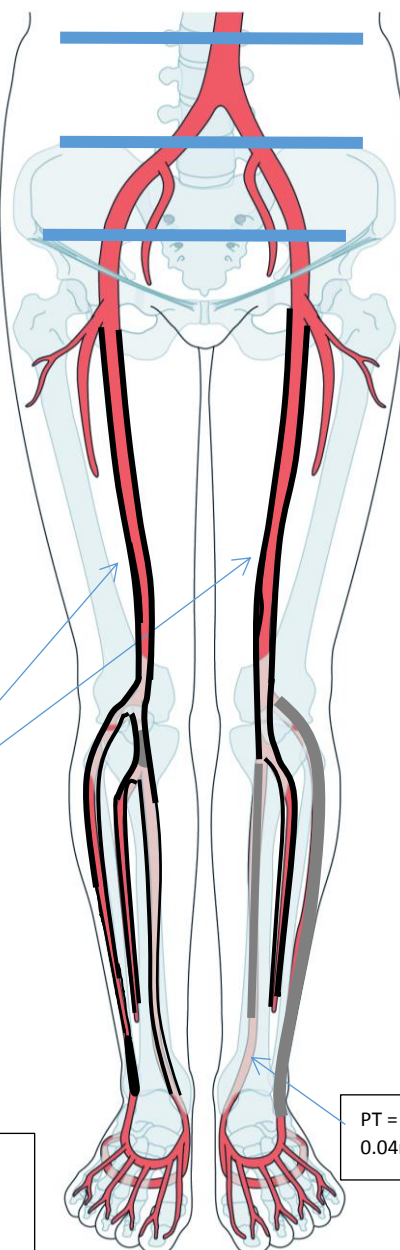
TPT = Patent, monophasic flow

**Run off:**

ATA = not visualised ? occluded

PTA = Patent distally but slender at 1mm with extremely damped monophasic flow

Peroneal = Patent with monophasic flow



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**Report:**

Hand written diagram / report given to Mr Ejimofe at 16:30pm on 21/2/2019 due to time constraints being a late PM acceptance to scan ED patient.

**RIGHT:**

Triphasic inflow to the right leg.

CFA and PFA origin are patent with triphasic flow. No stenosis to note.

The FA and POP arteries demonstrate **diffuse concentric hypoechoic thickening of the arterial walls** (2-3mm diameter) with typical 'halo' appearance which would be suggestive of vasculitis. This is causing 50-75% stenosis within the adductor FA at 10cm above the level of the knee.

Wall thickening can be followed down into the TPT and AT.

AT is patent (patent lumen = 1mm diameter) until 7cm ALM where it occludes.

The PT and PEROA are patent with reduced patent lumens measuring 1-2mm throughout. No significant stenosis or flow disturbance to note.

Distal PSVs = PT 0.22m/sec and PEROA 0.15m/sec.

**LEFT:**

Triphasic inflow to the Left leg.

CFA and PFA origin are patent with triphasic flow. No stenosis to note.

Like the right leg the FA and POP arteries demonstrate diffuse concentric hypoechoic thickening of the arterial walls (2-3mm diameter) with typical 'halo' appearance which would be suggestive of vasculitis. This is causing >75% stenosis within the adductor FA at 5cm above the level of the knee.

Wall thickening can be followed down into the TPT and PEROA.

The PEROA is patent with monophasic flow but with significantly reduced patent lumen measuring 1mm diameter throughout.

No significant stenosis or flow disturbance to note. Distal PSV = 0.12m/sec

At and PT were very difficult to visualise (small calibre) ? Occluded. No flow detected within the AT at ankle level suggestive of an occlusion.

Patency noted within the left PT at ankle but 1mm patent lumen with very damped monophasic flow (PSV = 0.04m/sec)

**CONCLUSION:**

**Diffuse concentric thickening of the FEM-POP and proximal calf arteries appearances suggestive of vasculitis.** This is causing a 50-75% stenosis of the distal right FA and a >75% stenosis of the left distal FA.

Significantly reduced patent lumens below the knees bilaterally.

Occluded distal RT AT.

Unable to visualise the LT PT/AT ? patent ? occluded. LT PT at ankle is patent (1mm diameter) with very damped monophasic flow. LT AT at ankle is occluded.

Patient referred back to ED for R/V.