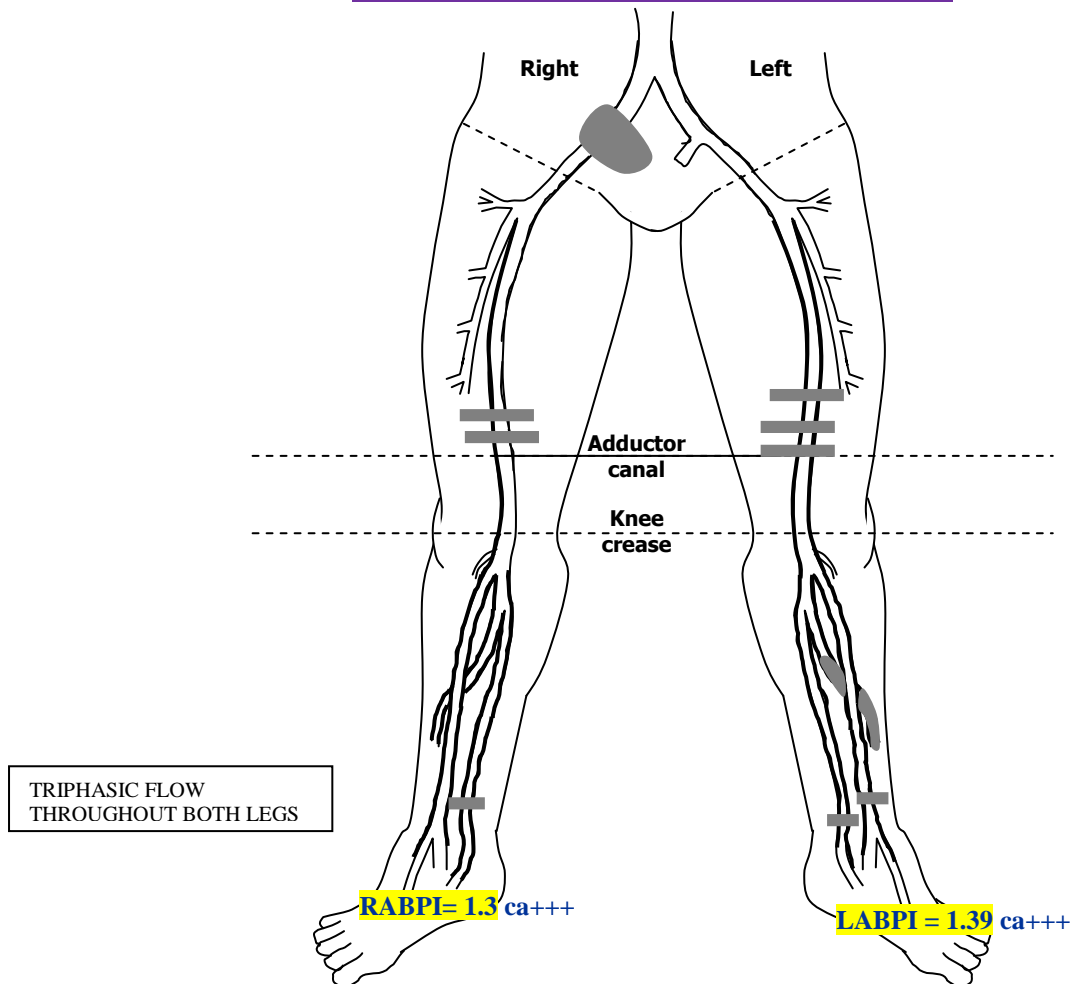


VASCULAR LAB REPORT

Assessed By: Emily Blake (CVS).

Name:	Hospital No:
Consul	Patients DOB
Outpatient/Inpatient: Inpatient	Date of Exam: 08/02/2019
Clinical Indications: Foot ulcers ?arterial	

Duplex Examination of the Lower Limb Arteries



AORTO-ILIAC:

The Abdominal Aorta is patent with good triphasic flow. No significant stenosis. Normal caliber – no aneurysm.
The CIAs, Left IIA origin, and EIAs are all patent with no significant stenosis detected, triphasic waveforms noted. Right IIA not visualised due to overlying bowel gas.

RIGHT LEG:

Patent CFA, PFA origin, SFA, POPA, TPT, AT, PT and PEROA with triphasic waveforms detected throughout. Diffuse medial wall calcification noted throughout the lower limb arteries but becoming progressively worse distally with signal drop out in the distal SFA and distal TIBIALS due to heavy calcification.

Unable to perform toe pressures on the right as non-compressible however the PVRs showed normal waveform with excellent upstroke and visible dicrotic notch indicating no significant occlusive PAD.

ABPI:

Right BRAC = 120mmHg Left BRAC = 122mmHg

Right PT – non-compressible. AT = 166mmHg = 1.34

Left AT = 170mmHg = 1.39

Values are artificially high (near to 1.4) would suggest rigid and incompressible vessel walls due to calcification (diabetes / renal disease).

CONCLUSION:

No significant PAD to note within the visualised abdominal and lower limb arteries.

Pressure indices are artificially high in-keeping with rigid and incompressible arteries due to heavy calcification / diabetes.