

Vascular lab report

Assessed by: Emily Blake

Name	[Redacted]	Hospital	[Redacted]	Date of Exams:	26/2/2019
DOB:	[Redacted]	NHS N	[Redacted]	Ip/Op:	ED
Refer	[Redacted]	Hospital Site:	UHL		

Clinical Indications: New loss of sensation and swelling right leg - lack of PT and DP pulses - ? venous/art insufficiency

Right Lower Limb – Arterial Duplex

RIGHT LEG:

Triphasic inflow

CFA = Patent - Triphasic

PFA = Patent - Triphasic

SFA = Patent
Triphasic

Pop = Patent - Triphasic

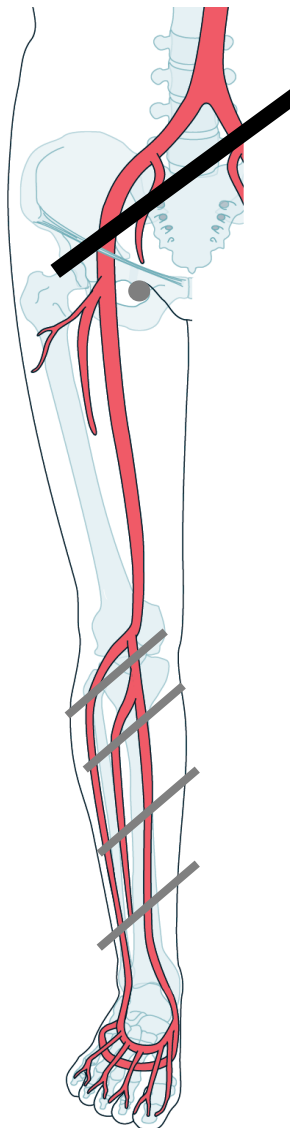
TPT = not seen

Run off:

ATA = Patent at ankle
Triphasic

PTA = Patent at ankle

Peroneal = not seen



Black colour fill indicates
occlusion or stenosis



Dashed green line
indicates stent in situ

Report:

Patient scanned in chair as unable to independently transfer onto the couch – therefore difficult scan.

Arteries:

CFA, PFA origin, FA and POPA are patent with diffuse wall calcification noted throughout in-keeping with diabetic arteries (some short segments of drop-out due to calcification). No significant stenosis where seen.

The TPT and calf arteries could not be seen due to poor views/highly echogenic calf muscles causing sound beam attenuation.

The PTA and ATA are patent and ankle with triphasic flow feeding into the foot (PSV = 1.0m/sec and 0.8m/sec).

Veins:

Normal respiro-phasic flow detected within the CFV indicating no proximal venous obstruction. Difficult views due to patient habitus / highly echogenic thigh muscles therefore deep abdominal probe utilised.

FEM-POPV are patent with good wall to wall colour filling indicating no acute occlusive DVT. Proximal thigh GSV is patent and compressible with no thrombus. Remaining GSV and SSV not assessed. Deep calf veins could not be visualised as described within the arterial report – extremely poor views.

Within the soft tissue of the distal leg / ankle (anteriorly) there are multiple echogenic shadowing foci appearances suggestive of chronic changes relayed to a previous cellullitic episode.

Prominent groin lymph node measuring 0.8cm AP diameter.

Conclusion:

Triphasic inflow to right leg with no significant FEM-POP arterial disease (diffuse wall calcification in-keeping with diabetic).

Patent AT/PT at ankle with triphasic flow (suggests no significant proximal arterial disease within the non-visualised segments).

No FEM-POP acute DVT (unable to exclude a calf DVT due to the limitations).

Chronic features in soft tissues of distal anterior leg / ankle relate to previous cellullitic episode.



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