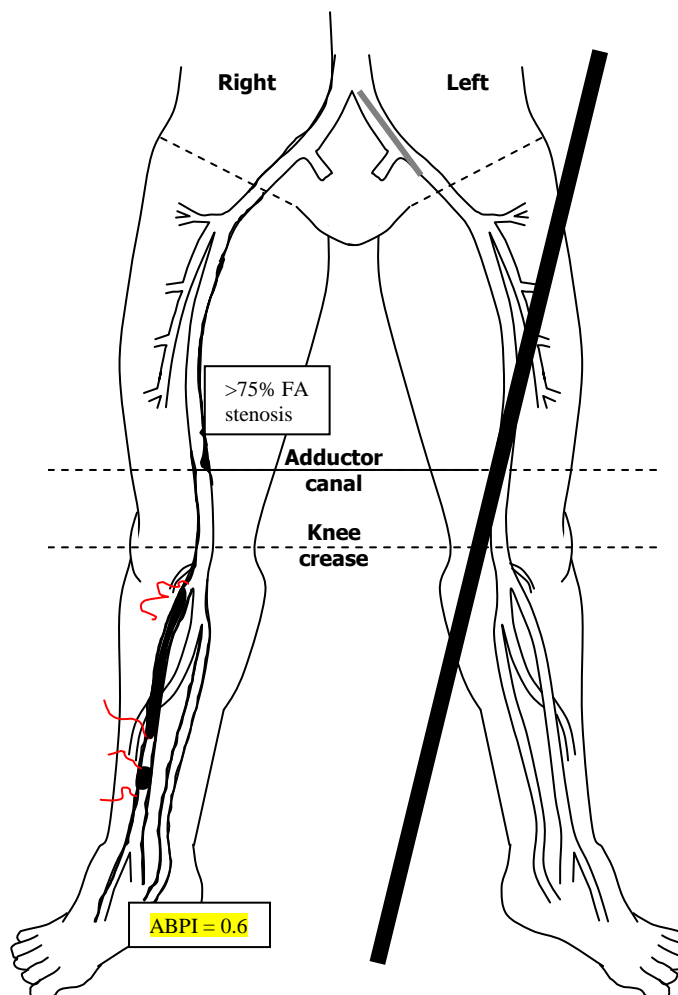


VASCULAR LAB REPORT

Assessed By: Emily Blake (CVS)

Name: [REDACTED]	Hospital No: [REDACTED] Patients DOB: [REDACTED]
Consultant: MR DONATI	Date of Exam: 08/02/2019
Outpatient/Inpatient: OP	Clinical Indications: right calf claudication 50yrd

Duplex Examination of the Lower Limb ARTERIES



AORTO-RIGHT ILIACS:

The Abdominal Aorta and right iliac arteries are all patent with triphasic flow, no significant stenosis or aneurysmal disease.  
Tri/biphasic inflow to left leg noted.

**RIGHT LEG:**

Mild amount of atheroma imaged within the CFA and proximal to mid FA. Patent PFA origin with triphasic flow.

>75% stenosis detected within the distal SFA approx. 8cm above patella level (PSV increase from 0.55m/s- 5.01m/s). Turbulent monophasic flow seen thereafter.

Minimal atheroma imaged within the popliteal artery however no significant stenosis detected.

ATA occludes <1cm distal to its origin and reforms at approx. mid-calf level at 15cm ALM. Further short occlusion before reforming again.  
D AT PSV = 0.07m/sec, DP PSV = 0.13m/sec.

No significant stenosis detected within the PTA and Peroneal arteries with monophasic waveforms detected distally (PSV= 0.38m/s and 0.38m/s respectively).

**ABPI:**

RT ARM = 212mmHg – informed patient to see Gp (has known HTN and on medication – patient can-not remember last readings with Gp).

RT PT = 132mmHg = 0.6

RT AT (damped and monophasic)

**CONCLUSION:**

>75% distal SFA stenosis (located approx. 8cm AK) with monophasic flow distal to stenosis.

3 x vessel run-off with AT occlusion.

ABPI = 0.6