

Vascular lab report
Assessed by: Emily Blake

Name: [REDACTED]	Hospital: [REDACTED]	Date of Exams: 28/03/2019
DOB: [REDACTED]	NHS No: [REDACTED]	Ip/Op: Outpatient
Referral: [REDACTED]	Hospital Site: UHL	

Clinical Indications: LEFT LEG ?INTERMITTENT CLAUDICATION 200 YARDS. NIGHT PAIN IN FOOT

Lower Limb – Arterial Duplex [Both]

Patent Abdominal Aorta diameter = 1.6cm max AP

RIGHT LEG:
 TRIPHASIC INFLOW

 D EIA = Patent, Triphasic
 CFA = Patent - Triphasic

PFA = Patent -Triphasic

SFA = Patent with 2cm length 50-75% adductor stenosis - Triphasic

Pop = Patent, Triphasic

 TPT = Patent
 Triphasic

Run off:

 ATA = Patent –focal 50% distal stenoses
 Triphasic

PTA = Patent, Triphasic

 Peroneal = Patent,
 Triphasic

LEFT LEG:
 TRIPHASIC INFLOW

 D EIA = Patent Triphasic
 CFA = Patent Triphasic

PFA = Patent -Triphasic

SFA = Patent- Triphasic

Pop = Patent - Triphasic

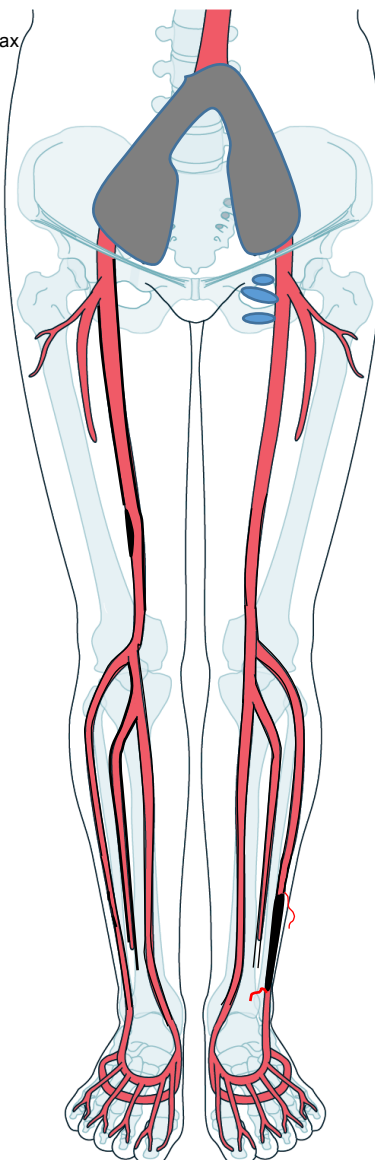
TPT = Patent - Triphasic

Run off:

ATA = occluded distally with reconstitution via collateral.

PTA = Patent, Triphasic

Peroneal = Patent, Triphasic


RABPI = 0.85
LABPI = 1.0

 Black colour fill indicates
 occlusion or stenosis

 Dashed green line
 indicates stent in situ

Report:
Aorto-iliacs:

The abdominal Aorta is patent and of normal calibre. The iliac arteries could not be visualised due to overlying bowel gas / shadowing however the distal External Iliac arteries are both patent with triphasic waveforms noted indicative of no haemodynamically significant iliac stenosis.

Right leg:

The Common Femoral and Profunda Femoral origin are patent with triphasic flow. No stenosis.

Diffuse wall thickening noted along the Superficial Femoral with a diffuse 2.4cm length 50-75% stenosis detected at 12cm above the level of the patella (PSV increase from 0.66m/sec to 1.94m/sec).

Popliteal arteries are patent with triphasic waveforms detected, no significant stenosis noted.

The Tibio-Peroneal Trunk, Posterior Tibial and Peroneal arteries are patent with triphasic waveforms detected, no significant stenosis noted.

Proximal to mid-Anterior Tibial is patent with no significant stenosis.

There are at least two focal 50% stenoses within the mid to distal ATA: 1) at 15cm ALM (PSV increase from 0.4m/sec to 0.8m/sec) and 2) at 10cm ALM (PSV increase from 0.4m/sec to 0.82m/sec) Triphasic flow is feeding into the foot (PSV = m/sec).

Left leg:

The Common Femoral, Profunda Femoral, Superficial Femoral and Popliteal arteries are patent with triphasic waveforms detected, no significant stenosis noted.

The Tibio-Peroneal Trunk, Posterior Tibial, and Peroneal arteries are patent with triphasic waveforms detected, no significant stenosis noted.

Proximal Anterior Tibial artery is patent with biphasic flow and no significant stenosis. The ATA occludes at 15cm ALM and reforms at ankle via collateral flow (DPA PSV = 0.04m/sec).

Prominent lymph nodes noted within the groin measuring <1cm.

Right Brachial = 140mmHg	
Right ATA = 120mmHg	Left ATA = 118mmHg
Right PTA = 120mmHg	Left PTA = 140mmHg
Right ABPI = 0.85	Left ABPI = 1

Conclusion:

Right:

Diffuse 2cm 50-75% distal right SFA stenosis.

3 vessel run-off:

2 x focal 50% distal ATA stenoses.

Left:

No significant FEM-POP disease.

3 vessel run-off with ATA/DPA reconstituted via collateral flow.