

Vascular lab report
Assessed by: Emily Blake (CVS)

| | | |
|-------------------|-------------------------|---------------------------|
| Name: [REDACTED] | Hospital No: [REDACTED] | Date of Exams: 19/03/2019 |
| DOB: [REDACTED] | NHS No: [REDACTED] | Ip/Op: OP |
| Refer: [REDACTED] | Hospital Site: UHL | |

Clinical Indications: ?pad. previous cva, left side affected. ?pad left leg. only needs left leg scanning, not bilateral!!

Left Lower Limb – Arterial Duplex
Distal Abdominal Aorta diameter = 1.5cm max
AP

LEFT LEG:

CIA = Patent / Triphasic
EIA = Patent / Triphasic

CFA = Patent / Triphasic
PFA = Patent / Triphasic
SFA = Patent / Triphasic
Pop = Patent / Triphasic

TPT = Patent / Triphasic

Run off:

ATA = Patent/Diffusely calcified/ Trip-Biphasic

PTA = Patent/ Diffusely calcified
Trip- biphasic

Peroneal = Patent/Diffusely calcified/
Trip-biphasic flow.

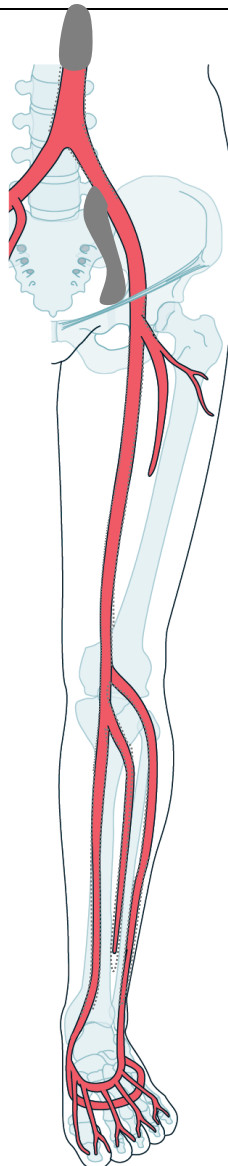
Interpretation of resting toe brachial pressure indices (TBPI)
Resting TBPI Severity of disease

>0.7 Normal arterial supply

0.64 – 0.7 Borderline

<0.64 Significant PAD present

Left brachial systolic pressure: 130mmHg

Great toe pressure: 113mmHg

**LABPI = Non-compressible
arteries**
LTBPI = 0.86

Black colour fill indicates
stenosis or occlusion

Grey and white texture
indicates calcified plaque

Grey dotted line indicates
medial wall calcification

Grey box indicates acoustic
shadowing from calcification

Dashed green line
indicates stent in situ

Report:**AORTO-ILIAC ARTERIES:**

Proximal aorta obscured by bowel gas.

Mid to distal aorta and left CIA patent and normal in calibre. Tortuous EIA but patent with no significant stenosis.

(Normal Triphasic inflow to right leg)

TRIPHASIC INFLOW:

CFA, PFA origin, SFA, POPA and TPT are patent with triphasic flow. Minimal amount of medial wall calcification causing some imaging artefact but no significant change in waveform or PSVs to suggest significant disease.

PTA is patent although diffusely calcified throughout (strong acoustic shadowing noted causing imaging artefact) – triphasic flow is feeding into the foot. No significant stenosis (PSV = 1.0m/sec).

PEROA difficult to visualise due to highly reflective calf muscles causing sound beam attenuation – abdominal probe utilised which demonstrates patency with biphasic flow detected distally (PSV 0.25m/sec).

ATA is patent with triphasic/ biphasic flow feeding into the foot (PSV = 0.45m/sec).

ABPI attempted – unable to fully compress PT or DP (patient has involuntary movements due to Hx of stroke).

Conclusion:

No significant PAD.

Normal TBPI but dampened pulse volume recording detected from toe pressure reading ? due to distal disease in foot. Foot felt cold. Brown staining present on lower leg ? venous element.
