

Vascular lab report
Assessed by: Emily Blake (CVS)

Name:	Hospital:	Date of Exams: 12/4/2019
DOB: 0	NHS No:	Ip/Op: IP
Referral:	Hospital Site: UHL	

Clinical Indications: no peripheral pulses felt in both legs, poor capillary refill, diabetic, as per Dr. Starke

Lower Limb – Arterial Duplex [Both] – Diseased

Abdominal Aorta diameter = 4.0 x 4.5cm max AP / TRANS.
No flow detected within AAA lumen – contains lightly echogenic echoes suggestive of thrombus appearances are highly suggestive of an occlusion.

RIGHT LEG:

Distal EIA reformed via collateral flow.

CFA = Patent damped Monophasic (PSV 0.17m/sec) (diameter of CFA = 4mm)

PFA = Patent – Monophasic PSV = 0.90m/sec

SFA = Occluded ? chronic (small diameter vessel – difficult to visualise)

 Pop = reformed via collateral flow 5cm AKC
 PSV = 0.19m/sec.

TPT = Patent - damped Monophasic

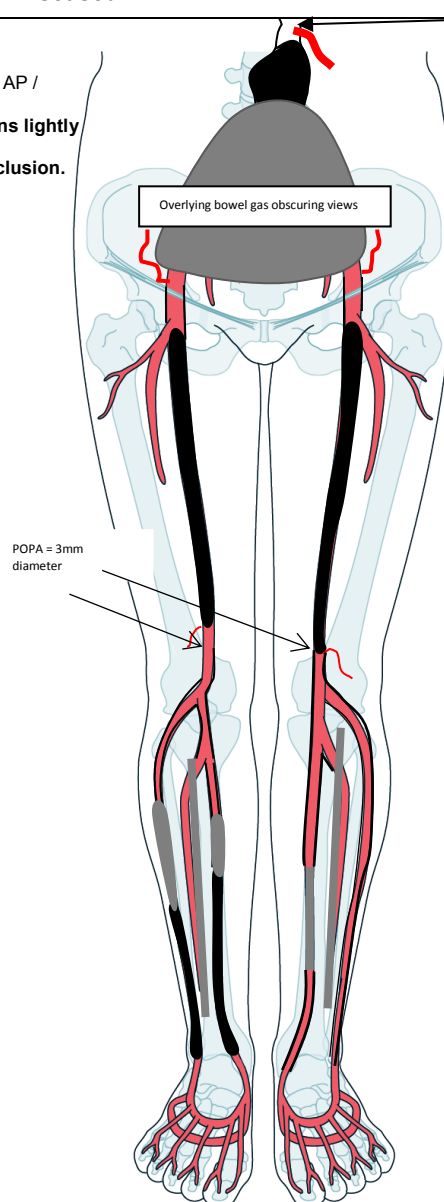
Run off:

ATA = Patent proximal with extremely damped monophasic flow PSV 0.05m/sec – thereafter could not assess ATA due to small calibre ? patent.

Distal ATA and DPA are occluded.

PTA = Patent prox with damped monophasic PSV 0.05m/sec. Distal PT occluded.

Peroneal = unable to assess.


 Patent proximal aorta with triphasic flow.
 Coeliac axis and SMA widely

LEFT LEG:

Distal EIA reformed via collateral flow.

CFA = Patent damped Monophasic (d=4mm) PSV = 0.77m/sec

PFA = Patent – Monophasic PSV = 0.33m/sec.

SFA = Occluded ? chronic (small diameter vessel – difficult to visualise)

Pop = reformed via collateral flow 5cm AKC

TPT = Patent damped Monophasic

Run off:

 ATA / proximal DPA = Patent with damped monophasic 0.08m/sec distally.
 PTA = Patent where seen PSV = 0.07m/sec.

Peroneal = unable to assess.

Pressures not attempted due to very low PSVs


Black colour fill indicates occlusion or stenosis



Dashed green line indicates stent in situ

Report:**Abdomen:**

Patent proximal aorta.

Distal AAA noted (unable to visualise origin of renal arteries).

No flow detected within the AAA lumen (contains lightly echogenic echoes suggestive of thrombus). Difficult to assess due to wall calcification therefore unable to exclude any low velocity flow.

Iliac arteries could not be assessed due to overlying bowel.

Right leg:

The distal EIA / proximal CFA is reformed via collateral flow. CFA is patent although very reduced in calibre at 4mm.

PFA is patent with monophasic flow.

SFA is occluded.

POPA is reformed at 5cm AKC via collateral flow. POPA, TPT and proximal PTA and ATA are patent but with extremely damped monophasic flow. Mid to distal AT/PT difficult to assess but no flow detected. No flow reforming these two vessels at the ankle. PEROA could not be visualised / assessed.

Left leg:

Similar appearances to right leg.

The distal EIA / proximal CFA is reformed via collateral flow. CFA is patent although very reduced in calibre at 4mm.

PFA is patent with monophasic flow. SFA is occluded.

POPA is reformed at 5cm AKC via collateral flow.

POPA, TPT, PTA and ATA are patent but with extremely damped monophasic flow.

PEROA could not be visualised / assessed.

Conclusion:

Known AAA – seen on CT in 8/2018. ? occluded – Urgent further imaging / opinion advised.

Both distal EIAs / proximal CFAs are reformed via collateral flow (these vessels are small at 4mm diameter).
Occluded SFAs.

Patent PFAs.

2 x vessel run-off on left.

PT/AT and DPA occluded on right (unable to assess PEROA).



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