

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	Hospital	Date of Exams: 22/03/2019
DOB:	NHS No:	Ip/Op: IP
Refer	Hospital Site: UHL	

Clinical Indications: foot ulcer infected, poor bloods supply. due doppler months ago but DNA. Vascular team require as IP

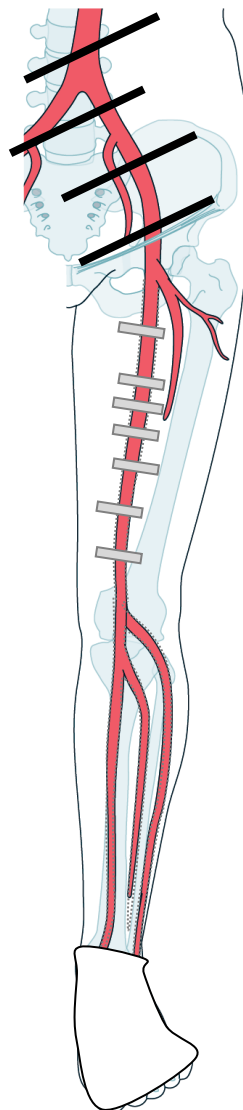
Left Lower Limb – Arterial Duplex

Aorto-iliac's not assessed.

LEFT LEG:
TRIPHASIC INFLOW

CFA, PFA, SFA, POPA, TPT = Patent with Triphasic flow
(diffuse wall calcification)

Run off:

ATA, PTA and PEROA = Patent, diffusely calcified with
Triphasic flow.

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:

CFA and PFA origin are patent with triphasic flow, very minimal amount of atheroma detected – no significant stenosis.

SFA, POPA and TPT are patent with triphasic flow. Medial wall calcification noted throughout causing imaging artefact / obscured segments – typical diabetic appearance.

Difficult views of the tibial vessels due to heavy calcified arterial walls therefore deep abdominal probe utilised throughout.

PTA, ATA and PEROA are all patent with good triphasic flow noted throughout. No significant stenosis detected but difficult to fully assess due to the limitations stated above. Triphasic flow is feeding into the foot.

Distal PSVs: PT = 0.51m/sec, AT = 0.45m/sec and PEROA = 0.31m/sec.

Enlarged groin lymph nodes noted.

Conclusion:

Diffuse calcification noted throughout in-keeping with typical diabetic appearances but no significant PAD to note within the left lower limb arteries.
