

Vascular lab report

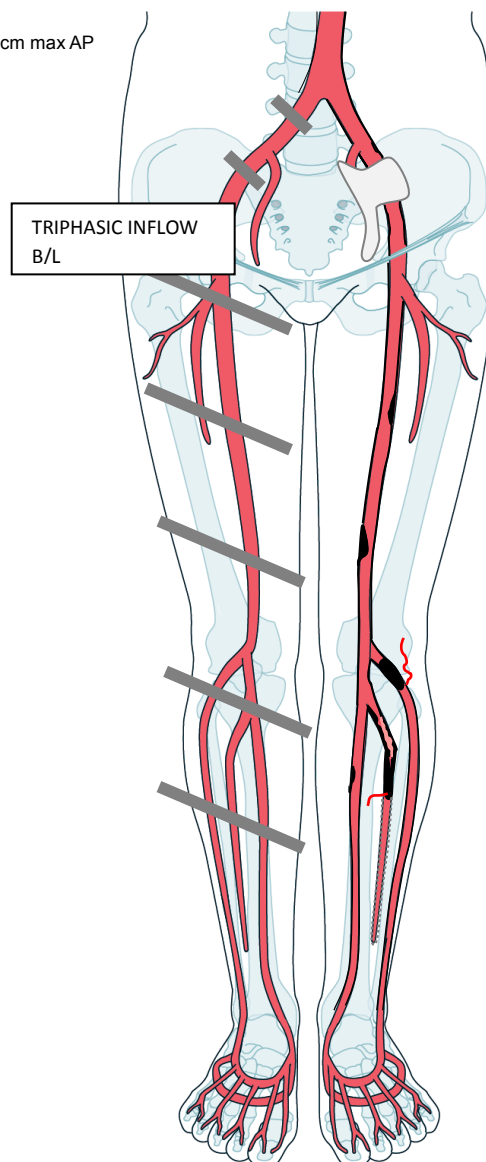
Assessed by: Emily Blake (CVS)

Name	Hospital	Date of Exams: 11/04/2019
DOB:	NHS Number	Ip/Op: OP
Referral	Hospital Site: UHL	

Clinical Indications: left leg pain at 50 yards for 3/12 ?pad

Lower Limb – Arterial Duplex [Both] – Diseased

Abdominal Aorta diameter = 1.9cm max AP



LEFT LEG:

CIA, IIA origin, EIA= Patent with triphasic flow (where seen)

CFA and PFA = widely patent with triphasic flow

SFA =
Proximal 59% stenosis 18-20cm BGC (not haemodynamically significant)
>75% distal stenosis ~ 17cm above patella.

Pop and TPT = Patent

Run off:
Short ATA occlusion with reformation – widely patent thereafter.

PTA = Widely Patent to foot

Peroneal = Short length of heavy disease proximally with no flow ? Occluded - triphasic flow reconstitutes at mid-calf

Resting LABPI = 0.96

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-iliacs:**

Patent abdominal aorta and left iliac arteries where seen (distal CIA and mid EIA obscured by bowel gas). Good triphasic waveforms detected throughout with no haemodynamically significant stenosis to note.

Right distal EIA is patent with triphasic flow feeding into the leg.

Left leg:

CFA and PFA origin are patent with triphasic flow, no significant stenosis.

18-20cm BGC there is a 2.1cm length of diffuse soft atheroma which grades at 59% using b-mode linear measurements. This is not haemodynamically significant.

>75% stenosis detected at 13cm above the level of the patella (PSV increase from 0.46m/sec to 3.65m/sec).

POPA and TPT are patent. No significant stenosis.

Lower end 50-75% proximal PTA stenosis (PSV increase from 0.86m/sec to 2.19m/sec).

Short proximal ATA occlusion with reconstitution via collateral flow (~8-10cm BK). ATA thereafter is widely patent down to the foot. DPA is patent.

PEROA is heavily diseased proximally and occludes for a short segment before reforming with triphasic flow.

ABPI = 0.96

Interpretation of resting ankle brachial pressure indices (ABPI)

<i>Resting ABPI</i>	<i>Severity of disease</i>
>1.4	Incompressible indicating calcified vessels
>1.0	Normal
1.0 – 0.81	Mild peripheral arterial disease
0.8 – 0.5	Intermittent claudication indicating moderate/severe arterial disease
<0.5	Severe disease
<0.3	Critical ischemia

Left brachial systolic pressure: 125mmHg

Lt DPA = 90mmHg

Lt PTA = 120mmHg

Conclusion:

59% proximal SFA stenosis (2cm length) but not haemodynamically significant.

>75% distal SFA stenosis.

Short proximal PEROA and ATA occlusion with reconstitution.

50-75% proximal PT stenosis.

ABPI = 0.96
