

Vascular lab report

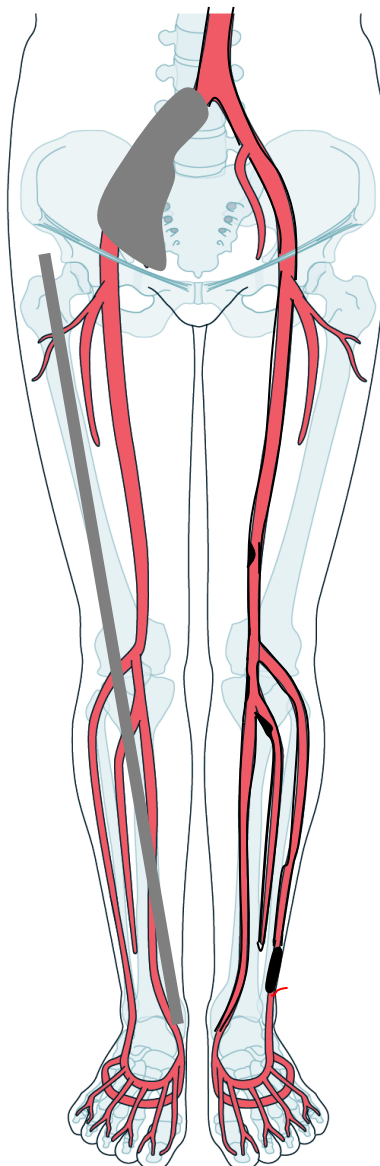
Assessed by: Emily Blake (CVS)

Name:		Hosp		Date of Exams:	16/4/2019
DOB: 1		NHS		Ip/Op:	OP
Referre		Hospital Site:	UHL		

Clinical Indications: left sided claf claudication

Lower Limb – Arterial Duplex [Both] – Diseased

Abdominal Aorta diameter = 1.5cm max AP



LEFT LEG:

CIA, EIA = Patent Tri/biphasic

CFA = Patent Biphasic

PFA = Patent Biphasic

SFA = Focal >75% distal stenosis

Pop = Patent Monophasic

TPT = Patent monophasic

Run off:

ATA = Patent – Monophasic ? short occlusion distally.

PTA = Patent Monophasic

Peroneal = >75% stenosis proximally Monophasic

LABPI = 0.69

Black colour fill indicates occlusion or stenosis

Dashed green line indicates stent in situ

Report:

Aorta is patent and normal in calibre.

Left CIA, EIA and IIA origin are all patent with tri/biphasic flow, no haemodynamically significant stenosis detected. Biphasic flow feeding into right leg.

CFA and PFA origin are patent with biphasic flow.

>75% FA stenosis detected at 10cm above the level of the patella (PSV increase from 0.3m/sec to 5.7m/sec).

POPA and TPT are patent with monophasic flow, no significant stenosis.

>75% stenosis of the proximal PEROA 1.6cm distal to origin (0.9cm length). PEROA is otherwise patent down to distal calf (PSV = 0.11m/sec).

ATA patent proximally however distally there is a 2-3cm length of heavy disease / no flow? occlusion – flow reforms thereafter.

PTA is patent with damped monophasic flow (PSV = 0.07m/sec), no significant stenosis.

PT/PER vessels appear to be slender.

ABPI:

Left brachial systolic pressure: 158mmHg

Lt DPA = NR

Lt PTA = 110mmHg

Conclusion:

Focal >75% adductor FA stenosis – monophasic flow distally.

>75% proximal PEROA stenosis.

? short distal ATA occlusion.

Resting ABPI = 0.69
