

Vascular lab report
Assessed by: Emily Blake

Name	Hospital No	Date of Exams: 28/2/2019
DOB:	NHS No: 4	Ip/Op: op
Refer	Hospital Site: qeh	

Clinical Indications: intermittent claudications , significant medical history smoker

Lower Limb – Arterial Duplex [Both] – Normal
Abdominal Aorta diameter = 2.2cm max AP

RIGHT LEG:

EIA = Patent, triphasic flow

TRIPHASIC INFLOW

CFA = Patent, triphasic flow

PFA = Patent, triphasic flow

SFA = Patent, triphasic flow

Pop = Patent, triphasic flow

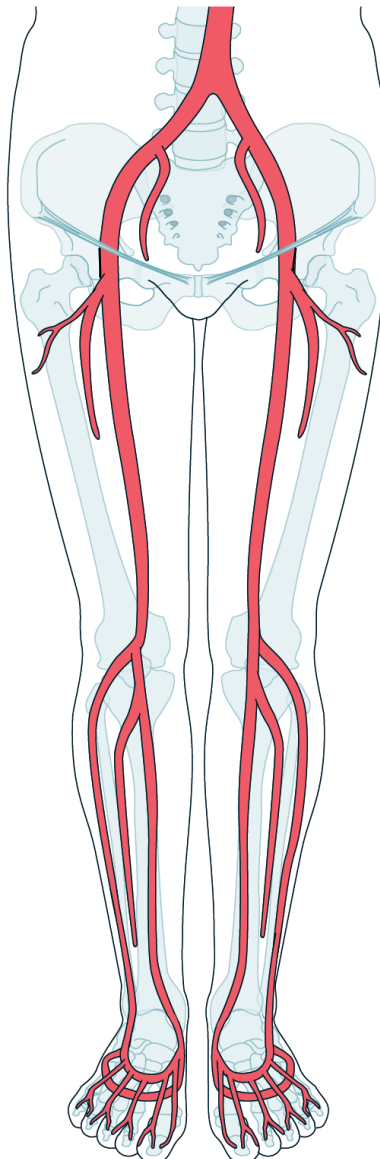
TPT = Patent, triphasic flow

Run off:

ATA = Patent, triphasic flow

PTA = Patent, triphasic flow

Peroneal = Patent – triphasic


LEFT LEG:

EIA = Patent, triphasic flow

TRIPHASIC INFLOW

CFA = Patent, triphasic flow

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Black colour fill indicates
occlusion or stenosis

Dashed green line
indicates stent in situ

Report:**RIGHT AND LEFT LEG:**

CFA, PFA origin, SFA and POPA are all patent with normal triphasic waveforms detected throughout. Very minimal amount of atheroma to note within the CFA. No haemodynamically significant stenosis detected. Proximal TP is patent with triphasic flow. Mid to distal TP could not be seen due to poor views. Patent PT, AT and PEROA with triphasic flow noted throughout. No significant stenosis to note.

Bilaterally of note with the knee bent and foot flat on the couch there is extrinsic compression of the distal ATA just below the level of the ankle. Flow distal to this is resistive and damped. Vessel measures 2.5mm AP diameter when compressed and approx. 1mm when not.

Upon straightening the leg the artery fully opens the flow waveform changes to monophasic hyperaemic (increased diastolic flow).

There is a significant amount of oedema at the ankle level.

Positional extrinsic compression of distal AT by ? nerve bundle ? muscular.

Conclusion:

No significant PAD to note within the lower limb arteries.

As described above there is positioning extrinsic compression of the distal ATA bilaterally (with knee bent and foot flat on the couch).