

Vascular lab report

Assessed by: Emily Blake (CVS)

Name: [REDACTED]	Hospital No: [REDACTED]	Date of Exams: 05/04/2019
DOB: [REDACTED]	NHS No: [REDACTED]	Ip/Op: OP
Referral: [REDACTED]	Hospital Site: UHL	

Clinical Indications: BILATERAL FOOT ULCERATION. ? PAD

Lower Limb – Arterial Duplex [Both] –

Aorto-iliacs obscured by bowel gas

RIGHT LEG:

TRIPHASIC INFLOW

CFA, PFA, SFA, Pop,
TPT = Patent - Triphasic

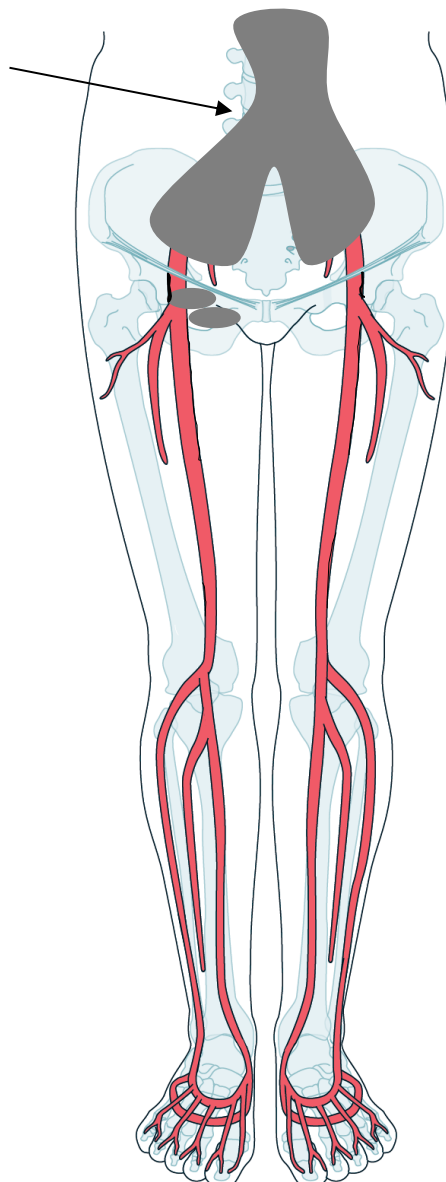
**3 x vessel Run off (hyperaemic flow due
to infection / ulceration)**

LEFT LEG:

TRIPHASIC INFLOW

CFA, PFA, SFA, Pop,
TPT = Patent - Triphasic

3 x vessel Run off



No significant PAD.

Black colour fill indicates
occlusion or stenosis

Dashed green line
indicates stent in situ

Report:

Right leg:

CFA, PFA origin and SFA are patent with minimal amount of atheroma detected. No haemodynamically significant stenosis.

POPA, TPT, PTA, PEROA and ATA are all patent with hyperaemic flow detected most likely due to distal infection / ulceration. No stenosis to note.

Enlarged reactive lymph nodes noted within the groin the largest measuring 1.5cm.

Left leg:

CFA, PFA origin and SFA are patent with minimal amount of atheroma detected. No haemodynamically significant stenosis.

POPA, TPT, PTA, PEROA and ATA are all patent with triphasic flow. No stenosis to note.

Conclusion:

No significant PAD bilaterally.

Enlarged reactive lymph nodes within the groin. D/w podiatry team at UHL advised for patient to contact community podiatry team. Patient attending today.