

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	[REDACTED]	Hospital	[REDACTED]	Date of Exams:	04/04/2019
DOB	[REDACTED]	NHS No	[REDACTED]	Ip/Op:	OP
Ref	[REDACTED]	Hospital Site:	QEH		

Clinical Indications: intermittent claudications to both legs, dampened flow to her leg arteries.

Lower Limb – Arterial Duplex [Both]

Abdominal Aorta diameter = 1.4cm max AP. No AAA

RIGHT LEG:
BIPHASIC INFLOW

CFA, PFA, SFA, POPA and TPT = Patent with Biphasic

Diffuse wall calcification / atheroma typical diabetic appearance – causing multi-level signal drop out but no change in PSV or waveform to suggest sig disease.

2 x VISUALISED vessel run-off (PEROA heavily diseased unable to comment)

ATA = 0.49m/sec
PTA = 0.40m/sec

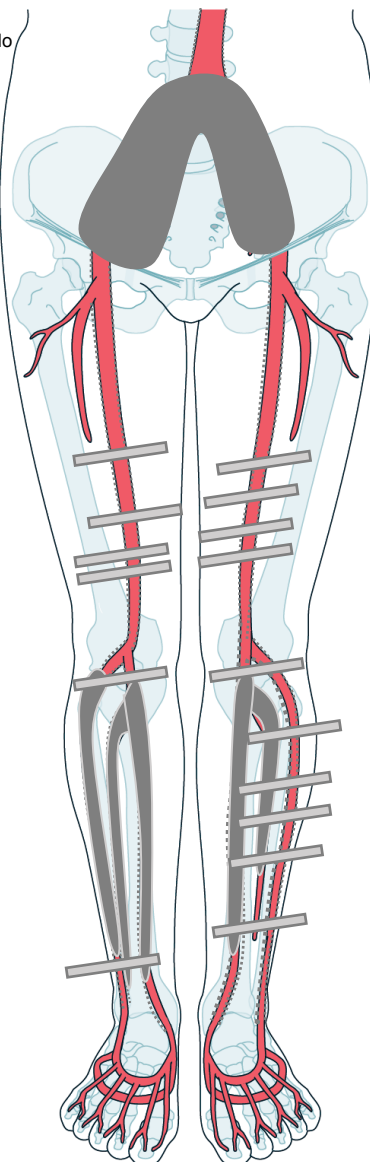
LEFT LEG:
BIPHASIC INFLOW

CFA, PFA, SFA, POPA and TPT = Patent Biphasic

Diffuse wall calcification / atheroma typical diabetic appearance - causing multi-level signal drop out but no change in PSV or waveform to suggest sig disease

3 x vessel run-off

ATA = 0.72m/sec
PTA = 0.40m/sec
PEROA = 0.58m/sec



Resting pressure test not performed as no significant PAD.

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:**Right leg:**

CFA, PFA origin, SFA and POPA are patent with biphasic flow. Diffuse wall calcification / atheroma noted throughout causing signal drop out but no change in waveform or PSVs to suggest significant disease.

TPT and PEROA not well seen due to obscured views (calcific disease).

PTA and ATA unable to fully assess in the proximal to mid-calf due to heavy calcification. Patent PT/AT distally with biphasic flow indicating no significant disease within the non-visualised segment.

Left leg:

CFA, PFA origin, SFA and POPA are patent with biphasic flow. Diffuse wall calcification / atheroma noted throughout causing signal drop out but no change in waveform or PSVs to suggest significant disease.

TPT and PEROA not well seen due to obscured views (calcific disease). PEROA is patent distally with biphasic flow.

PTA unable to fully assess in the proximal to mid-calf due to heavy calcification. Patent PT distally with biphasic flow indicating no significant disease within the non-visualised segment.

ATA is patent throughout although heavily calcified – biphasic flow is feeding into the foot.

Conclusion:

Diffuse wall calcification / atheroma noted throughout with some obscured segments in the fem and tibial regions but no significant PAD to note.
