

Vascular lab report
Assessed by: Emily Blake

Name	Hospital	Date of Exams: 21/02/2019
DOB:	NHS N	Ip/Op: IP
Refer	Hospital Site: UHL	

Clinical Indications: Right hemiplegia but now cold right leg and unable to palpate pulses. Arterial duplex scan right leg please.

Lower Limb – Arterial Duplex [Both] – Diseased
Abdominal Aorta diameter = 2cm max AP
RIGHT LEG:

CIA = not well seen ? occluded
EIA = distal >75% stenosis
Monophasic inflow

CFA = Patent, monophasic flow

PFA = Patent, monophasic flow

SFA = Patent, monophasic flow

Pop = Patent, monophasic flow

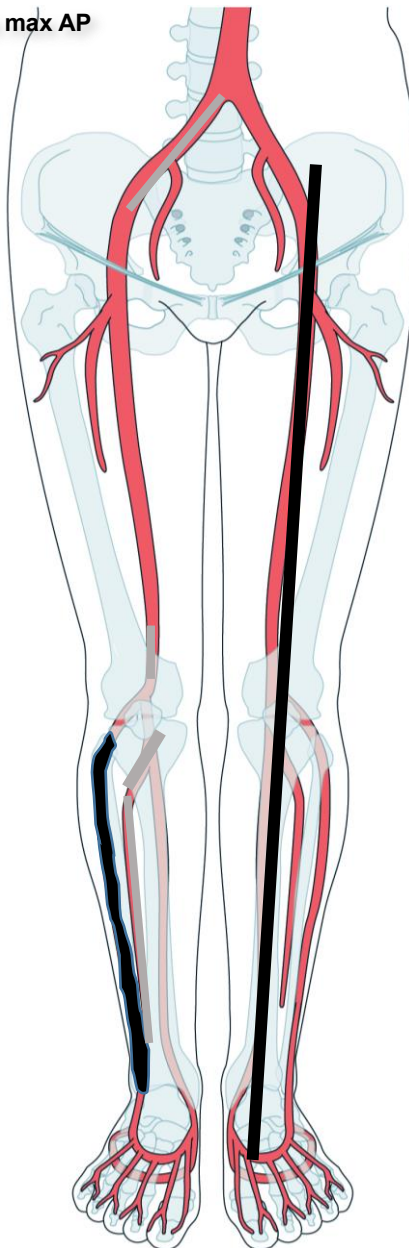
TPT = Not seen

Run off:

ATA = Occluded 7cm distal to origin

PTA = Patent, monophasic flow

Peroneal = Not seen



Report:**Irregular heart rhythm noted.**

Proximal aorta could not be visualised due to poor views / overlying bowel gas.
Mid to distal abdominal aorta where seen is patent with diffuse wall calcification / atheroma but no significant stenosis (<50%).
Flow is triphasic but of low velocity at 0.30m/sec ? low cardiac output. No AAA.

The RIGHT CIA and proximal to mid EIA could not be properly assessed due to overlying bowel gas and poor imaging. Where seen no flow could be detected ? undetectable low velocity flow due to calcification artefact ? Occlusive disease unable to fully comment due to the limitations.

>75% stenosis of the RIGHT distal EIA (PSV increase from 0.12m/sec to 3.57m/sec). Damped monophasic pre stenosis flow maybe suggestive of significant proximal disease.

CFA is patent with damped monophasic flow of 0.08m/sec. Heavy calcific irregular atheroma noted throughout but no significant stenosis detected.

Patent PFA origin (PSV = 0.10m/sec), FA and distal POPA (proximal POPA unable to access) with damped monophasic flow. Again diffuse heavy calcific atheroma with multi-focal obscured segments due to colour artefact (strong acoustic shadowing) therefore difficult to fully exclude a significant disease.

PTA is patent throughout with no significant stenosis.
PTA PSV at ankle = 0.13m/sec.

Conclusion:

Irregular heart rhythm with low PSVs detected within aorta ? low cardiac output.
No AAA.
Unable to fully comment on right iliac arteries (CIA / Proximal to mid EIA) ? patent with low velocity flow ? occluded.
>75% distal EIA stenosis
No sig FEM-POP disease.
Occluded ATA.
Patent PTA



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