

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	Hospital	Date of Exams: 02/04/2019
DOB:	NHS No:	Ip/Op: OP
Refer	Hospital Site: UHL	

Clinical Indications: requested by vascular team on r/w of ischemia of rt foot

Right Lower Limb – Arterial Duplex
RIGHT LEG:

CFA = Patent - Triphasic

PFA = Patent - Triphasic

SFA = distal >75% stenosis

Pop = Patent - Monophasic

TPT = not seen

1 x vessel run-off

ATA = Patent with damped Monophasic flow


PTA = Not well seen – chronically occluded distally.


Peroneal = ? occluded – not seen.

Highly reflective calf muscles causing strong sound beam attenuation therefore difficult to visualise/assess the calf vessel (deep abdominal probe utilised).

? fatty infiltration of the calf muscles.

TRIPHASIC INFLOW B/L

RTBPI = No reading
 Black colour fill indicates occlusion or stenosis

 Dashed green line indicates stent in situ

Report:

CFA and PFA origin are patent with triphasic flow. No significant stenosis.

>75% stenosis detected within the distal FA approximately 17-18cm above the level of the knee (PSV increase from 0.17m/sec to 2.66m/sec).

POPA is patent but with damped monophasic flow (PSV = 0.28m/sec). No significant stenosis.

TPT, PEROA and proximal to mid-calf PTA could not be visualised due to the limitations / highly reflective calf muscles causing sound beam attenuation? fatty infiltration.

ATA is patent throughout with damped monophasic flow (PSV = 0.07m/sec).

DPA is patent with damped monophasic flow feeding into the foot (PSV = 0.08m/sec).

TPI attempted on 1st and 2nd toe but no reading obtained.

Conclusion:

TRIPHASIC INFLOW (B/L).

>75% Distal FA stenosis with monophasic flow distally.

1x vessel run-off (ATA).
