

Vascular lab report

Assessed by: Emily Blake

Name	Hospital	Date of Exams: 05/03/2019
DOB:	NHS No	Ip/Op: OP
Refer	Hospital Site: [Insert Here]	

Clinical Indications: post left fempop above knee bypass 31/12/2018 with reverse vein lsv. for thursday appt if possible please

Left Lower Limb – Graft Surveillance scan

Inflow vessel: TRIPHASIC psv = 1.48m/sec

Proximal anastomosis:

Prox graft PSV: 0.94m/sec

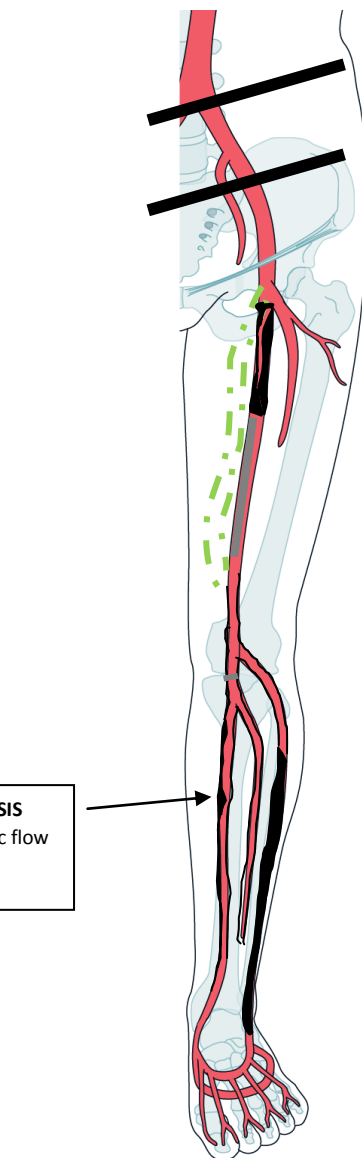
Mid graft PSV: 0.61m/sec

Distal graft PSV: 0.50m/sec

Distal anastomosis: 0.52m/sec

Run off vessel: PT and PEROA (OCC AT/DP)

>75% PT STENOSIS
with monophasic flow
distal



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.

Of note there is recanalysed flow (1mm diameter channel) within the predominantly occluded proximal FA (FA contains lightly echogenic material suggestive of thrombus).

The vein graft is patent throughout with good triphasic flow. No stenosis.

POPA is patent with no significant stenosis.

TPT is patent although contains calcific atheroma but no significant stenosis.

ATA occludes in the proximal calf with no reconstitution. DP is also occluded.

>75% PT stenosis (PSV increase from 0.16m/sec to 2.22m/sec). Distal PSV = 0.36m/sec

PEROA is patent down to the lateral malleolus with triphasic flow, no significant stenosis (PSV = 0.31m/sec).

(ABPI could not be performed due to time constraints – only given 30min slot).

Please advise if we are continuing surveillance following GSTT protocol ? The patient said its easier for him to attend STT as he works in London ?

Conclusion:

Patent FEM-POP vein graft – good flow with no stenosis.

2 x vessel run-off (occluded at/dp)

>75% mid PT stenosis (monophasic flow feeding into foot)
