NHS Number: 4\*\*\*\*\*\*\*\*7  
Referring Doctor: NAVEED BHATTI NBB  
Report Author: Janine Fletcher   
  
**19B\*\*\*\*\*\*6 13/02/2019 US Doppler lower limb arteries Both  
19B\*\*\*\*\*\*1 13/02/2019 US Doppler aortoiliac**   
  
Clinical History: Gangrenous left toe, ischaemic appearance of legs.  
  
**SUMMARY: HEAVILY CALCIFIED FEMORAL ARTERIES; WEAK DAMPED FLOW THROUGHOUT, ONE VESSEL RUNOFF TO EACH FOOT VIA ATA   
  
LIMITED SCAN; ILIAC DISEASE SUSPECTED ALSO  
  
\*\*also see diagram\*\***  
  
The aortoiliac region was not well visualised. High-velocity monophasic flow was demonstrated in the right EIA; the left EIA was not seen due to the presence of a stoma bag.  
  
RIGHT LEG: The CFA was difficult to see clearly as it was both small and heavily calcified. Very weak flow was detected and collateralisation was observed superficially, CFA may be close to occlusion. Patency of the PFA origin was not determined.  
  
The SFA was also very calcified though it appeared to show weak monophasic flow throughout. The popliteal artery was heavily calcified above knee though it was shown to be patent with damped monophasic flow.  
  
Calf vessels: The ATA was patent throughout with very damped, weak flow. No flow was detected in the PTA or peroneal artery.  
  
LEFT LEG: The CFA was heavily calcified but patent with strong monophasic flow; flow appeared to go into superifical collaterals. The PFA was patent with damped monophasic flow.  
  
The SFA again was heavily calcified and difficult to assess; it appeared occluded proximally then very damped monophasic flow was demonstrated at mid and lower thigh.  
  
The popliteal artery was patent with very damped flow. No significant disease was observed.  
  
Calf vessels: The ATA was patent throughout with very damped, weak flow. No flow was detected in the PTA or peroneal artery.  
  
Janine Fletcher - Vascular scientist

