NHS Number: 4\*\*\*\*\*\*\*\*0  
Referring Doctor: SARAH SH HULIN  
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**19B\*\*\*\*\*\*7 23/04/2019 US Doppler lower limb arteries Rt  
19B\*\*\*\*\*\*7 23/04/2019 US Doppler aortoiliac**   
  
Clinical History: Right ischaemic foot, reduced pulses.  
  
**SUMMARY: RIGHT LEG ARTERIAL THROMBUS FROM DISTAL CFA TO POP BK, CHANNELS OF FLOW THROUGH SFA THEN POP AK OCCLUDED. 1 VESSEL RUNOFF VIA ATA  
  
\*\*also see diagram\*\***  
  
The aorta was patent and had a maximum AP diameter of 1.8cm. The CIA and EIA on each side demonstrated triphasic signals.  
  
RIGHT LEG: The proximal CFA was patent and normal with just some minor calcified plaque. Significant (low-echodensity) thrombus was identified at the distal part of the CFA extending slightly into the PFA origin and throughout the whole SFA. It was taking up the majority of the lumen of the SFA though clear channels of flow were demonstrated in the proximal-mid segment. Signals here were monophasic with reasonably good velocities. Distally there were weaker traces of flow.   
  
The popliteal artery appeared occluded proximally but very damped flow was demonstrated in the distal part of the vessel where there was more normal colour filling.  
  
Calf vessels: No flow was detected throughout the PTA or peroneal artery. The ATA was patent throughout with normal colour filling and a clear lumen though flow was very weak and damped.  
  
Janine Fletcher - Vascular scientist

