NHS Number: 4\*\*\*\*\*\*\*\*2  
Referring Doctor: SARAH SH HULIN  
Report Author: Janine Fletcher   
  
**19B\*\*\*\*\*\*3 27/02/2019 US Doppler lower limb arteries Rt  
19B\*\*\*\*\*\*6 27/02/2019 US Doppler aortoiliac**   
  
Clinical History: Right leg claudication, reduced ABPIs.  
  
**SUMMARY: RIGHT SFA DISEASE, TIGHT STENOSIS (X8.5 velocity increase). ALSO TIBIAL DISEASE  
  
\*\*also see diagram\*\***  
  
The aorta was patent and had a maximum AP diameter of 1.7cm. The CIA and EIA on both sides demonstrated triphasic signals with no evidence of significant stenoses.  
  
RIGHT LEG: The CFA and PFA origin were patent and mildly diseased with triphasic signals.  
  
The SFA was patent throughout; there was moderate disease through the middle portion of the thigh that was causing generalised narrowing then towards the distal end a tight stenosis was identified with velocities raised by X8.5 to 425cm/s. Distal signals were monophasic.  
  
The popliteal artery was patent with monophasic signals and no significant disease.  
  
Calf vessels: No flow was detected in the tibioperoneal trunk or proximal PTA then a collateral vessel appeared to refill the PTA at mid calf. Distally the PTA showed very low-velocity flow with pre-occlusive signals. The peroneal artery was not well seen. The ATA was a good vessel; patent throughout with strong monophasic signals.  
  
Janine Fletcher - Vascular scientist

