NHS Number: 4\*\*\*\*\*\*\*\*2  
Referring Doctor: Debbie Sharman  
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**19B\*\*\*\*\*\*8 27/03/2019 US Doppler lower limb arteries Rt  
19B\*\*\*\*\*\*9 27/03/2019 Doppler Ankle Pressure Measurement (ABPI)  
19B\*\*\*\*\*\*5 27/03/2019 US Doppler aortoiliac**   
  
Clinical History: Right leg deteriorating foot ulcer. Smoker.   
  
**SUMMARY: RIGHT LEG STENOTIC FEMORAL AND TIBIAL DISEASE, 3 VESSEL RUNOFF TO FOOT, ABPI 0.52  
  
\*\*also see diagram\*\***  
  
The aorta was patent and calcified with a maximum AP diameter of 1.5cm. The left CIA and EIA were patent with triphasic signals.  
  
RIGHT SIDE: The CIA and EIA were patent with triphasic signals.  
  
The CFA and PFA origin were patent with triphasic signals. Moderate calcified plaque was seen on the anterior wall of the CFA and the PFA origin showed significant disease though no haemodynamic changes were noted.  
  
The SFA was patent showing irregular mixed echogenicity disease throughout. Two significant stenoses were identified, both indicated by a X3 velocity increase. Firstly in the proximal SFA (PSV 204cm/s) then at the distal end of the vessel (PSV 218cm/s).   
  
The popliteal artery was patent with mild disease and monophasic signals.  
  
Calf vessels: The PTA, ATA and peroneal artery were patent with monophasic signals. The PTA was particularly calcified and a tight stenosis of X5.5 velocity increase (PSV 129cm/s) was identified at mid vessel.  
  
ABPI measurements  
  
Brachial systolic BP (mmHg): Right 140, Left 145  
  
RIGHT:-  
At rest: DP (75) 0.52, monophasic; PT (58) 0.40, monophasic  
  
LEFT:-  
At rest: DP (120) 0.83, monophasic; PT (100) 0.69, monophasic  
  
Janine Fletcher - Vascular scientist

