NHS Number: 4\*\*\*\*\*\*\*\*2  
Referring Doctor: Matt Thomas MT  
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**19B\*\*\*\*\*\*2 19/03/2019 US Doppler lower limb arteries Both  
19B\*\*\*\*\*\*1 19/03/2019 US Doppler aortoiliac**   
  
Clinical History: Ischaemic toes, ?trash foot, ?source. ABPI right 0.50, left 0.37.  
  
**SUMMARY: AAA 4.5cm, EXTENSIVE CALCIFIC SFA DISEASE BILATERALLY, 2 VESSEL RUNOFF TO EACH FOOT WITH DAMPED MONOPHASIC FLOW  
  
\*\*also see diagram\*\***  
  
The aorta was patent and aneursymal with a maximum AP diameter of 4.5cm. Significant mural thrombus was present reducing the flow lumen diameter by approximately 40%. Images of the CIAs were limited however good signals (sharp monophasic/biphasic) were demonstrated in the EIA on both sides.  
  
RIGHT LEG: The CFA was patent and moderately calcified with no significant haemodynamic changes. The PFA origin was also patent with high-velocity flow.  
  
Extensive calcific disease was evident through the SFA which made Doppler assessment generally difficult. The SFA was patent at origin then there seemed to be a short occlusion at upper thigh with damped monophasic flow demonstrated at mid and lower thigh. The popliteal artery was patent with damped monophasic signals.  
  
Calf vessels: The ATA and PTA were patent and mildly calcified throughout carrying damped monophasic signals. The peroneal artery was not clearly identified.  
  
LEFT LEG: The CFA, PFA origin and SFA origin were patent and moderately calcified; there was generally high-velocity turbulent flow through the bifurcation.  
  
Again the SFA was extensively calcified and assessment was limited; it was patent proximally then a large collateral vessel was shown at lower thigh. This indicates distal SFA occlusion. The proximal popliteal artery was also occluded with damped monophasic refill noted below knee.   
  
Calf vessels: The ATA and PTA were patent and mildly calcified throughout carrying damped monophasic signals. The peroneal artery was not clearly identified.  
  
Janine Fletcher - Vascular scientist

