NHS Number: 4\*\*\*\*\*\*\*\*7  
Referring Doctor: LASANTHA WIJESINGHE LDW  
Report Author: Janine Fletcher   
  
**19B\*\*\*\*\*\*4 01/03/2019 US Doppler lower limb arteries Lt**   
  
Clinical History: Left lateral malleolus ulcer. Recent CT, ?significance of CFA disease and patency of popliteal artery.  
  
**SUMMARY: LEFT LEG NO SIGNIFICANT STENOSIS AT CFA, STENOTIC SFA, SHORT OCCLUSION CONFIRMED POP A   
  
\*\*also see diagram\*\***  
  
LEFT LEG: The CFA and PFA origin were patent with triphasic signals. Protruding calcified plaque was seen in the distal CFA however this was not causing any haemodynamically significant stenosis.  
  
The SFA was patent and calcified throughout. Disease was causing two significant stenoses in series proximally; first a X4.5 velocity increase (PSV 249cm/s) then a X4 velocity increase (PSV 471cm/s). Distal signals were monophasic.  
  
The popliteal artery was heavily calcified and images were sub-optimal however it was shown to be patent proximally then a large collateral vessel was noted to take the flow. Around knee level another collateral was observed filling the popliteal artery below knee with damped monophasic flow. Short occlusion is therefore indicated of approx. 2-3cm.  
  
The calf vessels were not assessed.  
  
Janine Fletcher - Vascular scientist

