NHS Number: 4\*\*\*\*\*\*\*\*1  
Referring Doctor: LASANTHA WIJESINGHE LDW  
Report Author: Janine Fletcher   
  
**19B\*\*\*\*\*\*4 13/03/2019 US Graft surveillance**   
  
Clinical History: Right leg bypass graft from CFA to pop ak, 29/01/2019. 6 week follow up.  
  
**SUMMARY: RIGHT GRAFT PATENT WITH MINOR STENOSIS AT ORIGIN, NORMAL ABPIs**  
  
RIGHT LEG: The CFA inflow was patent with strong monophasic signals.  
  
The graft was patent with monophasic signals proximally then triphasic distally and a mean estimated flow rate of 213ml/min. The origin of the graft demonstrated high velocities indicating more than a X2 increase compared with the inflow and it appeared slightly narrowed on B mode (approximately 40% diameter reduction compared with the graft in the thigh). Velocities remained high into the proximal graft then were normal through the rest of the thigh. At the distal anastomosis velocities were again raised though not to a haemodynamically significant degree and colour filling was normal.  
  
The popliteal artery above knee outflow was patent with triphasic signals.  
  
An area of fluid was noted in the medial lower thigh, possibly seroma.  
  
ABPI assessment:  
  
Brachial systolic BP (mmHg): Right 135, Left 135  
  
RIGHT:-  
At rest: DP (more than 260) more than 1.93, monophasic; PT (150) 1.11, monophasic  
Post exercise: PT (150) 1.11  
  
LEFT:-  
At rest: DP (140) 1.04, biphasic; PT (115) 0.85, monophasic  
  
**Mr Collis does not have any pain in the leg, just some swelling.  
Next follow up scan end of April 2019 (3 months post)**  
  
Janine Fletcher - Vascular scientist