



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

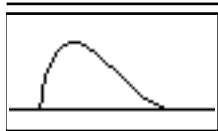
Reason

Rest pain

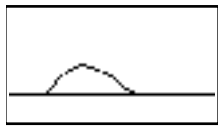
Outcome

disease severe, Occlusion, Obscured, Calcified

Right



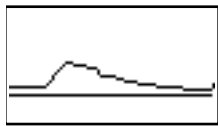
Reduced



Weak



Weak



Weak

40

0.33

Brachial

120

1.00

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Slightly Reduced

High Calf

Peroneal

Anterior Tibial

Slightly Reduced

Posterior Tibial

Slightly Reduced

80

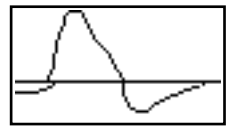
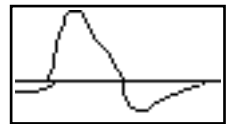
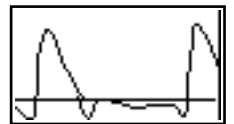
0.67

Dorsalis Pedis

Toe Pressure

Post Exercise

Left



Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX & LEFT PRESSURES / WAVEFORMS ASSESSMENT.

Aorta is patent 72cm/s triphasic, poorly visualised. Where visualised, aorta appears of a normal maximal AP calibre (2.1cm).

RIGHT

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 11:41 am

Checked by

Patient

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Right common iliac not clearly seen, but the distal section does appear to be occluded.

Proximal EIA not clearly seen, but turbulent monophasic flow and elevated velocities (418cm/s) are indicative of severe disease. Mid to distal EIA appears heavily diseased, with turbulent monophasic flow and PSV 277cm/s.

Proximal CFA has moderate-severe focal disease for ~0.6cm, however no elevated velocities detected, PSV 96cm/s monophasic. Mid-distal vessel appears patent, weak hyperaemic monophasic waveforms, PSV 32cm/s.

PFA origin mild disease, PSV 30cm/s weak monophasic.

SFA contains diffuse, moderate disease proximally with damped flow, PSV 19cm/s. Mid vessel contains severe, calcified disease between 49cm and 43cm prox to MM. At 45cm prox to MM the vessel becomes obscured by acoustic shadowing for ~2.0cm. Large collaterals noted within the region ?short occlusion within the obscured section. Distal to the obscured section (distal thigh), the vessel appears patent, weak monophasic waveforms, PSV 24cm/s.

Popliteal was poorly visualised due to severe calcification, but appears patent where seen, PSV 24cm/s with weak monophasic flow. TPT appears patent where seen, 2 vessel run-off noted.

ATA not clearly visualised proximally, ? patency. Distal vessel is patent with weak flow 14cm/s weak monophasic.

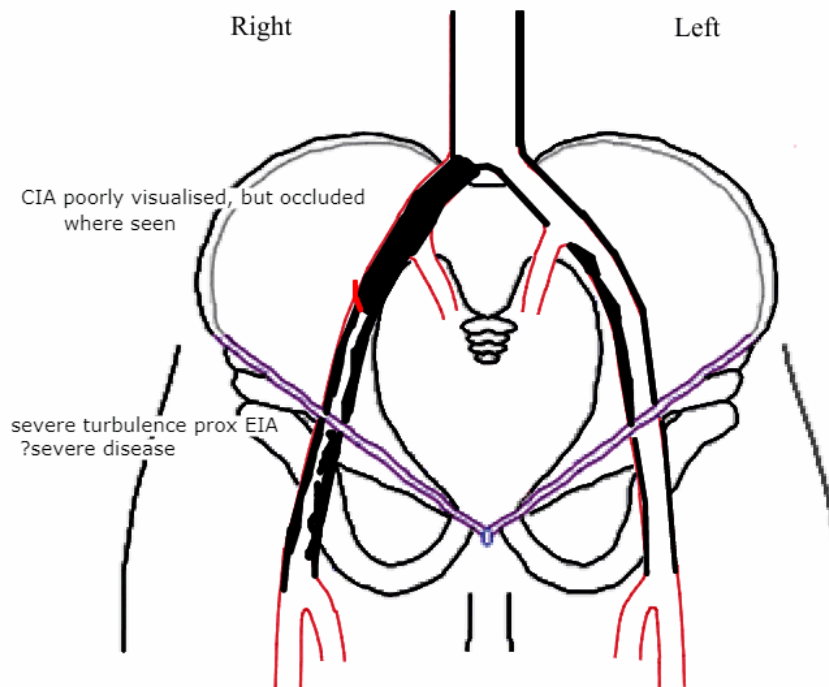
PTA is patent along its length with weak monophasic flow 21cm/s.

Peroneal not seen.

LEFT

All waveforms are bi/triphasic, but turbulent waveforms noted at the groin and crural vessels are severely calcified.

Right, resting ABPI is severely reduced, with left being reduced.





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