



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

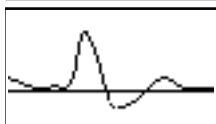
Outcome

Occlusion, Not viewed, Obscured, Calcified, Poor images

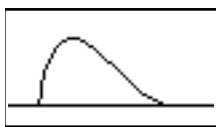
## Right

180

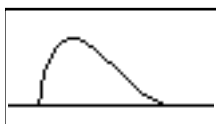
1.00



Good



Reduced



Reduced



Absent

## Left

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

Good

Reduced

Reduced

Weak/Absent

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

Abdominal aorta is widely patent with good triphasic waveforms and PSV cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.5cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT

CIA - obscured by bowel gas ?patency.

EIA - Mild disease and calcification in the proximal region with good triphasic waveforms, PSV 148cm/s.

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 11:37 am

Checked by



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CFA - Unable to assess the origin due to an obscured region in the prox CFA (~0.6cm). Distal to this moderate diffuse calcified disease with turbulent triphasic waveforms, PSV 149cm/s.

ProfA - Unable to visualise origin due to overlying acoustic shadowing, distal to this mild disease with triphasic waveforms, PSV 115cm/s.

SFA - Origin appears patent, good mono / just triphasic waveforms, PSV 66cm/s. SFA becomes occluded in the proximal thigh for ~11cm (63 to 52cm prox to MM). The flow appears to re-form at mid thigh, with monophasic waveforms, PSV 54cm/s. Intermittent flow identified in the distal thigh, monophasic waveforms, PSV 110cm/s where visualised.

PopA - Heavily calcified with intermittent flow identified, where seen mild diffuse disease with reduced monophasic waveforms, PSV 37cm/s.

TPT - Heavily calcified and difficult to visualise. Some severely turbulent, monophasic flow noted, PSV 122cm/s ?severe disease; 2 vessel run-off identified.

ATA - Heavily calcified along length with intermittent flow identified, where seen mild/moderate diffuse disease with reduced monophasic waveforms, PSV 63cm/s.

PTA - Unable to identify flow along length ?patency and very heavily calcified.

Pero - Not identified.

## LEFT

CIA - obscured by bowel gas ?patency.

EIA - Mild/moderate diffuse calcified disease with good biphasic waveforms, PSV 152cm/s.

CFA - Moderate diffuse calcified disease with good biphasic waveforms, PSV 145cm/s.

ProfA - Mild calcified disease with good triphasic waveforms, PSV 182cm/s.

SFA - Origin appears patent, good mono / just triphasic waveforms, PSV 81cm/s. SFA becomes occluded just distal to the origin. Very difficult to assess where the flow re-forms due to heavy calcification. Intermittent flow identified in mid and distal thigh, with monophasic waveforms, PSV 77-103cm/s.

PopA - Heavily calcified with intermittent flow identified, where seen mild diffuse disease with reduced monophasic waveforms, PSV 33cm/s ?full patency.

TPT - Heavily calcified unable to identify the vessel run off from these images .

ATA - Heavily calcified along length ?patency as no flow identified proximally, intermittent flow identified distally, unable to grade disease from these images, monophasic waveforms, PSV 78cm/s.

PTA - Heavily calcified along length ?patency as no flow identified proximally, intermittent flow identified distally, unable to grade disease from these images, monophasic waveforms, PSV 21cm/s.

Pero - Not identified.

Unable to obtain accurate, resting ABPIs due to weakness of signal on the right and incompressible arteries on the left (BP >220mmHg).

Suggest alternative imaging modality, if deemed appropriate.



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