



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

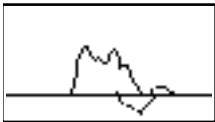
Outcome

Aneurysm, Occlusion, Bowel gas, Poor images, patient habitus

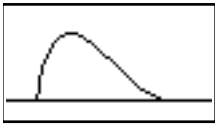
## Right

170

1.00



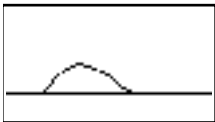
turbulent



Reduced



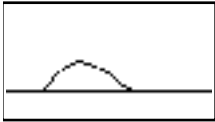
Weak



Weak

100

0.59



Weak

## Left

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

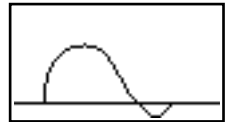
Anterior Tibial

Reduced

140

0.82

Posterior Tibial



Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

The abdominal aorta appears aneurysmal with dimensions: Outer-to-outer LS =4.5cm, AP =4.5cm; Inner-to-inner LS =4.0cm, AP = 4.0cm. Increase in AAA dimensions observed since previous assessment. Bi/triphasic waveforms and PSV 43cm/s identified in abdominal aorta.

## RIGHT

CIA - obscured by overlying bowel gas/dressing over umbilicus, therefore cannot exclude significant disease in this vessel.

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 11:38 am

Checked by



Patient

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EIA - biphasic waveforms and PSV 100cm/s identified in proximal vessel, which is patent. Mid-distal EIA is partially obscured but is at least moderately diseased with biphasic waveforms and PSV 196cm/s.

CFA - patent proximally, triphasic waveforms, PSV 161cm/s. Focal (~1cm), moderate disease at mid vessel, turbulent triphasic waveforms, PSV 330cm/s. Distally the velocities decrease to 90cm/s triphasic.

PFA - origin not clearly visualised, but proximal vessel appears patent, triphasic waveforms and PSV 50cm/s.

SFA - occluded from its origin with extensive mixed, dense and calcified disease seen in vessel lumen. No evidence of SFA re-constitution seen above knee level.

POPA - flow re-forms in to very proximal POPA. Diffuse mild/moderate disease distally with weak/reduced monophasic waveforms and PSV 36cm/s. TPT is patent; origins of two vessel run-off identified.

PTA, ATA & PerA - all patent along length with weak monophasic waveforms and PSV 9-17cm/s at ankle (PTA appears calcified with intermittent flow seen).

Bilateral, resting ABPIs are significantly reduced on the right and within normal limits on the left.

