



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

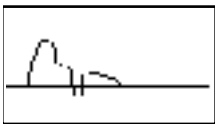
Outcome

disease severe, Occlusion, Calcified, Poor images, Oedema

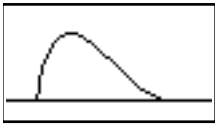
## Right

160

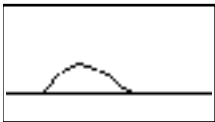
1.00



Slightly turbulent



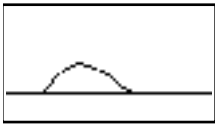
Reduced



Weak

100

0.63



Weak

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Reduced

97

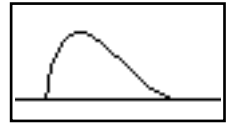
0.61

Post Exercise

## Left



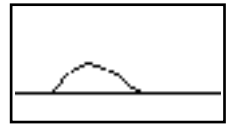
turbulent



Reduced



Weak



Weak

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

Irregular heart rate noted.

Abdominal aorta and iliac arteries not assessed at this time.

## RIGHT

CFA: moderately diseased with calcified plaque, good mono / just triphasic waveforms, PSV 102cm/s.

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 11:24 am

Checked by



Patient

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The vessel becomes more severely diseased in the distal section, with velocities increasing to 145cm/s and disease extending into the CFA bifurcation, as well as, the profunda origin.

Prof A (origin): was poorly visualised, but where seen, appears to be severely diseased, with severely turbulent monophasic waveforms, PSV 341cm/s.

SFA: origin appears patent, monophasic waveforms, PSV 77cm/s. SFA occludes just distal to its origin with hyperechoic and anechoic material (?soft and calcified plaques).

The flow appears to re-form in the distal thigh at ~47cm prox to MM, with reduced monophasic waveforms, PSV 43cm/s.

Pop A: appears to be patent but was poorly visualised, reduced monophasic waveforms, PSV 53cm/s. TPT appears patent; origins of 2 vessel run-off noted.

PTA: poor, intermittent, weak monophasic flow noted distally, PSV 36cm/s ?full vessel patency.

Pero A: not identified ?patency.

ATA: poor, intermittent, weak monophasic flow noted distally, PSV 25cm/s ?full vessel patency.

#### LEFT

CFA: moderately diseased with calcified plaque, good monophasic waveforms, PSV 72cm/s, with velocities increasing to 191cm/s in the distal section for ~1.5cm.

Prof A (origin): was poorly visualised, but where seen, appears to be severely diseased, with severely turbulent monophasic waveforms, PSV 395cm/s.

SFA: appears occluded from its origin with mixed and calcified plaques. The flow appears to re-form in the distal thigh at ~50cm prox to MM, with weak monophasic waveforms, PSV 30cm/s.

Pop A: appears to be patent but was poorly visualised, reduced monophasic waveforms, PSV 52-70cm/s.

TPT appears patent; origins of 2 vessel run-off noted.

Unable to assess the calf fully due to dressings and open ulceration.

PTA: poor, intermittent, weak monophasic flow noted distally, PSV 19cm/s ?full vessel patency.

Pero A: not identified ?patency.

ATA: poor, intermittent, weak monophasic flow noted distally, PSV 24cm/s ?full vessel patency.

Right, resting ABPI is reduced. Left, resting TBI (measured in semi-automatic mode) appears to be reduced and is indicative of PAD.



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