



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Ulceration

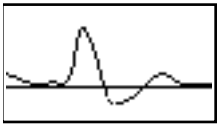
Outcome

disease severe, Calcified, Poor images

## Right

160

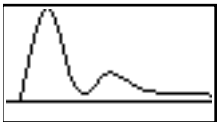
1.00



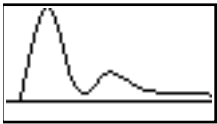
Good



turbulent



Slightly Reduced



Slightly Reduced

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

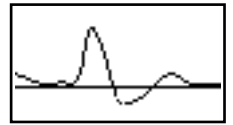
Dorsalis Pedis

Toe Pressure

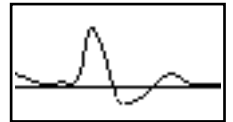
Post Exercise

## Left

Good



Good



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: appears patent, good biphasic waveforms, PSV 57cm/s. Aorta appears of normal calibre, TS 1.8cm.

CIA: appears patent, good triphasic waveforms, PSV 82cm/s.

EIA: appears patent, good bi/triphasic waveforms, PSV 47cm/s.

CFA: appears widely patent, good bi/triphasic waveforms, PSV 64cm/s.

PFA: appears widely patent, good biphasic waveforms, PSV 49cm/s.

Assessed by

Lukasz Koprowski

Printed on 08/06/2019 at 11:26 am

Checked by



Patient

NHS No

D.O.B.

Patient Ref

SFA: appears widely patent but is calcified, good biphasic waveforms, PSV 36-47cm/s.

POPA: appears widely patent proximally, good triphasic waveforms, PSV 50cm/s. Mid vessel was obscured by acoustic shadowing, but an area of severe disease and turbulent, monophasic flow (~1.2cm) was noted, with velocities increasing to 409cm/s, decreasing to 79cm/s (slightly reduced triphasic) distally.

TPT: largely obscured by shadowing; 2 vessel run-off noted.

All crural vessels appear severely calcified, with intermittent flow ?full vessel patency.

ATA: where visualised, slightly reduced hyperaemic monophasic flow, PSV 100cm/s.

PTA: where visualised, slightly reduced hyperaemic monophasic flow, PSV 80cm/s.

PerA: not visualised.

LEFT CFA: mildly diseased, good triphasic waveforms, PSV 59cm/s.

ABPI: Unable to obtain accurate, bilateral, resting ABPIs due to incompressible crural arteries (BP >220mmHg).

