

**Reason** Claudication  
**Outcome** Aneurysm, Occlusion, Bowel gas

**Right**

130

1.00

**Brachial****Common Femoral**

Reduced

**High Thigh****Low Thigh****Popliteal**

Slightly Reduced

**High Calf****Peroneal****Anterior Tibial**

Slightly Reduced

80

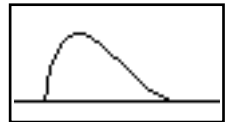
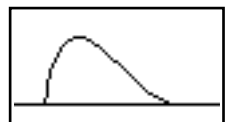
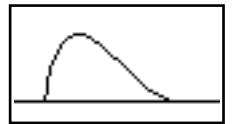
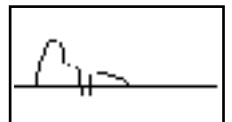
0.62

90

0.69

**Posterior Tibial**

Slightly Reduced

**Dorsalis Pedis****Toe Pressure****Post Exercise****Left****Notes****LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT**

Abdominal aorta appears aneurysmal, measuring 4.4cm TS and 4.5cm LS.

Aorta bifurcation not visualised due to bowel gas.

**LEFT**

CIA - not visualised due to bowel gas.

EIA - only able to visualise distal vessel due to bowel gas - good triphasic waveforms.

CFA - proximal vessel appears aneurysmal (measuring 4.2cm TS and 4.4cm LS). Mural thrombus identified

Assessed by Rachel Johnson

Printed on 13/06/2019 at 10:17 am

Checked by



forming a 50-60% reduction in luminal diameter. Slightly reduced triphasic waveforms, PSV 23cm/s.  
PFA - good triphasic waveforms, PSV 174cm/s.  
SFA - appears occluded from the origin with dense and calcified plaques.  
POPA - flow appears to reform in the mid vessel with slightly reduced monophasic waveforms, PSV 56cm/s.  
ATA/PTA - calcified with slightly reduced monophasic waveforms, PSV 32cm/s and 19cm/s respectively.

**RIGHT**

CIA - not visualised due to bowel gas.

CFA - appears aneurysmal, measuring 26cm LS and 2.7cm TS.

POPA - focal dilatation, measuring 1.4cm ts and 1.5cm LS.

Bilateral resting ABPIs are reduced.

**CONCLUSION:** Evidence of left SFA occlusion. AAA identified. Bilateral CFA aneurysms identified.

