

Reason Claudication
Outcome Occlusion

Right

140

1.00

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Slightly Reduced

High Calf

Peroneal

Anterior Tibial

Slightly Reduced

90

0.64

Posterior Tibial

Slightly Reduced

Dorsalis Pedis

Toe Pressure

Foot Flex

150

1.07

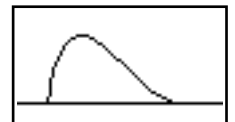
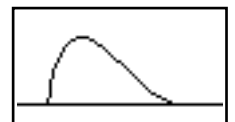
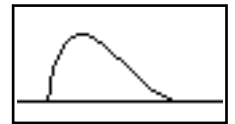
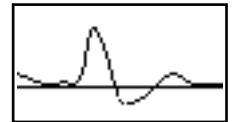
Post Exercise



Good

150

1.07



Notes

LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

The abdominal aorta appears normal calibre (maximum AP = 2.0cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT

POPA - appears normal calibre LS = 1.1cm TS = 1.1cm, with no evidence of focal dilatation or aneurysm identified.

Resting ABPI is within normal limits with no reduction post foot-flex exercise.

Assessed by Rachel Johnson

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Checked by

LEFT

CFA - widely patent with good triphasic waveforms, PSV 111cm/s.

PFA - widely patent with good triphasic waveforms, PSV 81cm/s.

SFA - widely patent with good triphasic waveforms, PSV 112-83-39cm/s.

POPA - there is a focal dilatation identified in the proximal vessel which is occluded. Flow reforms mid/distal vessel, with slightly reduced monophasic waveforms, PSV 43cm/s. TPT appears patent with evidence of two vessel run-off.

ATA/PTA - widely patent with slightly reduced monophasic waveforms, PSV 61cm/s and 52cm/s respectively.

Resting ABPI is reduced.

CONCLUSION: Evidence of left POPA occlusion.

