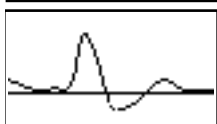


Reason Routine
Outcome Widely patent

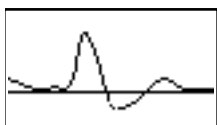
Right

110

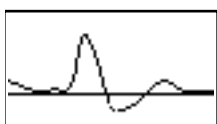
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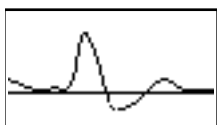
Good



Good



Good



Good

130

1.18

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Foot Flex

130

1.18

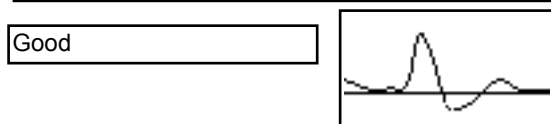
Post Exercise

Foot Flex

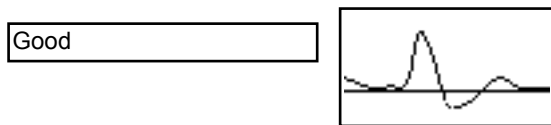
135

1.23

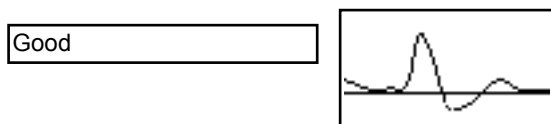
Left



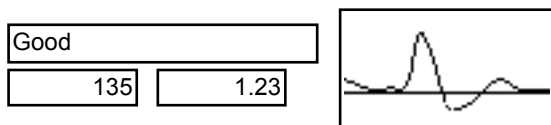
Good



Good



Good



Good

135

1.23

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

RIGHT

CFA - widely patent with good triphasic waveforms, PSV 106cm/s.

PFA - widely patent with good triphasic waveforms, PSV 70cm/s.

SFA - widely patent with good triphasic waveforms, PSV 112-68cm/s.

POPA - widely patent with good triphasic waveforms, PSV 71cm/s. TPT appears patent with evidence of two vessel run-off.

Assessed by Rachel Johnson

Printed on 13/06/2019 at 10:54 am

Checked by

ATA/PTA - widely patent with good triphasic waveforms, PSV 59cm/s and 59cm/s respectively.

LEFT

CFA - widely patent with good triphasic waveforms, PSV 75cm/s.

PFA - widely patent with good triphasic waveforms, PSV 63cm/s.

SFA - widely patent with good triphasic waveforms, PSV 97-66cm/s.

POPA - widely patent with good triphasic waveforms, PSV 61cm/s. TPT appears patent with evidence of two vessel run-off.

ATA/PTA - widely patent with good triphasic waveforms, PSV 60cm/s and 60cm/s respectively.

Bilateral resting ABPIs are within normal limits with no reduction post foot-flex exercise.

CONCLUSION: No evidence of any significant right or left lower limb arterial disease identified from this assessment.