

**Reason** Angioplasty  
**Outcome** Stenosis severe, Obscured, Calcified

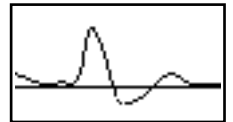
## Right

## Left

Brachial

Common Femoral

Good

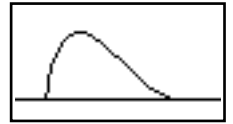


High Thigh

Low Thigh

Popliteal

Slightly Reduced

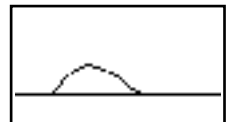


High Calf

Peroneal

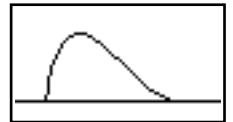
Anterior Tibial

Reduced



Posterior Tibial

Slightly Reduced



Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

### LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

\*Patient in own wheelchair, unable to transfer - challenging and limited assessment due to positioning.

CFA - where seen, appears patent with mild disease and good triphasic waveforms, PSV 98cm/s.

PFA - mild disease with good triphasic waveforms, PSV 123cm/s.

SFA - mild disease identified in the proximal vessel with slightly reduced mono/triphasic waveforms, PSV 63cm/s. Moderate/severe stenosis identified in the mid to distal vessel (~62cm MM), with velocities increasing from, PSV 74cm/s to 307cm/s. Disease extends for ~1.9cm. The vessel then becomes

Assessed by Rachel Johnson

Printed on 13/06/2019 at 10:47 am

Checked by

obscured for ~2.6cm, with no colour flow identified within the vessel lumen ?patency. Moderate/severe calcified diffuse disease identified in the distal to the obscured region, with slightly reduced monophasic waveforms, PSV 116-49cm/s.

POPA - challenging assessment due to poor access - moderate/severe calcified diffuse disease where seen, with slightly reduced monophasic waveforms, PSV 54-34cm/s. TPT not clearly visualised.

ATA - calcified with reduced monophasic waveforms, PSV 15cm/s.

PTA - calcified with slightly reduced monophasic waveforms, PSV 38cm/s.

Resting ABPI not completed as patient scanned in wheelchair.

CONCLUSION: Evidence of SFA disease.

