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| **Abdominal Aorta diameter** = Not visualised due to overlying bowel gas.  **LEFT LEG:**  CFA = Patent/ pulsatile monophaic  PFA = Patent/pulsatile monophaic  **SFA = Chronically occluded**  Pop = Patent (Only short proximal segment could be assesed  TPT = Not assessed  **Run off:**  **ATA = Occluded**  PTA = Could not be assessed  Peroneal = Could not be assessed  Only certain segments could be assessed; Monophasic signals in EIA indicating significant proximal disease  Calf arteries not visualised due to significant swelling    Distal ATA and Dorsalis Pedis arteries are occluded  Medial Plantar artery is patent with monophasic waveforms | | |
| Report:  **Aorto-iliac**  The abdominal aorta could not be visualised due to body habitus and overlying bowel gas. The Common and External iliac arteries could not be assessed using B-mode due to very poor views. Doppler signal could be assessed in certain segments. **Pulsatile monophasic signals are detected in the external iliac arteries bilaterally indicating significant proximal aorto-iliac disease**. A maximum velocity of 220cm/sec is detected in a small segment of left external iliac artery indicating 50-75% stenosis; although pre-stenotic velocities could not be assessed to calculate the velocity ratio.  **Left Leg**  The Common and proximal Profunda femoral arteries are patent with pulsatile monophasic waveforms detected; no significant stenosis noted.  **The Superficial Femoral artery is chronically occluded from its origin and is noted to be of very small calibre. The artery reforms in the distal thigh approximately 10-15cm above knee crease.**  The Popliteal artery could be evaluated only its proximal segment due to patient’s inability to position himself adequately. The vessel is noted to be patent with monophasic waveforms detected in the assessed segment. **The TPT could not be assessed.**  **The Run-off vessels could not be adequately visualised in the calf due to significant swelling.**  **The distal anterior tibial artery and the Dorsalis Pedis artery are occluded; the vessel could not be assessed in the calf.**  **The Posterior Tibial and the Peroneal arteries could not be assessed due to significant leg swelling and bandaging at the ankle. The medial plantar artery was assessed below the bandaging and is noted to be patent with monophasic signals detected.**  **Conclusion**   * Likely significant proximal aorto-iliac disease; pulsatile monophasic waveforms in the bilateral EIA distally (not able to fully assess due to above mentioned limitations) * Likely 50-70% left EIA stenosis (PSV 220cm/sec) * Occluded SFA with distal reformation * Unable to fully assess run-off vessels in the calf due to significant swelling and poor views * Occluded distal ATA and DPA * Patent medial Plantar artery   **Suggested alternative imaging methods if full evaluation required** | | |