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| **LEFT LEG:**  CIA = Biphasic  EIA = monophasic  CFA = Occluded ~1cm in length, reformed in SFA.  PFA = Monophasic and retro-grade.  SFA = Monophasic  Pop = Monophasic, occludes mid-distal  TPT = Monophasic  **Run off: Diffuse calcific atheroma noted throughout signal loss and acoustic shadowing noted.**  ATA = Monophasic proximally, occludes 11cm below knee crease.  PTA = Monophasic, only vessel patent to the ankle.  Peroneal = No colour or Doppler signal detected, artery of small calibre, most likely occluded.  **Abdominal Aorta diameter** = 1.9cm where visualised.  **RIGHT LEG:**  CIA = Biphasic  EIA = Monophasic occluded into proximal CFA.  CFA = Occluded reformed into SFA.  PFA = Monophasic  SFA = Monophasic  Pop = Monophasic  TPT = Monophasic  **Run off:**  **Diffuse calcific atheroma noted throughout signal loss and acoustic shadowing noted.**  ATA = Monophasic  PTA = Monophasic  Peroneal = Monophasic | | |
| Report:  The abdominal aorta is segmentally visualised due to overlying bowel gas. The distal Abdominal aorta presents with calcific atheroma causing signal loss. Where imaged prior to bifurcation, biphasic waveforms are noted.  The CIA’s are diffusely calcified with irregular calcific atheroma with biphasic waveforms bilaterally and of normal calibre.  The right EIA is patent with biphasic waveforms becoming more monophasic to the distal/proximal CFA where no colour or Doppler signal is detected, suggestive of occlusion for a 2-3cm segment.  The left EIA is patent with biphasic waveforms in the CFA becoming monophasic at the distal EIA into the CFA.  **Right lower extremity:**  The CFA is occluded. The profunda femoris is patent with monophasic waveforms 31cm/s.  The SFA is reformed with monophasic waveforms 35cm/s proximally, 32cm/s mid SFA, and 29cm/s at the distal thigh. Diffuse irregular calcific is noted throughout the SFA.  The Popliteal is patent with monophasic waveforms 32cm/s.  The TPT is patent with monophasic waveforms 43cm/s.  The PTA is patent with monophasic waveforms 51cm/s at the ankle. Diffuse calcific atheroma is noted with signal loss acoustic shadowing.  The Peroneal is patent with monophasic waveforms although dampened 11cm/s at the ankle. Diffuse calcific atheroma is noted with signal loss acoustic shadowing.  The ATA is patent with diffuse calcific atheroma noted and acoustic shadowing. However where imaged, monophasic waveforms are observed 48 cm/s at the ankle, 37cm/s at the DPA.  **Left Lower Extremity:**  The CFA is heavily and diffusely calcified with acoustic shadowing and signal loss. A 1cm segment of no colour or Doppler signal is noted, suggestive of occlusion; a pre-occlusive thump is also noted.  The Pofunda femoris is patent with retro-grade monophasic flow  The SFA is reformed proximally with dampened monophasic waveforms, 23cm/s proximally, 28cm/s mid-thigh, and 28cm/s distal thigh. The SFA is diffusely calcific throughout.  The popliteal is noted to have severely dampened monophasic waveforms 15cm/s with collateral at the observed originating at the mid-level. The remaining popliteal is observed to have no colour or Doppler flow, suggesting total occlusion.  The TPT is patent with monophasic waveforms 27cm/s. | | |
| The ATA is patent with monophasic waveforms proximally 27cm/s with diffuse calcific atheroma. Approximately 11cm the ATA occludes with no colour or Doppler signal to the ankle with no reformation noted. The DPA is noted to have no colour or Doppler signal.  The PTA is diffusely calcified with signal loss however where imaged, severely dampened monophasic waveform s are noted to the ankle, 9cm/s.  The Peroneal artery is note visualised to have any colour or Doppler signal throughout to the ankle, most likely occluded. | | |