|  |  |  |
| --- | --- | --- |
|  |  | |
|  |  |  |
|  |  |  |
|  |  | |
|  | | |
|  | | |
| **LEFT LEG:**  CIA = Tri-biphasic  EIA = Tri-biphasic  CFA = Tri-biphasic  PFA = Tri-biphasic  SFA = Tri-biphasic  Pop = Tri-biphasic  TPT = Tri-biphasic  **Run off: Diffuse calcific atheroma with acoustic shadowing.**  ATA = Occludes mid-calf, reformed at ankle monophasic 10cm/s.  PTA = >75% stenosis at the origin, monophasic at the ankle.  Peroneal = Tri-biphasic throughout.  **Abdominal Aorta diameter** = BG unable to visualise.  **RIGHT LEG:**  CIA = Tri-biphasic  EIA = Tri-biphasic  CFA = Biphasic  PFA = Biphasic  SFA = Tri-biphasic  Pop = Tri-biphasic  TPT = Biphasic  **Run off: Diffuse calcific atheroma with acoustic shadowing.**  ATA = mid-calf high-end 50-75% stenosis, biphasic at the ankle.  PTA = Proximal >75% proximally, monophasic post stenosis  Peroneal = Proximal >75% proximally, monophasic post stenosis | | |
| Report:  Abdomen:  Unable to visualise Aorta and CIA’s due to overlying bowel gas. The EIA’s bilaterally present with turbulent waveforms (tri-biphasic) due to irregular calcified atheroma bilaterally.    **Right Lower Extremity:**  The CFA is diffusely calcified with irregular atheroma, bi-triphasic waveforms are noted. The profunda Femoris artery is patent with triphasic waveforms.  The SFA is diffusely calcified with irregular atheroma with turbulent albeit tri-biphasic waveforms to the distal thigh. No focal stenosis noted. The popliteal is patent with tri-biphasic waveforms noted.  The TPT is patent although, calcified with acoustic shadowing although biphasic.  The PTA is patent with a PSV of 308cm/s and PSVR of 6.5. Monophasic waveforms are noted suggestive of .75% stenosis at the proximal PTA.  The Peroneal is patent throughout with monophasic waveforms observed at the ankle. A max PSV of 419cm/s with a PSVR of 10.2 suggests a >75 stenosis in the proximal Peroneal.  The ATA is patent throughout with biphasic waveforms noted at the ankle. A max PSV of 320cm/s with a PSVR of 8.2 at the mid-calf is noted. These findings are suggestive of a high end 50-75% stenosis.  **Left Lower Extremity:**  The CFA is diffusely calcified with irregular atheroma, bi-triphasic waveforms are noted. The profunda Femoris artery is patent with triphasic waveforms.  The SFA is diffusely calcified with irregular atheroma with turbulent albeit tri-biphasic waveforms to the distal thigh. No focal stenosis noted. The popliteal is patent with tri-biphasic waveforms noted.  The TPT is patent although, calcified with acoustic shadowing although biphasic.  The PTA is patent with a max PSV of 290cm/s with a PSVR of 7.3 at the origin, with monophasic waveforms observed to the ankle, suggests a >75% stenosis.  The Peroneal artery is patent throughout with tr-biphasic waveforms and diffuse irregular calcific atheroma noted to the ankle.  The ATA is patent proximal to the mid-calf although occludes to the ankle with dampened monophasic waveforms, 10cm/s. | | |
| Of note: DVT scan was not completed as patient sated he was going to have a bowel movement and was very agitated, ? Dementia. A venous incompetence exam can’t be performed due to patient being bed bound. | | |