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| **LEFT LEG:**  CFA = Biphasic, irregular calcific atheroma noted.  PFA = Biphasic  SFA = Occluded proximally, reformed distal thigh 5-6cm above knee, dampened monophasic, 18cm/s.  Pop = Monophasic 19cm/s.  TPT = Monophasic 16cm/s.  **Run off: Diffusely calcified with acoustic shadowing therefore segmentally visualised.**  ATA = Monophasic throughout 26.9 cm/s.  PTA = Occluded shortly after origin, no reformation noted.  Peroneal = Patent throughout dampened monophasic prox and mid, ankle 36cm/s.  **Abdominal Aorta diameter** =Not visualised.  **RIGHT LEG:**  CFA = Biphasic, irregular calcific atheroma noted.  PFA = Max PSV of 2.50m/s.  SFA = Max PSV of 4.4m/s, unable tyo accureately grade due to calcific atheroma, >50%, biphasic to the distal thigh.  Pop = Patent/Occluded/Stenosis  Triphasic/Biphasic/Monophasic  TPT = Biphasic, calcified.  **Run off: Diffusely calcified with acoustic shadowing therefore segmentally visualised.**  ATA = 50-75% stenosis, mid-calf .  PTA = Diffusely narrowed, monophasic, occluded mid-distal calf, reformed biphasic 32cm/s at the ankle.  Peroneal = Patent biphasic throughout. | | |
| Report:  **Abdomen:**  Was not visualised due to time constraints, however previous exam stated no evidence of AAA.  **Right Lower Extremity:**  The CFA is calcified with irregular atheroma with biphasic waveforms noted. The Profunda femoral presents with biphasic waveforms with a PSV of 2.5m/s unable to accurately grade stenosis due to acoustic shadowing.  The SFA is presents with a short segment of calcific atheroma 1-2cm post origin with a max PSV of 4.5m/s, suggestive of a >50% stenosis. The remaining vessel is diffusely calcified with irregular atheroma noted; biphasic waveforms are noted to the distal thigh.  The popliteal presents with biphasic waveforms a mild diffuse atheroma.  The TPT presents with biphasic waveforms.  The PTA is diffusely calcific with acoustic shadowing and signal loss. The proximal vessel is patent with monophasic waveforms to the-mid calf. The artery was observed to have no colour or Doppler flow detected to the ankle. The vessel reforms at the ankle with biphasic waveforms noted from a collateral from peroneal.  The Peroneal is patent throughout with biphasic waveforms noted.  The ATA is patent with a max PSV of 82cm/s and PSVR of 2.5, suggestive of a 50-75% stenosis. Monophasic waveforms are noted at the ankle.  **Left Lower Extremity:**  The CFA is patent with biphasic waveforms noted and calcific atheroma. The SFA is occluded at the origin to the mid-thigh with no colour or Doppler flow detected. The distal SFA is reformed with dampened monophasic waveforms noted, 16cm/s.  The popliteal is patent with monophasic waveforms 19cm/s pre-TPT.  The TPT is patent with dampened monophasic waveforms 16cm/s.  The PTA is patent proximally however occludes shortly post origin with no colour or Doppler detected to the ankle. No reformation is noted.  The peroneal is paten throughout with monophasic waveforms, 38cm/s.  The ATA is patent throughout with monophasic waveforms, 35cm/s. | | |
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