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| **Abdominal Aorta diameter** = 1.8cm AP.  **RIGHT LEG:**  CIA = Triphasic  EIA = Triphasic  CFA = Tri-biphasic  PFA = Triphasic  SFA = Tri-biphasic at the origin narrowed vessel/near occlusion proximally, monophasic waveforms at the distal thigh 39cm/s. Multiple collaterals are observed throughout the thigh.  Pop = Monophasic, 38cm/s  TPT = Monophasic, 37cm/s  **Run off:**  ATA = Monophasic, 29cm/s  PTA = Monophasic, 26cm/s.  Peroneal = Monophasic, 20cm/s. | | |
| Report:  **Abdomen**  The abdominal Aorta and CIA’s are of normal calibre with Triphasic waveforms noted in EIA’s bilaterally.  **Right Lower extremity:**  The CFA and Profunda are patent with tri-biphasic waveforms noted.  The SFA is patent proximally however, ~6-7cm post origin the artery is observed to have a small channel of flow, most likely occluded. Dampened monophasic waveforms are noted post narrowing, 12cm/s. A second segment of narrowing is observed in the mid-thigh SFA with monophasic waveforms, 29cm/s.  The distal SFA was observed to have monophasic waveforms 39cm/s.  The popliteal is patent with monophasic waveforms, 38cm/s.  The TPT is patent with monophasic waveforms, 37cm/s.  The PTA, and Peroneal are all patent throughout with monophasic waveforms, 26cm/s and 20cm/s respectively.  The ATA is patent throughout with monophasic waveforms, 29cm/s. | | |
| Conclusion: | | |