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| **LEFT LEG:**  CIA = Not visualised due to body habitus and patient being scanned in chair.  EIA = Not visualised due to body habitus and patient being scanned in chair.  CFA = Triphasic  PFA = triphasic  SFA = Diffusely calcified acoustic shadowing tri-biphasic  Pop = Tri-Biphasic  TPT = Tri-Biphasic  **Run off:**  Not visualised due to bandaging and oedema, and patient being in chair.  **Abdominal Aorta diameter** = Not visualised due to body habitus and patient being scanned in chair.  **RIGHT LEG:**  CIA = Not visualised due to body habitus and patient being scanned in chair.  Not visualised due to body habitus and patient being scanned in chair.  CFA = Triphasic  PFA = Triphasic  SFA = Diffusely calcified acoustic shadowing tri-biphasic  Pop = Tri-Biphasic  TPT = Tri-Biphasic  **Run off:**  Not visualised due to bandaging and oedema, and patient being in chair. | | |
| Report:  **Abdomen:**  The abdominal aorta, CIA’s and EIA’s were not visualised due to patient being scanned in chair and body habitus.  **Right Lowe extremity:**  The CFA and Profunda femoris were patent with triphasic waveforms and mild diffuse calcific atheroma.  The SFA is patent although segmentally visualised due to acoustic shadowing and signal loss from diffuse calcific atheroma. Where imaged Tri-biphasic waveforms are noted. Unable to rule out focal stenosis due to body habitus.  The popliteal is patent with tri-biphasic waveforms.  The crural arteries were note visualised due to bandaging.  **Left Lower extremity:**  The CFA and Profunda femoris were patent with triphasic waveforms and mild diffuse calcific atheroma.  The SFA is patent although segmentally visualised due to acoustic shadowing and signal loss from diffuse calcific atheroma. Where imaged triphasic/hypereamic waveforms are noted. Unable to rule out focal stenosis due to body habitus.  The crural arteries were note visualised due to bandaging. | | |
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