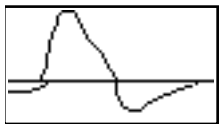




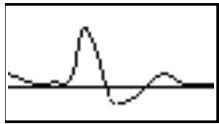
**Reason** Ulceration  
**Outcome** Stenosis severe, Calcified, Diseased

## Right



Good

Brachial



Good

Common Femoral

High Thigh

Low Thigh

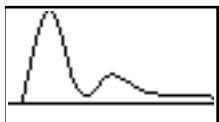
Popliteal



Good

High Calf

Peroneal



Good

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

## Left

### Notes

#### RIGHT LOWER LIMB ARTERIAL DUPLEX

##### RIGHT:

CFA - patent with diffuse moderate disease, turbulent and raised velocities noted throughout, good biphasic waveforms, PSV 171-294cm/s.

PFA origin - patent with moderate dense and calcified disease, raised velocities, good biphasic waveforms, PSV 234cm/s.

SFA - patent with calcified disease, good biphasic waveforms throughout, PSV 204-145cm/s.

Assessed by Sharifa Kiyegga

Printed on 15/12/2019 at 8:50 pm

Checked by



PopA - proximal vessel is patent with good biphasic waveforms. Diffuse moderate/ severe disease noted in the mid vessel. Severe stenosis identified in the distal pop A/ TPT origin, velocities increase from PSV 88cm/s to PSV 337cm/s.

ATA - calcified vessel walls but appears patent along length, good monophasic waveforms at the ankle, PSV 108cm/s.

Pero A - calcified vessel walls but appears patent along length, good biphasic waveforms at the ankle, PSV 55cm/s.

PTA - calcified and largely obscured. Good biphasic waveforms obtained in the proximal to mid vessel. No colour flow identified in the distal vessel ?patency ?occluded.

Right resting ABPI not performed due to crural vessel calcification.

