



Reason
Outcome

Ulceration
Occlusion

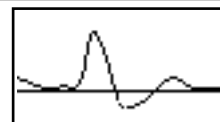
Right

Left

Brachial

Common Femoral

Good



High Thigh

Low Thigh

Popliteal

Reduced



High Calf

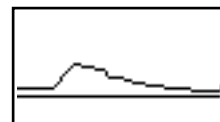
Peroneal

Reduced



Anterior Tibial

Reduced



Posterior Tibial

Reduced



Dorsalis Pedis

Toe Pressure

Post Exercise

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX

CFA & PFA origin - widely patent, mild disease, triphasic waveforms, 58-71cm/s.

SFA - proximal to mid vessel appears patent with mild to moderate disease. Vessel appears to occlude in the mid/ distal thigh at 53cm and reforms distally at 48cm proximal to the MM. Damp monophasic waveforms noted in the very distal SFA.

PopA - turbulent flow and raised velocities noted in the very proximal vessel (velocities increase from PSV 28cm/s to PSV 184cm/s), however no disease noted and collateral flow noted in this region ?source of flow

Assessed by Sharifa Kiyegga

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turbulence. The remaining pop A is widely patent, mild disease, reduced monophasic waveforms, 22-26cm/s.
ATA - calcified. Severe stenosis identified in the proximal vessel with velocities increasing from PSV 21cm/s to PSV 113cm/s. The remaining vessel is patent to the ankle, reduced monophasic waveforms, 23cm/s.
PTA - calcified but appears patent along length, reduced monophasic waveforms at the ankle, 32cm/s.
Pero A - patent at the ankle, reduced monophasic waveforms, 12cm/s.

ABPI not performed due crural vessel calcification.

