



Reason Claudication
Outcome Occlusion

Right

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

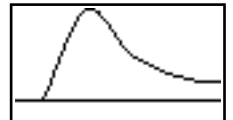
Dorsalis Pedis

Toe Pressure

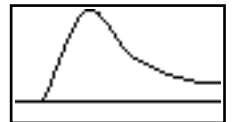
Post Exercise

Left

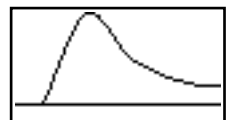
Slightly Reduced



Slightly Reduced



Slightly Reduced



Reduced



Notes

LEFT LOWER LIMB ARTERIAL DUPLEX:

Aorta - appears patent and uniformly large (measures 2.4cm outer-to-outer in L.S plane). A hyperechoic structure noted on the posterior wall ?old dissection.

CIA - patent with calcified disease, triphasic waveforms, PSV 67cm/s.

EIA - vessel was largely obscured by calcium shadowing - cannot exclude disease in this vessel segment. Where seen, turbulent flow and slightly reduced monophasic waveforms noted in the distal vessel -

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suggestive of significant disease in the proximal/ mid vessel segment.
CFA - patent, moderate disease, slightly reduced monophasic waveforms, PSV 78cm/s.
PFA origin - patent, moderate disease, monophasic waveforms, PSV 115cm/s.
SFA - Vessel origin appears patent with severe disease. SFA occludes soon after and reforms in the distal thigh. Reformed vessel is moderate/severely diseased with reduced monophasic waveforms.
PopA - patent, diffuse moderate calcified disease but no focal haemodynamic stenosis, reduced monophasic waveforms, PSV 45cm/s.
TPT is patent. 3 run-off origins noted.
ATA - patent to the ankle, slightly reduced monophasic waveforms.
PTA - patent and calcified to the mid calf. Short occlusion noted distally but vessel is patent at the ankle, reduced monophasic waveforms.

