

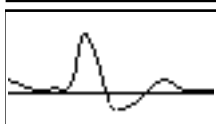


Reason Claudication
Outcome Calcified, Mild Disease

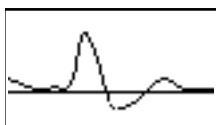
Right

154

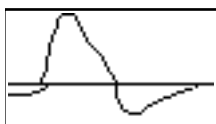
1.00



Good



Good



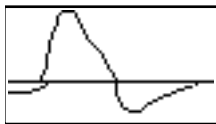
Good



Good

180

1.17



Good

Brachial**Common Femoral****High Thigh****Low Thigh****Popliteal****High Calf****Peroneal****Anterior Tibial****Posterior Tibial****Dorsalis Pedis****Toe Pressure****Post Exercise****Left**

Good

Good

Good

Good

182

1.18

Good

Calf Raises

200

1.30

Notes**BILATERAL LOWER LIMB ARTERIAL DUPLEX****RIGHT:**

CFA, PFA origin, SFA and PopA - widely patent with calcified vessel walls, good bi/triphasic waveforms, PSV 52-131cm/s.

TPT is patent. 3 run-off origins noted.

ATA and PTA - calcified but appear patent along length, good biphasic waveforms at the ankle, PSV 55-94cm/s.

Assessed by Sharifa Kiyegga

Printed on 16/12/2019 at 2:59 am

Checked by



[REDACTED]

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Pero A - calcified but appear patent along length, good biphasic waveforms at the ankle, PSV 77cm/s.

LEFT:

CFA, PFA origin, SFA and PopA - widely patent with calcified vessel walls, good bi/triphasic waveforms, PSV 63-116cm/s.

TPT is patent. 3 run-off origins noted.

ATA and PTA - calcified but appear patent along length, good biphasic waveforms at the ankle, PSV 53-116cm/s.

Pero A - calcified but appear patent along length, good biphasic waveforms at the ankle.

Bilateral resting ABPI's are good (Right - 1.17 , Left - 1.18) with no reduction in systolic ankle pressure following a 1-minute calf raises exercise challenge.

