



Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

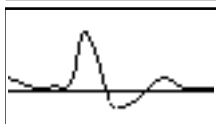
Outcome

Occlusion

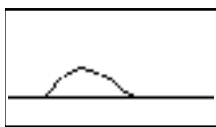
## Right

120

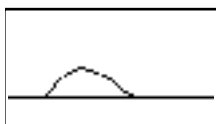
1.00



Good



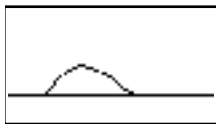
Weak



Weak

60

0.50



Weak

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

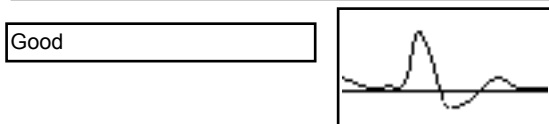
Post Exercise

Foot Flex

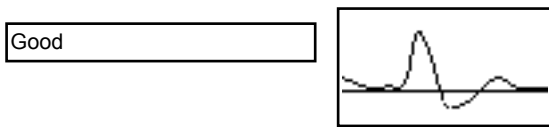
120

1.00

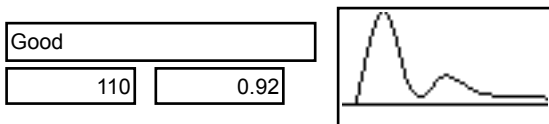
## Left



Good



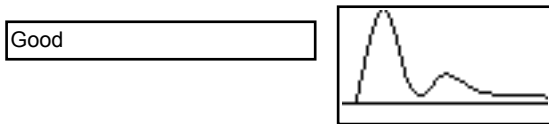
Good



Good

110

0.92



Good

## Notes

## BILATERAL LOWER LIMB ARTERIAL PRESSURES &amp; WAVEFORMS ASSESSMENT

Full assessment carried out on the right due to findings.

## LEFT

Good triphasic waveforms detected in the left common femoral and popliteal arteries. Good hyperaemic, monophasic waveforms detected in the left posterior tibial and anterior tibial arteries.

## RIGHT

Assessed by

Lukasz Koprowski

Checked by

Patient

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Abdominal aorta is patent with good biphasic waveforms and PSV 56cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.9cm), with no evidence of focal dilatation or aneurysm identified.

CIA: appears patent, good bi/triphasic waveforms, PSV 62cm/s.

EIA: appears patent, good biphasic waveforms, PSV 94cm/s.

CFA: appears mildly diseased, good triphasic waveforms, PSV 99cm/s.

Prof A (origin): appears patent, good bi/triphasic waveforms, PSV 127cm/s.

SFA: origin appears patent, bi/triphasic waveforms, PSV 127cm/s.

SFA occludes just distal to its origin for ~5cm (~59-54cm prox to MM). Intermittent flow re-forms in the mid thigh, weak monophasic waveforms, PSV 35cm/s.

Distal vessel appears to be patent, weak monophasic waveforms, PSV 45cm/s.

Pop A: appears patent, weak monophasic waveforms, PSV 46cm/s. TPT appears patent; origins of 2 vessel run-off noted.

PTA: appears patent, weak monophasic waveforms and PSV 30cm/s at ankle.

ATA: appears patent, weak monophasic waveforms and PSV 41cm/s at ankle.

Right, resting ABPI is reduced. Left, resting and post-exercise ABPIs are within normal limits.

