



Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

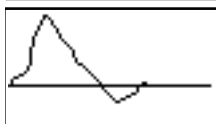
Outcome

Aneurysm, Occlusion, Bowel gas, Poor images

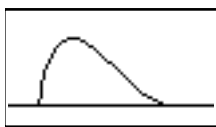
Right

120

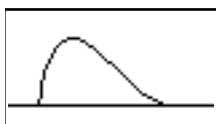
1.00



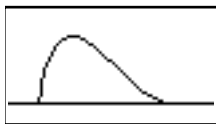
Good



Weak



Reduced



Reduced

80

0.67



Weak

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

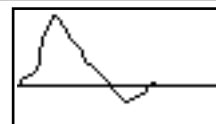
Dorsalis Pedis

Toe Pressure

Post Exercise

Left

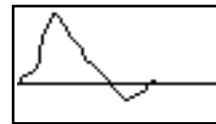
Good



Good

120

1.00



Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

A scheduled AAA assessment for Feb 2020 was carried out at this time.

Difficult abdominal imaging due to bowel gas and sub-optimal image resolution.

Where visualised, the abdominal aorta appears patent with reduced triphasic waveforms and PSV 23cm/s.

Where visualised, the abdominal aorta appears aneurysmal with following dimensions:

outer-to-outer TS 4.9cm, LS 4.9cm,

inner-to-inner TS 4.7cm, LS 4.6cm.

Assessed by

Lukasz Koprowski

Checked by



Patient

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CIA: appears patent where visualised (distally), good triphasic waveforms, PSV 50cm/s.

EIA: appears patent, good triphasic waveforms, PSV 181cm/s.

CFA: appears mildly diseased, good biphasic waveforms, PSV 89cm/s.

Prof A (origin): appears widely patent, good biphasic waveforms, PSV 85cm/s.

SFA: appears widely patent at the origin, pre-occlusive monophasic waveforms, PSV 30cm/s. The vessel occludes just distal to the origin. The flow re-forms in the mid-distal thigh (~46cm prox to MM), weak monophasic waveforms, PSV 31cm/s.

Pop A: appears patent, weak monophasic waveforms, PSV 26cm/s. TPT appears patent; origins of 3 vessel run-off noted.

PTA: poorly visualised with intermittent, weak monophasic flow, PSV 15cm/s at the ankle ?full vessel patency.

Pero A: appears widely patent at the ankle, reduced monophasic waveforms, PSV 32cm/s.

ATA: appears widely patent, reduced monophasic waveforms, PSV 43cm/s at the ankle.

LEFT CFA : appears mildly diseased, good biphasic waveforms, PSV 146cm/s.

Right, resting ABPI is reduced. Left, resting ABPI is within normal limits.

