



Patient

NHS No

D.O.B.

Patient Ref

Reason

Ulceration

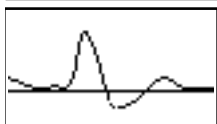
Outcome

disease severe, Calcified, Poor images

Right

160

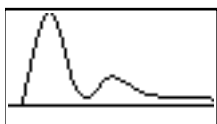
1.00



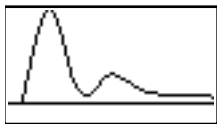
Good



turbulent



Slightly Reduced



Slightly Reduced

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

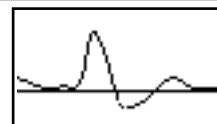
Dorsalis Pedis

Toe Pressure

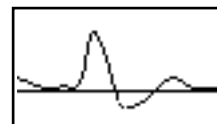
Post Exercise

Left

Good



Good



Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: appears patent, good biphasic waveforms, PSV 57cm/s. Aorta appears of normal calibre, TS 1.8cm.

CIA: appears patent, good triphasic waveforms, PSV 82cm/s.

EIA: appears patent, good bi/triphasic waveforms, PSV 47cm/s.

CFA: appears widely patent, good bi/triphasic waveforms, PSV 64cm/s.

PFA: appears widely patent, good biphasic waveforms, PSV 49cm/s.

Assessed by

Lukasz Koprowski

Checked by

Patient

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SFA: appears widely patent but is calcified, good biphasic waveforms, PSV 36-47cm/s.

POPA: appears widely patent proximally, good triphasic waveforms, PSV 50cm/s. Mid vessel was obscured by acoustic shadowing, but an area of severe disease and turbulent, monophasic flow (~1.2cm) was noted, with velocities increasing to 409cm/s, decreasing to 79cm/s (slightly reduced triphasic) distally.

TPT: largely obscured by shadowing; 2 vessel run-off noted.

All crural vessels appear severely calcified, with intermittent flow ?full vessel patency.

ATA: where visualised, slightly reduced hyperaemic monophasic flow, PSV 100cm/s.

PTA: where visualised, slightly reduced hyperaemic monophasic flow, PSV 80cm/s.

PerA: not visualised.

LEFT CFA: mildly diseased, good triphasic waveforms, PSV 59cm/s.

ABPI: Unable to obtain accurate, bilateral, resting ABPIs due to incompressible crural arteries (BP >220mmHg).

