



Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

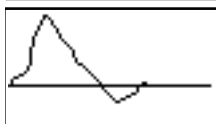
Outcome

disease moderate, Occlusion

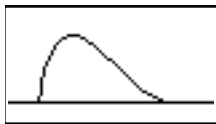
Right

160

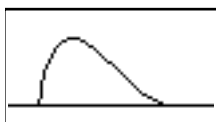
1.00



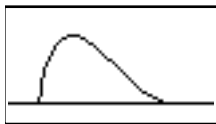
Good



Slightly Reduced



Slightly Reduced



Slightly Reduced

110

0.69

Brachial

Common Femoral

turbulent

High Thigh

Low Thigh

Popliteal

Good

High Calf

Peroneal

Good

Anterior Tibial

Good

Posterior Tibial

Good

140

0.88

Dorsalis Pedis

Toe Pressure

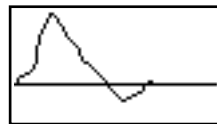
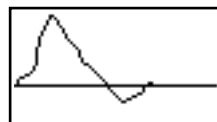
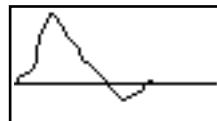
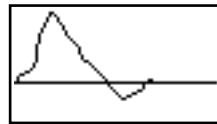
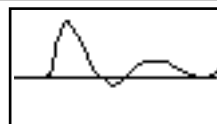
Post Exercise

Foot Flex

120

0.75

Left



Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

(small calibre vessels noted throughout)

Abdominal aorta is patent and appears of normal calibre (maximum AP = 1.3cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT

Common iliac artery was difficult to visualise due depth and bowel gas, but where seen appears to be patent, good biphasic waveforms, PSV 122cm/s.

Assessed by

Lukasz Koprowski

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External iliac artery contains diffuse, moderate disease, turbulent biphasic waveforms, PSV 284cm/s.
Common femoral artery appears mildly diseased, good biphasic waveforms, PSV 168cm/s.
Profunda femoral artery (origin) appears mild/moderately diseased, good triphasic waveforms, PSV 152cm/s.
Superficial femoral artery (SFA) occludes just distal to its origin (~66cm prox to MM) with mixed and calcified plaques. SFA re-forms in the distal thigh (~43cm proximal to the medial malleolus) with reduced monophasic waveforms, PSV 31cm/s.
Popliteal artery appears appears mildly diseased, slightly reduced monophasic waveforms and PSV 43cm/s. TPT appears patent; origins of 2 vessel run-off noted.
Posterior tibial artery appears patent along length, slightly reduced monophasic waveforms and PSV 40cm/s.
Anterior tibial artery appears patent along length, slightly reduced monophasic waveforms and PSV 27cm/s.

LEFT

Common iliac artery was difficult to visualise due depth and bowel gas, but where seen appears to be patent, good triphasic waveforms, PSV 86cm/s.
External iliac artery contains diffuse, moderate disease, turbulent biphasic waveforms, PSV 242cm/s.
Common femoral artery contains a 1.3cm moderate-severe disease, with dense and calcified plaque, turbulent triphasic waveforms, PSV 149-186cm/s.
Profunda femoral artery (origin) appears mildly diseased, good triphasic waveforms, PSV 121cm/s.
Superficial femoral artery (SFA) contains diffuse, moderate disease, turbulent biphasic waveforms, PSV 105-209cm/s.
Popliteal artery appears appears mildly diseased, good biphasic waveforms and PSV 75cm/s. TPT appears patent; origins of 3 vessel run-off noted.
Posterior tibial artery appears patent along length, good biphasic waveforms and PSV 77cm/s.
Anterior tibial artery appears patent along length, good biphasic waveforms and PSV 72cm/s.
Peroneal artery appears patent at the ankle, good biphasic waveforms and PSV 71cm/s.

Bilateral, resting ABPIs are reduced on the right and within normal limits on the left.

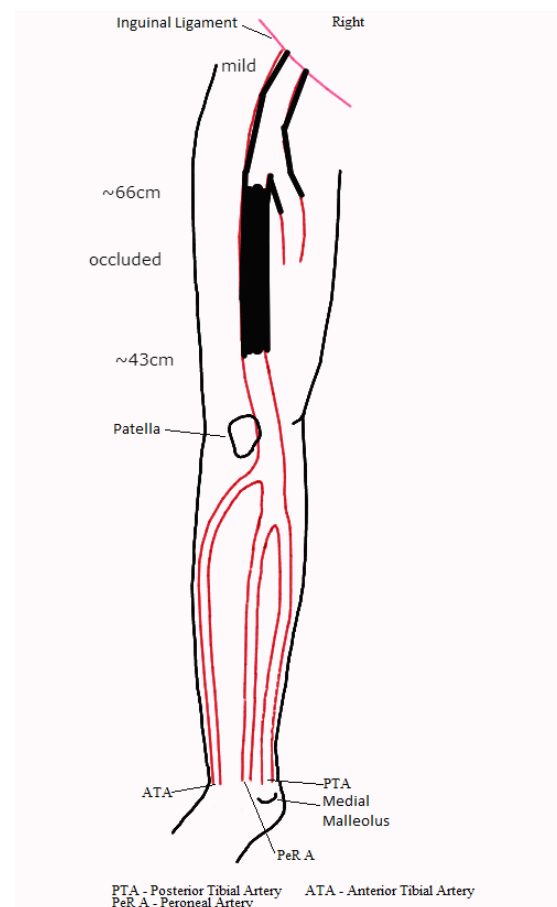
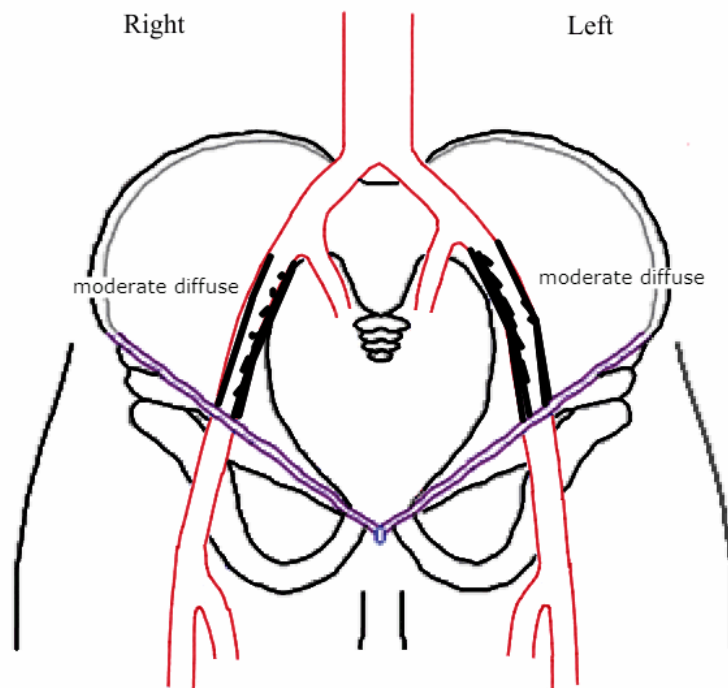
Left post-exercise ABPI is slightly reduced.

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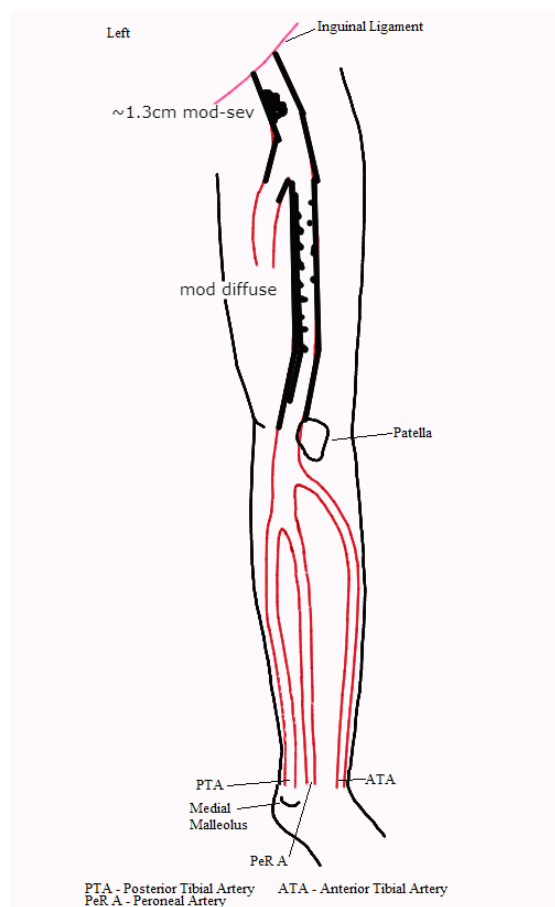


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