



Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

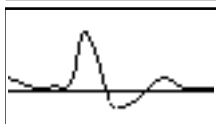
Outcome

disease severe, Poor images, Patient habitus

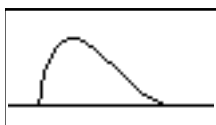
## Right

130

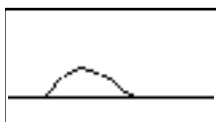
1.00



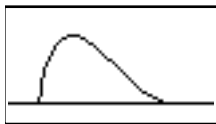
Good



Reduced



Weak (see notes)



Reduced

110

0.85

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

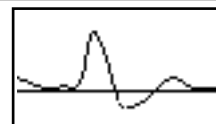
Dorsalis Pedis

Toe Pressure

Post Exercise

## Left

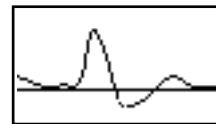
Good



Good

130

1.00



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Difficult abdominal imaging due to patient's body habitus and depth of vessels.

AORTA: patent where visualised, good triphasic waveforms, PSV 91cm/s. Aorta is of a normal calibre (TS 1.9cm), with no evidence of aneurysm noted.

CIA: patent where visualised, good bi/triphasic waveforms, PSV 69cm/s.

EIA: patent throughout its length, good triphasic waveforms, PSV 183cm/s.

CFA: widely patent, good triphasic waveforms, PSV 103cm/s.

Assessed by

Lukasz Koprowski

Checked by

Patient

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PFA: origin is widely patent, good triphasic waveforms, PSV 79cm/s.

SFA: proximal section appears widely patent, slightly reduced triphasic waveforms, PSV 50cm/s. An ~5cm section of severe disease noted in the prox-mid thigh (~55-50cm prox to MM). Velocities increase from 30cm/s (mono / just triphasic waveforms) to 314cm/s (turbulent monophasic), decreasing to 46cm/s (reduced monophasic) distal to the disease, at mid thigh. Mid and distal sections of the vessel appear to be patent, with reduced monophasic flow and PSV 23cm/s noted in the distal thigh.

POPA: widely patent, reduced monophasic waveforms, PSV 22cm/s.

TPT: patent, with 2 vessel run-off noted.

ATA: sub-optimal images due to vessel calcification, weak, intermittent, monophasic flow, PSV 11cm/s ?full vessel patency.

PTA: patent throughout its length and calcified, reduced monophasic waveforms, PSV 44cm/s.

PerA: not identified ?patency.

LEFT CFA: mildly diseased, slightly turbulent triphasic waveforms, PSV 211cm/s.

ABPI: Bilateral, resting ABPIs appear to be normal (?finding on the right due to vessel calcification).

Post-exercise, right ABPI appears to be reduced.

