



Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

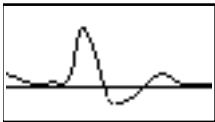
Outcome

Occlusion, Not viewed, Obscured, Calcified, Poor images

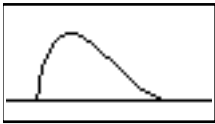
Right

180

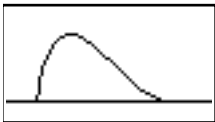
1.00



Good



Reduced



Reduced



Absent

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

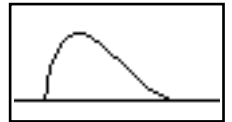
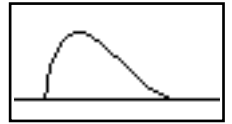
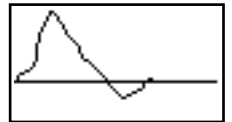
Left

Good

Reduced

Reduced

Weak/Absent



Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

Abdominal aorta is widely patent with good triphasic waveforms and PSV cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.5cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT

CIA - obscured by bowel gas ?patency.

EIA - Mild disease and calcification in the proximal region with good triphasic waveforms, PSV 148cm/s.

Assessed by

Lukasz Koprowski

Checked by



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CFA - Unable to assess the origin due to an obscured region in the prox CFA (~0.6cm). Distal to this moderate diffuse calcified disease with turbulent triphasic waveforms, PSV 149cm/s.

ProfA - Unable to visualise origin due to overlying acoustic shadowing, distal to this mild disease with triphasic waveforms, PSV 115cm/s.

SFA - Origin appears patent, good mono / just triphasic waveforms, PSV 66cm/s. SFA becomes occluded in the proximal thigh for ~11cm (63 to 52cm prox to MM). The flow appears to re-form at mid thigh, with monophasic waveforms, PSV 54cm/s. Intermittent flow identified in the distal thigh, monophasic waveforms, PSV 110cm/s where visualised.

PopA - Heavily calcified with intermittent flow identified, where seen mild diffuse disease with reduced monophasic waveforms, PSV 37cm/s.

TPT - Heavily calcified and difficult to visualise. Some severely turbulent, monophasic flow noted, PSV 122cm/s ?severe disease; 2 vessel run-off identified.

ATA - Heavily calcified along length with intermittent flow identified, where seen mild/moderate diffuse disease with reduced monophasic waveforms, PSV 63cm/s.

PTA - Unable to identify flow along length ?patency and very heavily calcified.

Pero - Not identified.

LEFT

CIA - obscured by bowel gas ?patency.

EIA - Mild/moderate diffuse calcified disease with good biphasic waveforms, PSV 152cm/s.

CFA - Moderate diffuse calcified disease with good biphasic waveforms, PSV 145cm/s.

ProfA - Mild calcified disease with good triphasic waveforms, PSV 182cm/s.

SFA - Origin appears patent, good mono / just triphasic waveforms, PSV 81cm/s. SFA becomes occluded just distal to the origin. Very difficult to assess where the flow re-forms due to heavy calcification. Intermittent flow identified in mid and distal thigh, with monophasic waveforms, PSV 77-103cm/s.

PopA - Heavily calcified with intermittent flow identified, where seen mild diffuse disease with reduced monophasic waveforms, PSV 33cm/s ?full patency.

TPT - Heavily calcified unable to identify the vessel run off from these images .

ATA - Heavily calcified along length ?patency as no flow identified proximally, intermittent flow identified distally, unable to grade disease from these images, monophasic waveforms, PSV 78cm/s.

PTA - Heavily calcified along length ?patency as no flow identified proximally, intermittent flow identified distally, unable to grade disease from these images, monophasic waveforms, PSV 21cm/s.

Pero - Not identified.

Unable to obtain accurate, resting ABPIs due to weakness of signal on the right and incompressible arteries on the left (BP >220mmHg).

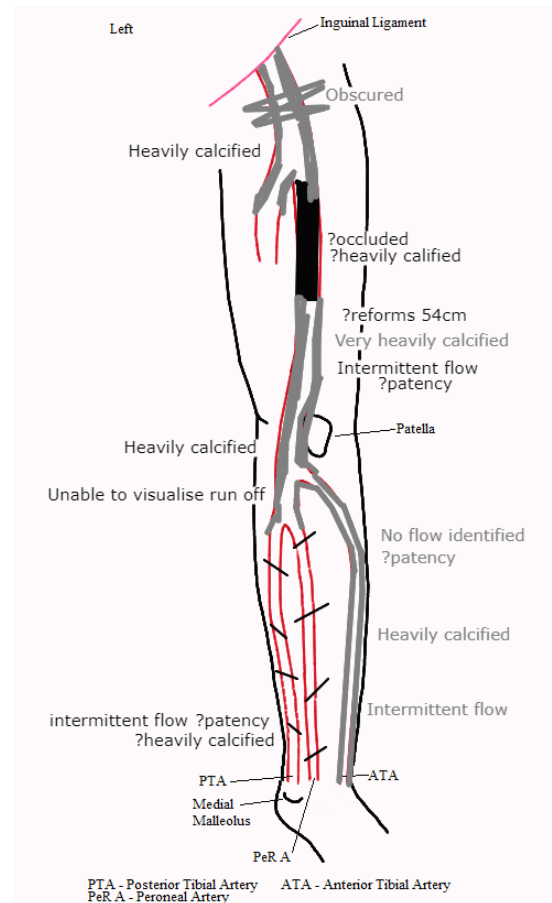
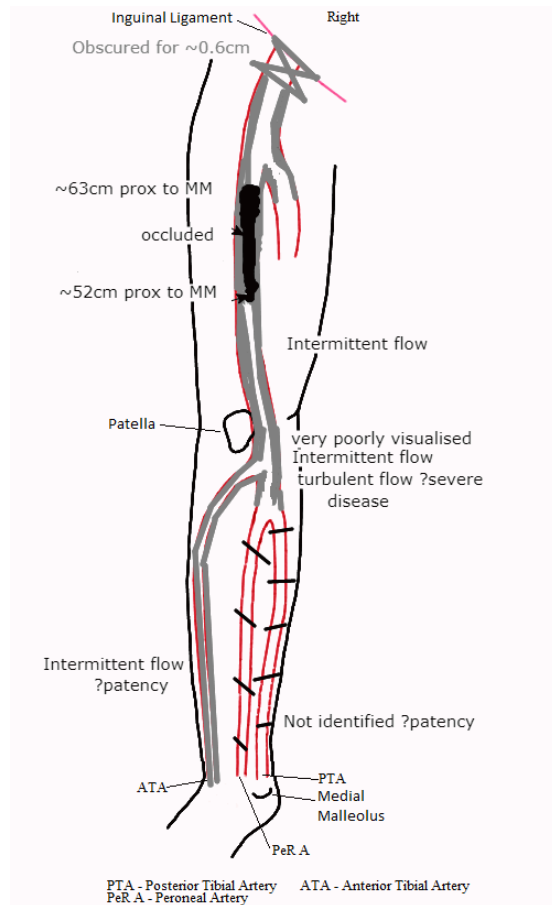
Suggest alternative imaging modality, if deemed appropriate.

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