



Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

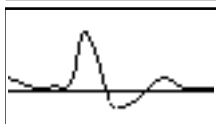
Outcome

Obscured, Calcified, Poor images, Stenosis Severe

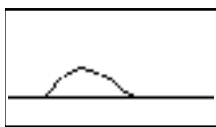
Right

240

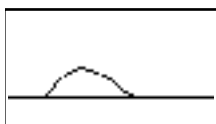
1.00



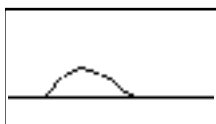
Good



Reduced



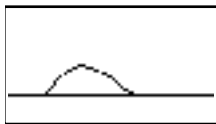
Reduced



Reduced

240

1.00



Reduced

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

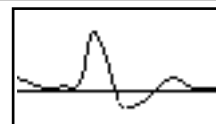
Dorsalis Pedis

Toe Pressure

Post Exercise

Left

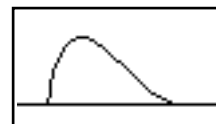
Good



Reduced

240

1.00



Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

Abdominal aorta is patent with good triphasic waveforms and PSV 76cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2.4cm), with no evidence of focal dilatation or aneurysm identified.

CIA: where visualised appears patent, good bi/triphasic waveforms, PSV 90cm/s.

EIA: where visualised appears mildly diseased, good bi/triphasic waveforms, PSV 126cm/s.

CFA: appears mildly diseased, good triphasic waveforms, PSV 91cm/s.

Prof A origin: appears mildly diseased, good triphasic waveforms, PSV 167cm/s.

Assessed by

Lukasz Koprowski

Checked by

Patient

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SFA: contains mid-moderate, diffuse, calcified disease throughout its length, except for a ~2.5cm section at mid thigh (~55cm prox to MM), where a section of severe stenosis was noted. Reduced monophasic waveforms noted in the proximal thigh, PSV 20-37cm/s. Within the section of severe stenosis, the velocities increase to 442cm/s (turbulent monophasic), decreasing to 13cm/s in the distal thigh. It was difficult to trace the vessel fully within the distal thigh due to calcification and acoustic shadowing ?full patency.

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

Crural vessels all appear calcified, with intermittent flow ?patency.

PTA: appears patent where visualised, reduced monophasic waveforms and PSV 28cm/s at the ankle.

ATA: appears patent where visualised, reduced monophasic waveforms and PSV 24cm/s at the ankle.

Pero A: appears patent where visualised, reduced monophasic waveforms and PSV 51cm/s at the ankle.

Left CFA appears mildly diseased, good triphasic waveforms, PSV 121cm/s.

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

