

Consultant/GP	MULKERN MR. EDWARD	Ordered By	LGILLMAN
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon	Episode Type	Consultant Referral
Referral Reason	Same day as SOPD 20/11/19 please		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT LOWER LIMB ARTERIES:

Limited imaging due to calcified nature of arteries throughout

The left common and external iliac arteries demonstrate calcified walls causing small regions of acoustic shadowing. No significant stenosis detected where imaged.

The common femoral artery demonstrates mixed echogenic plaque not causing any significant stenosis.

The superficial femoral artery (SFA) demonstrates calcified walls causing multiple regions of acoustic shadowing, the largest region in the lower thigh measures ~2.5cm. No focal stenosis detected throughout the SFA however cannot out rule a stenosis behind the shadowing.

The popliteal artery and tibial peroneal trunk demonstrate mild atheroma and no significant stenosis.

The posterior tibial artery and the peroneal arteries are patent where imaged, with no significant stenosis detected.

Difficult to image the anterior tibial artery however it appears patent from its origin to the mid calf. Beyond this the walls appear calcified, and no colour flow or Doppler signal is detected, query occluded, query acoustic shadowing. Multiple collateral vessels imaged in the calf.

Suggest further imaged due to limited nature of study

Follow-Up: SOPD today

Technologist Sorcha Murray Senior Vascular Physiologist **Episode Type** Hospital Referral
Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon
Referral Reason RIGHT SFA ANGIPLASTY 12/9/19. IT WENT WELL BUT THE DISEASE IS SEVERE AND MAY
Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: 3 weeks post right SFA angioplasty

The right common iliac artery demonstrates echogenic plaque at its origin not causing any significant stenosis. The external iliac artery is patent where imaged with no significant stenosis detected.

The common femoral artery demonstrates a focal region of echogenic plaque (0.5cm) with a small mobile element. This plaque is not causing any significant stenosis.

The superficial femoral artery demonstrates irregular surfaced echogenic plaque throughout its length causing mildly increased velocities in the mid thigh and in the lower thigh however no significant stenosis.

The popliteal artery demonstrates mild atheroma not causing any significant stenosis.

The tibial peroneal trunk and proximal portion of the anterior tibial artery imaged are patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP MCDONNELL PROF, CIARAN
Technologist Sorcha Murray Senior Vascular Physiologist
Authorised By

Ordered By
Location GABS
Episode Type Inpatient

Referral Reason Post Right SFA plasty

Procedure VUS LOWER LIMB ARTERIES RT - Technologist Report

VUS LOWER LIMB ARTERIES RT - Technologist Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: Post right SFA angioplasty

The common femoral artery demonstrates irregular echogenic plaque causing a 50-75% stenosis.

The superficial femoral artery demonstrates irregular surfaced echogenic plaque throughout, causing an ~50% stenosis in both the mid- and lower-thigh.

The popliteal artery is patent with mild atheroma imaged not causing any significant stenosis.

Follow-Up: No follow up arranged

Consultant/GP	O DONOHOE PROFESSOR MARTIN	Location	Rooms Referral
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Rooms Referral
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	18 month follow up please.		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

The common femoral, superficial femoral and popliteal arteries are patent with no significant abnormalities detected throughout.

Follow-Up: 18 months

Consultant/GP	MULKERN MR. EDWARD	Location	GVSMULKERLUC
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Left SFA stent		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT LOWER LIMB ARTERIES:

Indication: 6 weeks post left SFA angioplasty and stenting.

The common femoral artery is patent with mild atheroma not causing any significant stenosis.

The superficial femoral artery (SFA) and in situ stents are patent with no significant stenosis detected. There is a short segment of calcific plaque imaged in the SFA in the lower thigh causing a small region of acoustic shadowing (0.5cm) however no significant stenosis detected distal to the shadowing.

The popliteal artery and tibial peroneal trunk are patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	MULKERN MR. EDWARD	Location	GABS
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	CFA		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: Post right EIA endarterectomy

The common femoral artery is patent with echogenic plaque imaged causing a mild increase in blood flow velocities however no significant stenosis detected.

The origin of the superficial femoral artery is patent with no significant stenosis.

The origin of the profunda femoral artery demonstrates echogenic plaque causing a >95% stenosis.

Follow-Up: No follow up arranged

Consultant/GP	MCDONNELL PROF. CIARAN	Location	GABS
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	Day 1 post left angioplasty. Query pseudoaneurysm (relevant scan booked). ABPIs and left anterior tibial		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT CALF ARTERIES:

Indication: ATA angioplasty

The popliteal artery and tibial peroneal trunk are patent with thump flow detected within.

The anterior tibial artery (ATA) is patent from the origin to the mid calf, and demonstrates mixed echogenic material and thump flow in the mid calf. Beyond this, no colour flow or Doppler signal is detected in the ATA in the lower calf or crossing the ankle. Impression: occluded.

The posterior tibial artery is patent but diseased, with low volume monophasic flow throughout its length and crossing the ankle.

Follow-Up: Team informed

Consultant/GP	O DONOHOE PROFESSOR MARTIN	Ordered By	EQUILTY
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	Consultant Referral
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon	Episode Type	Consultant Referral
Referral Reason	See previous order		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: 6 week for SFA angioplasty

The common femoral artery is patent with no significant stenosis detected.

The superficial femoral artery is patent and demonstrates echogenic plaque in the upper thigh causing a double lumen and a greater than 50% stenosis. In the lower thigh the SFA demonstrates mixed echogenic plaque causing a greater than 95% stenosis as before.

The popliteal artery is patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	DR PETER KILMARTIN	Location	GP Referral
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	GP Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	To be done same day as SOPD with Mr. Mulkern on the 06/11/19 please - Right resting ABI of 0.65		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

The common femoral artery is patent with mild echogenic plaque not causing any significant stenosis.

The superficial femoral artery (SFA) demonstrates a region of irregular surfaced, mixed echogenic plaque in the upper thigh extending for ~3.5cm and causing a greater than 95% stenosis. The remainder of the SFA demonstrates mild atheroma throughout however no further significant stenosis.

The popliteal artery and tibial peroneal trunk are patent with no significant stenosis. The proximal tibial vessels are patent with with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	DR PETER KILMARTIN	Location	GP Referral
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	GP Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	To be done same day as SOPD with Mr. Mulkern on the 06/11/19 please - Right resting ABI of 0.65		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

The common femoral artery is patent with mild echogenic plaque not causing any significant stenosis.

The superficial femoral artery (SFA) demonstrates a region of irregular surfaced, mixed echogenic plaque in the upper thigh extending for ~3.5cm and causing a greater than 95% stenosis. The remainder of the SFA demonstrates mild atheroma throughout however no further significant stenosis.

The popliteal artery and tibial peroneal trunk are patent with no significant stenosis. The proximal tibial vessels are patent with with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	MULKERN MR. EDWARD	Location	GVSMULKERGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Bilateral leg pain		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT LOWER LIMB ARTERIES:

Indication: Pains in both legs R>L.

The common femoral artery demonstrates echogenic plaque, not causing any significant stenosis.

The superficial femoral artery demonstrates mixed echogenic plaque in the mid thigh, not causing any significant stenosis. The remainder of the vessel is patent with no significant stenosis detected.

The popliteal artery and tibial peroneal trunk are patent with no significant stenosis detected.

The tibial arteries are patent with no significant stenosis detected.

Follow-Up: No follow up arranged

Consultant/GP	MULKERN MR. EDWARD	Location	GVSMULKERGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Bilateral leg pain		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: Pains in both legs R>L.

The common femoral artery demonstrates calcific plaque, causing a mild increase in velocities however, no significant stenosis detected.

The superficial femoral artery demonstrates mixed echogenic plaque in the upper thigh, not causing any significant stenosis. The remainder of the vessel is patent with no significant stenosis detected.

The popliteal artery and tibial peroneal trunk are patent with no significant stenosis detected.

The tibial arteries are patent with no significant stenosis detected.

Follow-Up: No follow up arranged

Technologist	O'DONOHUE PROFESSOR MARTIN	Location	SCW
Authorised By	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Referral Reason	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Procedure	Post SFA and Popliteal angioplasty		
	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

1 DAY POST SFA AND POPLITEAL ARTERY ANGIOPLASTY

The common femoral artery demonstrates moderate atheroma causing no significant stenosis.

The superficial femoral artery (SFA) is patent with moderate atheroma imaged in the upper and mid thigh not causing any significant stenosis. The SFA in the lower thigh demonstrates mixed echogenic plaque causing an increase in velocities in keeping with a >50% stenosis. The distal SFA demonstrates calcific plaque causing a region of acoustic shadowing (1.6cm). No significant stenosis detected distal to this however cannot out rule a stenosis behind the shadowing.

The popliteal artery/tibial peroneal trunk demonstrates mixed echogenic plaque causing an increase in velocities in keeping with a >75% stenosis.

Follow-Up: Team informed

Consultant/GP	REDAHAN DR LYNN	Location	PAT
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Claudication		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT LOWER LIMB ARTERIES:

The distal external iliac and common femoral arteries are patent with mild atheroma imaged causing a mild increase in velocities however no significant stenosis.

The superficial femoral artery is patent with no significant stenosis detected in the upper thigh and demonstrates mixed echogenic plaque in the mid and lower thigh causing two regions of >75% stenosis.

The popliteal artery is widely patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	REDAHAN DR LYNN	Ordered By	IMC412754
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	PAT
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon	Episode Type	Inpatient
Referral Reason	Claudication		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

The distal external iliac and common femoral arteries are patent with mild atheroma imaged causing a mild increase in velocities however no significant stenosis.

The superficial femoral artery (SFA) demonstrates mixed echogenic plaque in the mid-vessel (~3cm) causing a >75% stenosis (PSV = 366cm/s). The remainder of the SFA is widely patent with no significant stenosis detected.

The popliteal artery is widely patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP MULKERN MR. EDWARD

Location

Consultant Referral

Technologist Sorchu Murray Senior Vascular Physiologist

Episode Type

Consultant Referral

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason left abi reduced at rest

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT LOWER LIMB ARTERIES:

Indication: Left ABI = 0.49

The common femoral artery is patent with mild echogenic plaque not causing any significant stenosis.

The superficial femoral artery (SFA) in the upper thigh demonstrates smooth echolucent plaque causing a >75% stenosis. In the mid thigh the SFA demonstrates smooth echolucent plaque reducing the lumen of the vessel by 50%. Low volume thump flow noted at this level. The SFA in lower thigh demonstrates a short segment occlusion (~1cm) and refills distally via collateral vessels and demonstrates monophasic flow.

The popliteal artery, tibial peroneal trunk and proximal anterior tibial artery are all patent with monophasic flow noted.

Follow-Up: SOPD today

Consultant/GP	O DONOHOE PROFESSOR MARTIN	Location	Consultant Referral
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Consultant Referral
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	See previous order		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: 6 week for SFA angioplasty

The common femoral artery is patent with no significant stenosis detected.

The superficial femoral artery is patent and demonstrates echogenic plaque in the upper thigh causing a double lumen and a greater than 50% stenosis. In the lower thigh the SFA demonstrates mixed echogenic plaque causing a greater than 95% stenosis as before.

The popliteal artery is patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	O DONOHOE PROFESSOR MARTIN	Location	GABS
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	1 day post right iliac endarterectomy with plasty and SFA angioplasty. (Rest pain)		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:
2 DAYS POST SFA ANGIOPLASTY

The common femoral artery is patent with no significant stenosis detected.

The superficial femoral artery demonstrates irregular surfaced mixed echogenic plaque in areas, causing an ~50% stenosis in the upper thigh and a >95% stenosis in the lower thigh.

The popliteal artery is patent with antegrade flow.

Follow-Up: Team informed

Consultant/GP	MCDONNELL PROF. CIARAN	Location	GVSMCDONNGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	Same day as SOPD please		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

The common femoral artery demonstrates mixed echogenic plaque not causing any significant stenosis.

The profunda femoral artery demonstrates a >95% stenosis proximally.

The superficial femoral artery demonstrates irregular surfaced mixed echogenic plaque throughout its length, causing a lumen reduction of ~50% in the upper thigh, velocities in keeping with a >50% stenosis in the mid thigh and a 50-75% stenosis in the lower thigh.

The popliteal artery and tibial peroneal trunk are patent with mild atheroma imaged causing no significant stenosis.

Follow-Up: SOPD

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sorcha Murray Senior Vascular Physiologist

Authorised By Prof. Ciaran McDonnell Consultant General/Vascular Surgeon

Referral Reason Same day as SOPD please

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

Ordered By LGILLMAN

Location GVSMCDONNGEN

Episode Type Outpatient

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX OF LEFT LOWER LIMB ARTERIES:

The common femoral artery demonstrates mixed echogenic plaque causing a >50% stenosis.

The profunda femoral artery demonstrates a >75% stenosis proximally.

The superficial femoral artery demonstrates irregular surfaced mixed echogenic plaque throughout its length, causing an increase in velocities in keeping with a >50% stenosis in the upper thigh and a >75% stenosis in the lower thigh.

The popliteal artery and tibial peroneal trunk are patent with mild atheroma imaged causing no significant stenosis.

Follow-Up: SOPD today

Consultant/GP	MCDONNELL PROF. CIARAN	Location	GVSMCDONNGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	Same day as SOPD please		
Procedure	VUS AORTOILIAC - Authorised Report		

VUS AORTOILIAC - Authorised Report

DUPLEX OF AORTA AND ILIAC ARTERIES:

The abdominal aorta is patent with no significant stenosis detected.

The right common and external iliac arteries are patent with mild echogenic plaque imaged causing no significant stenosis.

The left common iliac artery is patent with mild atheroma imaged not causing any significant stenosis. The left external iliac artery demonstrates echogenic plaque distally causing an increase in velocities in keeping with a $>75\%$ stenosis. Query partially due to angle at this level.

Follow-Up: SOPD today

Consultant/GP	O DONOHOE PROFESSOR MARTIN	Location	GABS
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Inpatient
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	Post angio		
Procedure	VUS AORTOILIAC - Authorised Report		

VUS AORTOILIAC - Authorised Report

DUPLEX OF AORTA AND RIGHT ILIAC ARTERIES:
2 DAYS POST RIGHT ILIAC THROMBECTOMY

Limited imaging due to depth of vessels and overlying bowel gas

The abdominal aorta is patent with no significant stenosis detected where imaged.

The right common iliac artery is patent with mild increase in velocities detected however no significant stenosis.

The origin of the external iliac artery demonstrates an increase in velocities in keeping with a >50% stenosis however difficult to assess for plaque at this level due to depth. The remainder of the external iliac artery is patent with no significant stenosis.

Follow-Up: No follow up arranged

Consultant/GP	MULKERN MR. EDWARD	Location	GVSMULKERGEN
Technologist	Sorcha Murray Senior Vascular Physiologist	Episode Type	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	For redo bypass right leg		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX OF RIGHT LOWER LIMB ARTERIES:

Indication: For re-do graft

The common femoral artery demonstrates moderate atheroma not causing any significant stenosis.

The graft is occluded as before.

The distal superficial femoral artery refills via a large collateral vessel.

The popliteal artery and tibial peroneal trunk are patent with monophasic flow.

Follow-Up: For redo bypass

Consultant/GP	MULKERN MR. EDWARD	Ordered By	EQUILTY
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	GABS
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon	Episode Type	Inpatient
Referral Reason	post iliac surgery for thursday 31.10.2019 please		
Procedure	VUS AORTOILIAC - Authorised Report		

VUS AORTOILIAC - Authorised Report

DUPLEX OF AORTA AND ILIAC ARTERIES:

Indication: Post right EIA endarterectomy

Inconclusive exam due to extensive bowel gas

The limited portion of the distal right external iliac artery imaged is patent with no abnormalities detected.

Follow-Up: Discussed with Mr Mulkern, No follow up arranged

Consultant/GP	O DONOHOE PROFESSOR MARTIN	Ordered By	EQUILTY
Technologist	Sorcha Murray Senior Vascular Physiologist	Location	Consultant Referral
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon	Episode Type	Consultant Referral
Referral Reason	See previous order		
Procedure	VUS AORTOILIAC - Authorised Report		

VUS AORTOILIAC - Authorised Report

DUPLEX OF AORTA AND ILIAC ARTERIES:

Indication: 6 weeks post right EIA thrombectomy

The abdominal aorta is patent with no significant stenosis detected where imaged.

The right common iliac artery and external iliac artery are patent with no significant stenosis detected.

Follow-Up: SOPD today