Consultant/GP	MULKERN MR. EDWARD	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Right lower limb arterial for same day as SOPD on the 02/10/2019.		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

The common femoral, superficial femoral, popliteal, tibio-peroneal trunk and origin of the calf arteries are patent with mixed echogenic plaque imaged throughout however no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	MCDONNELL PROF. CIARAN	**Location**	GVSMCDONNGEN
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	2-3 WEEKS SOPD AND ARTERIEL SAME DAY		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

Indication: Reduced right ABI

The right common femoral, superficial femoral and popliteal arteries are patent with mixed echogenic plaque imaged throughout however no significant stenosis detected.

Follow-Up: SOPD today

NOT FOR PRESCRIPTION PURPOSES - 29/01/2020 11:44 - IMC19517

Consultant/GP	O DONOHOE PROFESSOR MARTIN	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	reduced ABIs		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

The common femoral artery demonstrates a predominantly echolucent material with a small channel of flow and velocities in keeping with a >75% stenosis.
The superficial femoral and popliteal arteries are patent throughout with low volume flow detected.

*Discussed with Prof O'Donohoe. For CTA.**

Follow-Up: No follow up arranged

Consultant/GP	MULKERN MR. EDWARD	**Location**	GVSMULKERLUC
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	.		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery, superficial femoral artery, popliteal artery and tibio-peroneal trunk are patent with no significant stenosis detected.

The anterior tibial artery demonstrates an increase in velocity proximally in keeping with a >75% stenosis. The remainder of the vessel demonstrates extensive calcific plaque causing multiple areas of acoustic shadowing with collaterals noted however appears patent in the portions imaged.
The posterior tibial artery demonstrates extensive calcific plaque causing multiple areas of acoustic shadowing with collaterals noted throughout. The vessel in the lower calf appears to be occluded refilling at the ankle however query accuracy due to shadowing.

Follow-Up: SOPD today

Consultant/GP MULKERN MR. EDWARD
Technologist Michelle O Hare Chief I Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason same day as SOPD 15 Jan 2020 please
Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

Location Consultant Referral
Episode Type Consultant Referral

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

Indication: Bilateral reduced ABIs

The common femoral artery demonstrates a mixed echogenic causing no significant stenosis.
The origin of the profunda femoral artery demonstrates velocities in keeping with a >75% stenosis.

The superficial femoral artery is occluded from its origin refilling in the lower thigh via collaterals.
The popliteal artery, tibio-peroneal trunk, anterior tibial artery and posterior tibial artery demonstrates mixed echogenic plaque with low volume flow detected throughout.

Follow-Up: SOPD today

Consultant/GP	MULKERN MR. EDWARD	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	same day as SOPD 15 Jan 2020 please		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

Indication: Bilateral reduced ABIs

The common femoral artery demonstrates a mixed echogenic causing no significant stenosis.
The origin of the profunda femoral artery demonstrates velocities in keeping with a >50% stenosis.

The superficial femoral artery (SFA) demonstrates mixed echogenic plaque in the upper thigh causing a >50% stenosis. The SFA is occluded in the mid-thigh refilling in the lower thigh via collaterals.
The popliteal artery, tibio-peroneal trunk, anterior tibial artery and posterior tibial artery demonstrates mixed echogenic plaque with low volume flow detected throughout.

Follow-Up: SOPD today

Consultant/GP	O DONOHOE PROFESSOR MARTIN	**Location**	GVSODONOMLUC
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	as per MOD		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery demonstrates a mixed echogenic plaque causing a >50% stenosis.
The superficial femoral artery (SFA) demonstrates a mixed echogenic plaque throughout with calcific elements causing areas of acoustic shadowing in the mid and lower thigh. Velocities detected in the upper thigh are in keeping with a >95% stenosis. No significant stenosis detected throughout its remainder, however cannot outrule a stenosis behind shadowing.
The popliteal artery, tibio-peroneal trunk and origins of the calf arteries are patent with no significant stenosis detected.

Follow-Up: SOPD today. No follow up arranged

Consultant/GP	O DONOHOE PROFESSOR MARTIN	**Location**	GVSODONOMLUC
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	for left arterial same day as sopd in 3 weeks please		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery demonstrates mixed echogenic plaque causing a greater than 50% stenosis.
The superficial femoral artery demonstrates mixed echogenic plaque throughout causing velocities in keeping with a greater than 75% stenosis in the upper, mid and lower thigh.

The popliteal artery is patent with monophasic flow.

Follow-Up: SOPD today. No follow up arranged

Consultant/GP	MULKERN MR. EDWARD	**Location**	GVSMULKERGEN
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	now claudicating left , prev occluded rt fem pop , limited, palpable iliac, prev stent left, request abi and		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

Indication: Left leg claudication

The common femoral artery demonstrates a mixed echogenic plaque causing velocities in keeping with a >50% stenosis.
The superficial femoral artery (SFA) demonstrates mixed echogenic plaque proximally however no significant stenosis detected. The SFA becomes occluded in the upper thigh refilling in the mid-thigh via collaterals. The remainder of the SFA, popliteal and tibio-peroneal trunk are patent with low volume flow throughout with multiple collaterals noted.
The posterior tibial artery appears patent to the lower calf with calcific plaque causing areas of acoustic shadowing. No obvious flow detected above the ankle, query occluded.
The anterior tibial artery appears occluded from its origin to the lower calf. The ATA is patent from the lower calf refilling via collaterals and crosses the ankle joint.

Follow-Up: No follow up arranged

Consultant/GP	MULSOW MR. JURGEN	**Location**	MONICA
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Inpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	.		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

Indication: Severely reduced RABI

The distal external iliac artery is patent with no significant stenosis detected.

The common femoral artery demonstrates occlusive mixed echogenic plaque throughout. The superficial femoral artery (SFA) refills via a retrograde profunda femoral artery. The SFA is patent with mixed echogenic plaque throughout however no significant stenosis detected.
The popliteal artery and origins of the calf arteries are patent with no significant stenosis detected.

Follow-Up: No follow up arranged

Consultant/GP	MULKERN MR. EDWARD	**Location**	GVSMULKERGEN
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	.		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

Indication: Severely reduced RABI at rest.

The common femoral artery demonstrates an irregular predominantly echolucent material extending for ~1.8cm which appears to narrow the vessel by >50% stenosis however no significant increase in velocities detected.

The superficial femoral artery in the mid-thigh demonstrates predominately echolucent t material causing a >75% stenosis. The SFA is occluded with echolucent material in the lower thigh for ~6.3cm refilling above the knee via collaterals.
The popliteal artery, tibio-peroneal trunk and origins of the calf arteries are patent with low volume flow.

Follow-Up: SOPD today

Consultant/GP	DR RUAIRI HANLEY	**Location**	GP Referral
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	GP Referral
Authorised By			
Referral Reason	Same day as SOPD please		
Procedure	VUS LOWER LIMB ARTERIES RT - Technologist Report		

VUS LOWER LIMB ARTERIES RT - Technologist Report

Duplex Right lower limb arteries

Indication: Reduced right ABI post exercise.

The common femoral artery is patent with mixed echogenic plaque however no significant stenosis detected.
The superficial femoral artery (SFA) is patent with a focal mixed echogenic plaque imaged in the upper thigh extending for ~0.8cm causing velocities in keeping with a 50-75% stenosis.
The remainder of the SFA and popliteal artery is patent with no significant stenosis detected.

Follow-Up: No follow up arranged. SOPD today

NOT FOR PRESCRIPTION PURPOSES - 31/01/2020 11:29 - MIOHARE

Technologist Michelle O Hare Chief I Vascular Physiologist **Episode Type** Outpatient
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason claudication 200m right leg
Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

The common femoral artery demonstrates mixed echogenic plaque however no significant stenosis detected.
The origin of the profunda femoral artery demonstrates a >95% stenosis.

The superficial femoral artery (SFA) demonstrates a mixed echogenic plaque throughout with velocities at the origin and proximal vessel in keeping with a >75% stenosis and in the mid-thigh in keeping with a 50-75% stenosis. The SFA is occluded in the lower thigh with the distal vessel/ proximal popliteal artery refilling via collaterals.
The popliteal artery and tibio-peroneal trunk demonstrate low volume flow throughout.

The origin of the anterior tibial appears occluded and refills in the upper calf.
The origin of posterior tibial artery is patent with no significant stenosis detected.
The origin of the peroneal was not imaged, query occluded.

Follow-Up: No follow up arranged. SOPD to be arranged

Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Hospital Referral
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	follow up same day as SOPD please		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left lower limb arteries

The distal external iliac artery/common femoral artery demonstrate a calcific plaque causing acoustic shadowing for ~2.5cm.
The superficial femoral artery demonstrates calcific plaque causing acoustic shadowing in the lower thigh however no significant stenosis detected.
The popliteal artery, tibio-peroneal trunk and origins of the calf arteries are patent with low volume flow.

Follow-Up: SOPD today

Technologist Michelle O Hare Chief I Vascular Physiologist **Episode Type** Outpatient
Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon
Referral Reason never orderd after last clinic appointment
Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

Indication previously thrombosed pseudoaneurysm of CFA

The common femoral artery is patent with no evidence of plrevious pseudoaneurysm.
The superficial femoral artery in the mid-thigh demonstrates a mixed echogenic plaque causing a 50-75% stenosis (218cm/s) as per previous study.
The popliteal artery and tibio-peroneal trunk are patent with no significant stenosis detected.
The anterior tibial artery is patent to the lower calf where it occludes and appears to refill above the ankle.
The posterior tibial artery (PTA) in patent at its origin and appears to occlude in the upper calf where multiple collaterals are imaged. No native PTA imaged throughout the remainder of the calf, query occluded throughout.

Follow-Up: SOPD today. No follow up arranged

Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	repeat AAA screen fasting - same day as OPD please		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery is patent with no significant stenosis detected.
The superficial femoral artery demonstrates flow for ~1cm from its origin then becomes occluded demonstrating mixed echogenic material within. The SFA refills in the lower thigh via collaterals.
The popliteal artery, tibio-peroneal trunk and the anterior tibial artery are patent with low volume flow throughout.
The posterior tibial artery demonstrates calcific plaque causing acoustic shadowing in areas however appears patent where imaged.

Follow-Up: No follow up arranged. SOPD today

Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	repeat AAA screen fasting - same day as OPD please		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

The common femoral artery is patent with no significant stenosis detected.
The superficial femoral artery demonstrates a mixed echogenic plaque throughout with no significant increase in velocities detected.
The popliteal artery, tibio-peroneal trunk and the calf arteries are patent with no significant stenosis detected.

Follow-Up: No follow up arranged. SOPD today

Consultant/GP	O DONOHOE PROFESSOR MARTIN	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	reduced ABIs		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery and superficial femoral and popliteal artery are patent throughout with no significant stenosis detected. Low volume flow detected in the proximal popliteal artery.
The tibio-peroneal trunk demonstrates is occluded with predominately echolucent material throughout.

*Discussed with Prof O'Donohoe. For CTA.**

Follow-Up: No follow up arranged

Consultant/GP	MCDONNELL PROF. CIARAN	**Location**	GVSMCDONNGEN
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Prof. Ciaran McDonnell Consultant General/Vascular Surgeon		
Referral Reason	RT ABI DROP		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

Indication: Drop in ABI

The common femoral and superficial femoral arteries are patent with no significant stenosis detected.
The popliteal artery is occluded with predominantly echolucent material for ~5.8cm in keeping with an acute occlusion.
The tibio-peroneal trunk refills via collaterals.

Follow-Up: SOPD today

NOT FOR PRESCRIPTION PURPOSES - 10/12/2019 12:47 - IMC19517

Consultant/GP MULKERN MR. EDWARD
Technologist Michelle O Hare Chief I Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason SOPD 3-4 weeks and duplex same day
Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

Location Consultant Referral
Episode Type Consultant Referral

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

Indication: Reduced right ABI

The common femoral artery is patent with no significant stenosis detected.
The superficial femoral artery (SFA) is patent in the upper thigh with no significant stenosis detected.
The SFA is occluded with predominantly echolucent material from the mid-thigh to the proximal lower thigh refilling via collaterals.
The popliteal artery, tibio-peroneal trunk and the origins of the calf arteries are patent with no significant stenosis detected.

Follow-Up: No follow up arranged. SOPD today

Consultant/GP	MULKERN MR. EDWARD	**Location**	Consultant Referral
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Consultant Referral
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Same days as SOPD 18/12/19 please		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

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

The superficial femoral artery (SFA) is patent in the upper thigh with low volume flow. The SFA is occluded for a segment in the mid/lower thigh refilling in the lower thigh via collaterals.
The popliteal artery, tibio-peroneal trunk and origin of the calf arteries are patent with no significant stenosis detected.

Follow-Up: SOPD today

Consultant/GP	MULKERN MR. EDWARD	**Location**	GVSMULKERLOC
Technologist	Michelle O Hare Chief I Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Mr. Edward Mulkern Consultant Vascular Surgeon		
Referral Reason	Ulcer on left ankle		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery, superficial femoral artery, popliteal artery and tibio-peroneal trunk are patent with mixed echogenic calcific plaque throughout however no significant stenosis detected.

The anterior tibial artery demonstrates calcific plaque where imaged with a 50-75% stenosis detected at its origin and a >75% stenosis in the mid-calf.

The posterior tibial artery demonstrates calcific plaque where imaged with a >75% stenosis detected at its origin.

The peroneal artery demonstrates a 50-75% stenosis at its origin.

Unable to examine arteries from the mid calf down due to bandaging

Follow-Up: SOPD today

Consultant/GP	O DONOHOE PROFESSOR MARTIN	**Location**	GVSODONOMGEN
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	please schedule same day as next OPD as per Prof		
Procedure	VUS LOWER LIMB ARTERIES RT - Authorised Report		

VUS LOWER LIMB ARTERIES RT - Authorised Report

DUPLEX RIGHT LOWER LIMB ARTERIES

The common femoral artery is patent with no significant stenosis detected.
The superficial femoral artery is occluded from its origin with no colour flow or Doppler signal detected refilling in the lower thigh via collaterals.
The popliteal artery is patent with low volume flow.

Follow-Up: SOPD today

NOT FOR PRESCRIPTION PURPOSES - 26/11/2019 09:36 - IMC290

Consultant/GP	O DONOHOE PROFESSOR MARTIN	**Location**	GVSODONOMGEN
Technologist	Michelle O Hare Chief 1 Vascular Physiologist	**Episode Type**	Outpatient
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon		
Referral Reason	please schedule same day as next OPD as per Prof		
Procedure	VUS LOWER LIMB ARTERIES LT - Authorised Report		

VUS LOWER LIMB ARTERIES LT - Authorised Report

DUPLEX LEFT LOWER LIMB ARTERIES

The common femoral artery is patent with no significant stenosis detected.
The superficial femoral artery (SFA) demonstrates a mixed echogenic plaque extending for ~1.8cm from the origin with velocities in keeping with a >75% stenosis. The SFA is occluded in the mid-thigh with no colour flow or Doppler signal detected refilling in the lower thigh via collaterals.
The popliteal artery is patent with low volume flow.

Follow-Up: SOPD today

NOT FOR PRESCRIPTION PURPOSES - 26/11/2019 09:36 - IMC290

Technologist Michelle O Hare Chief I Vascular Physiologist **Episode Type** Hospital Referral
Authorised By Prof. Ciaran McDonnell Consultant General/Vascular Surgeon
Referral Reason follow up same day as SOPD please
Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left lower limb arteries

The distal external iliac artery/common femoral artery demonstrate a calcific plaque causing acoustic shadowing for ~2.5cm.
The superficial femoral artery demonstrates calcific plaque causing acoustic shadowing in the lower thigh however no significant stenosis detected.
The popliteal artery, tibio-peroneal trunk and origins of the calf arteries are patent with low volume flow.

Follow-Up: SOPD today

NOT FOR PRESCRIPTION PURPOSES - 29/01/2020 11:56 - IMC19517