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| Patient: |  |
| Date of Birth: | Age: 66 |
| District Number: |  |
| Date of Scan: | Tuesday, 11 August 2020 |
| Ward/Dept. |  |
| Referring Doctor: | Dr Pal |
| Indications: | Gangrenous left toe, B/G diabetes |
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| **Left Lower Extremity Arterial Duplex** | |
| T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s  O  B127/12  O  M33  B75  T103  B64  B70  B52  B71  B71  B89  B106  T79  T95  T81  Patent  T80 | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
| Aortoiliac Segment: | Patent. No significant arterial disease seen. Normal calibre Aorta. |
| Common Femoral Artery: | Patent. Mild calcification with no significant stenosis seen. |
| Proximal Profunda Femoris: | Patent at origin. |
| Superficial Femoral Artery: | Patent. Diffuse calcification with no significant stenosis seen. |
| Popliteal Artery: | Patent. Mild atheroma in the mid section (<50%), with no significant stenosis seen. Diffuse calcification throughout. |
| Calf: | Occluded proximal TPT, with retrograde flow seen distally.  2 vessel run off seen to cross the ankle. Occluded PTA. Damped monophasic seen flow at the Peroneal origin, with a 75-99% stenosis seen proximally. Hyperaemic flow seen in the distal ATA and peroneal artery. Dense calcification throughout. |
| Scanned by: | Robert James - Clinical Vascular Scientist |

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