|  |  |
| --- | --- |
| Patient: |  |
| Date of Birth: | Age: 73 |
| District Number: |  |
| Date of Scan: | Tuesday, 21 July 2020 |
| Ward/Dept. | OP |
| Referring Doctor: |  |
| Indications: | Pain unclear aetiology. Known R iliac stenosis. Please see if there is left infra-inguinal disease and ABPI both legs. |
|  |
| **Left Lower Extremity Arterial Duplex** | |
| B56  T280  B75  T65  T74  M422  B82  B79  B64  B75  B106  B100  B122  B182  T179  Patent  B60  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s  ABI = 0.58  ABI = 1.05 | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular | |
| Comments: | ABPI performed and reported in full separately. |
| Aortoiliac Segment: | Overlying bowel gas made this section technically difficult to assess. The mid left EIA and the proximal right EIA was not visualised accordingly.  75-99% proximal right CIA stenosis. There are mildly increased velocities in the mid section of the Left EIA, however no stenosis was visualised and distal waveforms are biphasic, indicating that significant proximal disease is not likely to be present. Normal calibre Aorta. |
| Common Femoral Artery: | Patent. No significant arterial disease seen. |
| Proximal Profunda Femoris: | Patent at origin. |
| Superficial Femoral Artery: | Patent. No significant arterial disease seen. |
| Popliteal Artery: | Patent. No significant arterial disease seen. |
| Calf: | 3 vessel run off seen to cross the ankle. Mild calcification with no significant stenosis seen. |
| Scanned by: | Robert James - Clinical Vascular Scientist |

M68