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| Patient: |  |
| Date of Birth: | Age: 82 |
| District Number: |  |
| Date of Scan: | Monday, 20 July 2020 |
| Ward/Dept. |  |
| Referring Doctor: |  |
| Indications: | Left leg claudication 100m. |
| **Left Lower Extremity Arterial Duplex** | |
| B115  B178/90  <50%  B144/62  50-74%  B44  B194/96  <50%  B81  B167/77  50-74%  T65  B80  B91  B61  B33  B82  B61  B63  B75  B64  Patent  B65  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular | |
| Aortoiliac Segment: | Unable to visualise the mid-distal CIA and proximal-mid EIA bilaterally due to the presence of overlying bowel gas. High resistance low velocity flow in the proximal right CIA in combination with turbulent flow in the distal right EIA indicates the presence of significant disease in between these sections. Normal velocities and waveforms in the left distal EIA, which does not indicate the presence of proximal disease. The distal abdominal Aorta is ectatic, measuring 2.6cm in diameter. |
| Common Femoral Artery: | Patent. Mild calcification with no significant stenosis seen. |
| Proximal Profunda Femoris: | Patent at origin. |
| Superficial Femoral Artery: | Patent. 50-74% proximal SFA stenosis. Diffuse calcification throughout. |
| Popliteal Artery: | Patent. Mild calcific atheroma (<50%) with no significant stenosis seen. |
| Calf: | 3 vessel run off seen to cross the ankle. 50-74% proximal ATA stenosis. Diffuse calcification throughout. |
| Scanned by: | Robert James - Clinical Vascular Scientist |