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| Patient: |  |
| Date of Birth: | Age: 86 |
| District Number: |  |
| Date of Scan | Monday, 13 July 2020 |
| Ward/Dept: | OP |
| Referring Doctor |  |
| Indications: | ? Insufficient bloody supply to right foot – chronic ulcer to right hallux. |
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| **Right Lower Extremity Arterial Duplex** | |
| M71/16  75-99%  M256/57  75-99%  M21  M24  M29  M181/48  75-99%  B442/75  75-99%  O  M16  B63  B140  M22  M27  M43  M80  Patent  B53  B91  B91  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
| Aortoiliac Segment: | Patent. Mild diffuse calcification with no significant stenosis seen. Normal calibre Aorta. |
| Common Femoral Artery: | There is a 75-99% calcific stenosis that measures approximately 3.1cm in length. |
| Proximal Profunda Femoris: | Patent at origin. |
| Superficial Femoral Artery: | Patent. There is a 75-99% mid SFA calcific stenosis that measures approximately 1.9cm in length. Diffuse calcification throughout. |
| Popliteal Artery: | Limited flow was seen throughout the long calcific stenosis in the proximal Popliteal artery due to the limited views obtained. However the post stenotic PSV indicates a 75-99% stenosis. Mild calcific atheroma throughout the Popliteal artery. |
| Calf: | The PTA becomes occluded in the mid-calf. Corkscrew collaterals seen in the mid-distal PTA territory ?Buergers disease. The ATA is occluded in the mid-calf but refills distally where there is a 75-99% stenosis. The Peroneal artery is patent throughout. Diffuse calcification throughout. |
| Scanned by: | Robert James - Clinical Vascular Scientist |