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| Patient: |  | |
| Date of Birth: | Age: 54 | |
| District Number: |  | |
| Date of Scan: | Tuesday, 11 August 2020 | |
| Referring Doctor: |  | |
| Indications: | Bilateral claudication and erectile dysfunction. ?ABPI status and bilateral leg duplex please. | |
| **Bilateral Lower Extremity Arterial Duplex** | | |
| T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s  ABI = 0.70  ABI = 1.04  M12  T273/29  T51  T50  T47  T28  T94  T157  T114  T68  T60  T66  O  M24  M23  M26  M27  M47  M17  M13  T114  B51  B85  T103  B156  B60  B73  B235  B264 | | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | | |
| ABPI:  Aortoiliac Segment: | Reduced left ABPI (0.70) with monophasic waveforms throughout. Normal right ABPI (1.04) with triphasic waveforms throughout.  Patent. 50-74% stenosis at the CIA origin bilaterally. Mild atheroma (<50%) seen in the right EIA. Normal calibre Aorta. | |
|  | **Right** | **Left** |
| Common Femoral Artery: | Patent. No significant arterial disease seen. | Patent. No significant arterial disease seen. |
| Proximal Profunda: | Patent at origin. | Patent at origin. |
| Superficial Femoral Artery: | Patent. Mild atheroma (<50%) in the mid-distal section, with no significant stenosis seen. | Mid SFA occlusion with a preceding channel in the proximal SFA that contains a 75-99% focal stenosis. Refills distally with damped monophasic flow. |
| Popliteal Artery: | Patent. No significant arterial disease seen. | Patent. No significant arterial disease. Damped monophasic flow. |
| Calf: | 3 vessel run off seen to cross the ankle with no significant arterial disease seen. | 3 vessel damped monophasic run off seen to cross the ankle. No significant arterial disease seen. |
| Scanned by: | Robert James - Clinical Vascular Scientist | |