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| Patient: |  |
| Date of Birth: | Age: 66 |
| District Number: |  |
| Date of Scan: | Friday, 3 July 2020 |
| Ward/Dept. |  |
| Referring Doctor: |  |
| Indications: | Post angioplasty – diabetic foot wound – post status angioplasty for wound healing. |
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| **Left Lower Extremity Arterial Duplex** | |
| T171/72  T180/137  T325/142  T96  T107  B98  T89  T101  T132  T125  T87  T91  B120  B127  B115  Patent  B150  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s  ABI = n/a  ABI = 1.0 | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
| Comments: | ABPI performed and reported in full separately. |
| Aortoiliac Segment: | Patent. Diffuse calcific atheroma (<50%), with no significant stenosis seen. |
| Common Femoral Artery: | Patent. Mild calcific atheroma (<50%), with no significant stenosis seen. |
| Proximal Profunda Femoris: | Patent at origin. |
| Superficial Femoral Artery: | Patent. Mild diffuse calcification throughout. Mild calcific atheroma distally (<50%). No significant stenosis seen. |
| Popliteal Artery: | 50-74% focal calcific stenosis in the mid Popliteal artery. Diffuse calcific atheroma distally. |
| 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 |

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