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| Patient: |  | |
| Date of Birth: | Age: 61 | |
| District Number: |  | |
| Date of Scan: | Tuesday, 30 June 2020 | |
| Referring Doctor: |  | |
| Indications: | 61 yo Male, BG of HTN, pre-diabetes, high cholesterol. Admitted for IV abx for longstanding bilateral cellulitis. Right heel pain at rest and worse on walking. O/E gangrenous, necrotic skin, multiple ulcers over lateral shin. Popliteal pulses difficult to palpate. ?venous insufficiency. | |
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| **Bilateral Lower Extremity Arterial Duplex** | | |
| M155/100  <50%  T175/125  <50%  M548  75-99%  M81  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s  T114  T127  T141  T113  M63  T115  T104  T96  T141  T133  T164  T82  T155 | | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular | | |
| Aortoiliac Segment: | The distal Aorta and bilateral CIA was not visualised due to overlying bowel gas. Triphasic waveforms in the EIA bilaterally - indicating no significant proximal stenosis. Mild calcification present in the ECA bilaterally with no significant stenosis seen. | |
|  | **Right** | **Left** |
| Common Femoral Artery: | Patent. Mild calcification present with no significant stenosis seen. | Patent. Mild calcification present with no significant stenosis seen. |
| Proximal Profunda Femoris: | Patent at origin. | Patent at origin. |
| Superficial Femoral Artery: | Patent. Mild calcification present with no significant stenosis seen. | Patent. 75-99% mid SFA stenosis. Mild calcification throughout. Pulsatile monophasic waveforms seen distally. |
| Popliteal Artery: | Patent. Mild atheroma and calcification, with no significant stenosis seen. | Patent. Mild atheroma and calcification, with no significant stenosis seen. Pulsatile monophasic waveforms. |
| Calf: | The calf was not able to be assessed bilaterally before the assessment was terminated due to the patient experiencing excessive pain. | |
| TBPI: | The TBPI not able to be performed before the assessment was terminated. | |
| Scanned by: | Robert James - Clinical Vascular Scientist | |