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| Patient: |  | |
| Date of Birth: | Age: 88 | |
| District Number: |  | |
| Date of Scan: | Monday, 15 June 2020 | |
| Referring Doctor: |  | |
| Indications: | Right heel ulcer and rt hallux amputation would. Both are deteriorating and previous scans 2017 show calcified vessels with single vessel run off (PTA) only. New ischaemic skin lesions lateral side left heel and left hallux. | |
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| **Bilateral Lower Extremity Arterial Duplex** | | |
| No flow seen throughout  M39  M143/74  **<50%**  M352/107  **75-99%**  M202/90  **50-74%**  B171/87  **<50%**  M138  No flow seen throughout  M28  B157  M34  M102  B92  B127  M85  M104  M92  M114  M178  B94  B126  B74  B79  B86  B130  B74  B83  B62  B105  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular | | |
| Aortoiliac Segment: | Patent. Diffuse calcification with no significant focal stenosis seen. Normal calibre Aorta throughout. Unable to visualise the distal CIA and proximal EIA bilaterally due to overlying bowel gas. However biphasic waveforms in the mid-distal EIA bilaterally does not indicate the presence of proximal disease. | |
|  | **Right** | **Left** |
| Common Femoral Artery: | Patent. Mild calcification with no significant focal stenosis seen. | Patent. Mild calcification with no significant focal stenosis seen. |
| Proximal Profunda F.: | Patent at origin. | Patent at origin. |
| Superficial Femoral Artery: | Patent. Heavy calcification with limited views throughout. <50% focal narrowing distally. | Patent. 50-74% mid SFA stenosis. 75-99% distal SFA stenosis. Heavy calcification throughout. |
| Popliteal Artery: | Patent. Heavy calcification throughout with no focal stenosis seen. Diffuse narrowing throughout the TPT. | Patent. Heavy calcification throughout. <50% focal narrowing proximally. Diffuse narrowing throughout the TPT. |
| Calf: | Heavy calcification with limited views obtained throughout. Flow was seen to cross the ankle in the peroneal artery. Retrograde flow seen in the proximal ATA ?proximal occlusion. No flow seen in the distal ATA. No flow seen in the distal PTA. | Heavy calcification throughout. No flow was seen throughout the ATA or PTA. Flow was seen in the mid Peroneal artery, but not prox or distally. |
| Scanned by: | Robert James - Clinical Vascular Scientist | |