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| Patient: |  | |
| Date of Birth: | Age: 73 | |
| District Number: |  | |
| Date of Scan: |  | |
| Referring Doctor: |  | |
| Indications: | A&G request – Seamus requests routine duplex please. | |
| **Bilateral Lower Extremity Arterial Duplex** | | |
| T184/92  B132  B129  T176/88  T80  T59  T80  T82  T89  T109  T81  T89  T82  T58  T67  T63  T79  T89  T104  T84  T106  T118  B86  B48  B129  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | | |
| Aortoiliac Segment: | Previous open AAA repair noted. The distal Aorta and proximal CIA were not visualised bilaterally due to overlying bowel gas, however distal CIA waveforms bilaterally do not indicate the presence of significant proximal disease. Mild diffuse atheroma throughout the EIA bilaterally with no significant stenosis. | |
|  | **Right** | **Left** |
| Common Femoral Artery: | Patent. Mild diffuse atheroma with no significant stenosis seen. | Patent. Mild diffuse atheroma with no significant stenosis seen. |
| Proximal Profunda: | Patent at origin. | Patent at origin. |
| Superficial Femoral Artery: | Patent. Mild diffuse atheroma with no significant stenosis seen. | Patent. 50-74% mid SFA focal stenosis. Mild diffuse atheroma. |
| Popliteal Artery: | Patent. Mild diffuse atheroma with no significant stenosis seen. The Popliteal division and the TPT was not visualised due to the limited patient mobility. | **A 2.2cm length of the left Popliteal artery is aneurysmal, measuring 1.4cm in diameter (OTO).** The aneurysmal section is patent with no intraluminal thrombus. Mild atheroma is present proximally with no significant stenosis seen. The Popliteal division and the TPT was not visualised due to the limited patient mobility. |
| Calf: | 3 vessel flow seen to cross the ankle. Mild calcification with no significant stenosis seen. | 3 vessel flow seen to cross the ankle. 50-74% proximal PTA stenosis. Mild diffuse calcification. |
| Scanned by: | Robert James - Clinical Vascular Scientist | |