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| Patient: |  |
| Date of Birth: | Age: 76 |
| District Number: |  |
| Date of Scan |  |
| Ward/Dept: | OP |
| Referring Doctor |  |
| Indications: | Right leg pain on walking. Known spinal and chronic pain issues. Please do ABPI pre and post exercise +/- right arterial duplex if normal. ABPI in community normal. |
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| **Right Lower Extremity Arterial Duplex** | |
| M204  Not Seen  M255/109  M11  M12  M15  M15  M22  M25  M21  M30  M29  M35  M56  Reversed  M16  M23  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
| Comments: | ABPI attempted but no right pedal pulses were detected, so a Right Lower Limb Arterial Doppler scan was performed as requested. |
| Aortoiliac Segment: | Difficult to visualise due to overlying bowel gas. The right CIA and proximal right EIA were not able to be assessed, however low velocity damped monophasic waveforms seen in the mid right EIA indicate significant proximal disease. 50-74% left CIA stenosis. Diffuse calcification throughout. Normal flow seen within the Aorta, which is of normal calibre. |
| Common Femoral Artery: | Patent. Diffuse calcific atheroma with damped monophasic waveforms. |
| Proximal Profunda Femoris: | Patent with reversed flow seen. |
| Superficial Femoral Artery: | Patent. Mild calcific atheroma (<50%) at origin with diffuse calcification throughout. Damped monophasic waveforms. |
| Popliteal Artery: | Patent. Diffuse calcification throughout. Damped monophasic waveforms. |
| Calf: | 3 vessel run off seen to cross the ankle with damped monophasic waveforms and dense calcification throughout. |
| Scanned by: | Robert James - Clinical Vascular Scientist |