

**Clinical History :**

? PVD. Left cold to touch. Necrotic area 1st and 5th toes pulp  
FOR Left arterial and Venous scan and Bilateral ABPI

**Lower Limb Arterial Duplex Examination**

In the Abdomen:

The aorta and right iliac arteries are patent with no significant stenosis or aneurysmal dilatation. Normal triphasic waveforms noted.

The left common iliac artery is occluded.

The left external iliac artery is patent with biphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and biphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic low velocities waveforms.

The dorsalis pedis is patent with monophasic waveforms.

Conclusion:

Lt: Occluded CIA

Reported by:

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

**AN ADDENDUM HAS BEEN ENTERED AT THE END OF THIS REPORT**

**Lower Limb Venous Duplex Examination**

**ABPI's**

(normal =>1.0)

Event Number : E-79592232

Examination Date : **05-May-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Lt, US Doppler lower limb veins Lt**

?PVD

## **Lower Limb Arterial Duplex Examination**

### **In the Abdomen:**

The aorta is calcified but patent with no significant stenosis or aneurysmal dilatation with triphasic waveforms noted.

The right common iliac artery is noted with large calcified plaque however no blood flow stenosis noted and the right external iliac artery is calcified but patent with biphasic waveforms.

The left common iliac artery was poorly visualized however noted with biphasic/high resistance waveforms, the left external iliac artery is calcified but patent with biphasic waveforms.

### **On the Right:**

The common femoral artery and proximal profunda femoris artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The superficial femoral artery is noted with 50% stenosis in the mid segment and with biphasic waveforms distally.

The popliteal artery is calcified and is noted with 50% stenosis in the proximal segment and patent with biphasic waveforms.

The posterior tibial artery is calcified with no flow noted in the distal segment.

The anterior tibial artery is calcified but patent with 50-75% stenosis in the distal segment and with biphasic waveforms.

The peroneal artery is calcified to near occlusion, there is monophasic waveforms noted.

### **On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and tri/biphasic waveforms.

The posterior tibial artery is calcified with some segment appears occluded.

The anterior tibial artery and peroneal artery are calcified and are patent with biphasic waveforms.

### **Conclusion:**

Rt: Large calcified plaque in CIA not causing haemodynamically stenosis

Rt: 50% mid SFA and prox POP A stenoses

Rt: Runoff vessel disease

Event Number : E-79458567

Examination Date : **10-Apr-2021**

Ref. Source : YEONG K F, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Both**

Lt: Possible mild stenosis in the CIA  
Lt: Runoff vessel disease

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:  
232869/52 2023-09  
Clinell Wipes E10113720A 20250906

Event Number : E-79458567

Examination Date : **10-Apr-2021**

Ref. Source : YEONG K F, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Both**

Claudication

## **Lower Limb Arterial Duplex Examination**

### **In the Abdomen:**

The abdominal aorta is calcified, aneurysmal measuring 3.3cm in max AP diameter and with intraluminal thrombus noted.

The bilateral iliac arteries are noted with calcified plaques however patent with no significant stenosis or aneurysmal dilatation, triphasic waveforms noted.

### **On the Right:**

The common femoral artery is calcified and with triphasic waveforms.

The proximal profunda femoris artery is noted with 50% stenosis and triphasic waveforms.

The superficial femoral artery is patent for ~1.8cm then becomes occluded, the flow reconstitute in the above knee popliteal artery and with monophasic waveforms.

The tibio-peroneal trunk artery, posterior tibial artery, anterior tibial artery and peroneal artery are noted with calcification however patent with dampened monophasic waveforms.

### **On the Left:**

The common femoral artery is calcified with triphasic waveforms.

The proximal profunda femoris artery is noted with 50% stenosis and triphasic waveforms.

There is flush occlusion noted in superficial femoral artery, the flow reconstitute in the mid popliteal artery and with monophasic waveforms.

The tibio-peroneal trunk artery is noted with calcified plaques causing an area reduction of ~ 50% however no raised velocities noted and with monophasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are noted with calcification however patent with dampened monophasic waveforms.

### **Conclusion:**

AAA 3.3cm

Rt: Occluded SFA with patent short proximal segment ( ~1.8cm)

Rt: Patent crural vessels

Event Number : E-79405338

Examination Date : **27-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb arteries Both**



Lt: Flush occlusion in the SFA  
Lt: TPT noted with calcified plaques causing ~50% area reduction  
Lt: Patent crural vessels

**Patient to be scanned in a year time for AAA**

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:

232869/52 09/23

Clinell Wipes UBY 6032520A

2025-06-19

Event Number : E-79405338

Examination Date : **27-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb arteries Both**

Cold feet

**ABPI's**

(normal =>1.0)

DPA Right 110mmHg

DPA Left 108mmHg

Br Right 108mmHg

ABPI Rt: 1.01

Lt: 1.00

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery is mildly calcified and is patent with triphasic waveforms.

The proximal profunda femoris artery is patent with 50% stenosis.

The superficial femoral artery and popliteal artery are mildly calcified and are patent with triphasic waveforms.

The posterior tibial artery is calcified and appears narrowed in the distal segment and with biphasic waveforms.

The anterior tibial artery, peroneal artery and dorsalis pedis artery are mildly calcified and are patent with tri/biphasic waveforms.

**On the Left:**

The common femoral artery and proximal profunda femoris artery are mildly calcified and are patent with triphasic waveforms.

The proximal superficial femoral artery is noted with two channels with flow and calcified flap suggestive of chronic dissection, the mid to distal segment is mildly calcified and with triphasic waveforms.

The popliteal artery is mildly calcified and is patent with triphasic waveforms.

Event Number : E-79258706

Examination Date : **07-Feb-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler,US Doppler lower limb arteries Both**

The posterior tibial artery, anterior tibial artery, peroneal artery and dorsalis pedis artery are mildly calcified and are patent with tri/biphasic waveforms.

**Conclusion:**

Abdominal arteries not visualized due to patient's body habitus.

Rt: 50% PFA stenosis

Rt: Narrowed distal PTA

Lt: ? chronic dissection proximal SFA

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:229357/51; 2023-06

Clinell Batch number and expiry date:E01013020B; 2025-07-19

US Gel Batch number and expiry date: UG16100220/ 16-10-2023

Event Number : E-79258706

Examination Date : **07-Feb-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler,US Doppler lower limb arteries Both**

**Clinical History :**

Please for arterial duplex as per vascular advise to assess arterial supply ? stockings for bilateral DVTs , Many thanks

**Lower Limb Venous Duplex Examination**

Acute occlusive DVT noted in the bilateral CFV, FV, prox PFV, POPV, PTV and peroneal veins.

The bilateral proximal GSV are noted with acute thrombosis however the distal segments are patent and compressible.

Reported by:

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

**Lower Limb Arterial Duplex Examination**

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are mildly calcified and are patent with normal triphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

Event Number : E-79487776

Examination Date : **30-Mar-2021**

Ref. Source : Ms Madani R, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler lower limb arteries Both**

The posterior tibial artery and anterior tibial artery are mildly calcified and are patent with normal triphasic waveforms.

The peroneal artery was poorly visualized.

Reported by:

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

Event Number : E-79487776

Examination Date : **30-Mar-2021**

Ref. Source : Ms Madani R, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb veins Both,US Doppler lower limb arteries Both**

**Clinical History :**

left calf claudication 100 yds  
left foot goes cold and numb  
for left arterial and bila ABPI

**Lower Limb Arterial Duplex Examination**

**ABPI's**

(normal =>1.0)

PTA Right 154mmHg

PPA Left 70mmHg

Br Right 142mmHg

ABPI Rt: 1.08  
0.49

**In the Abdomen:**

The abdominal aorta is aneurysmal measuring 4.4cm in max AP diameter.  
Intraluminal thrombus was noted.

The bilateral common iliac arteries were poorly visualized due to bowel gas.  
The left external iliac artery is patent with triphasic waveforms.

**On the Left:**

The common femoral artery and proximal profunda femoris artery are mildly calcified and are patent with triphasic waveforms.

There is a flush occlusion in the superficial femoral artery.

The proximal popliteal artery is occluded ; flow reconstitute in the mid POP and with monophasic waveforms.

The posterior tibial artery is widely patent and with monophasic waveforms.

The proximal anterior tibial artery is patent however the mid to distal ATA is occluded.

The dorsalis pedis artery is occluded.

The peroneal artery appears narrowed however patent with monophasic waveforms.

**Conclusion:**

Event Number : E-79416537

Examination Date : **24-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Lt**

AAA 4.4cm

Lt: Flush occlusion noted in the SFA extending to proximal POP A.

Lt: Occluded mid to distal ATA

Lt: Occluded DPA

Lt: Narrowed peroneal artery

**To be scanned in a year time for AAA.**

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)

Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/42; 2023-06

Clinell Batch number and expiry date: UBV1032720A; 2025-06-28

US Gel Batch number and expiry date: UG26020120; 26/02/2023

Event Number : E-79416537

Examination Date : **24-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Lt**

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

**Conclusion:**

Normal arterial assessment , bilaterally.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

**Lower Limb Venous Duplex Examination**

**On the Right:**

The SFJ and GSV are patent and competent.

The SPJ and SSV are patent and competent.

Event Number : E-79348369

Examination Date : **28-Feb-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Both,US Doppler lower limb veins Both**



**VERIFIED**    Verified By : Tara Lorena Roberto    13-Mar-2021  
Typed By : Tara Lorena Roberto    13-Mar-2021

**Clinical History :**

Ulcerations on toes . ? arterial insufficiency

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

The dorsalis pedis artery is patent with biphasic waveforms.

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

The dorsalis pedis artery is patent with biphasic waveforms.

**Conclusion:**

Normal arterial assessment bilaterally.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Batch number and expiry date for Cleanisept wipes:  
232889    2323-09

Event Number : E-79367890

Examination Date : **13-Mar-2021**

Ref. Source : SCOTT HJ, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, S

Examinations : **US Doppler lower limb arteries Both**

**VERIFIED**    Verified By : Tara Lorena Roberto    17-Mar-2021  
Typed By : Tara Lorena Roberto    17-Mar-2021

**Clinical History :**

Previous ulceration 2015.present ulcer for 3/12, inside of leg left around leg after trauma

**Lower Limb Arterial Duplex Examination**

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery and peroneal artery are mildly calcified and are patent with triphasic waveforms.

The anterior tibial artery is calcified and is noted with 50-75% stenosis in the distal segment and with biphasic waveforms.

The dorsalis pedis artery is mildly calcified and is patent with biphasic waveforms.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79395154

Examination Date : **17-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb arteries Lt**

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Claudication

**In the Abdomen:**

The aorta and right iliac arteries are noted with calcified walls however no stenosis noted and with triphasic waveforms.

**On the Right:**

The common femoral artery is noted with large calcified plaque however no stenosis noted and with triphasic waveforms.

The proximal profunda femoris artery is patent and with 50-75% stenosis.

The superficial femoral artery is patent at the proximal segment however the mid segment is occluded, the flow reconstitute in the distal segment and with monophasic waveforms.

There is large collateral noted arising off the proximal SFA.

The popliteal artery is noted with calcified walls however no stenosis noted and with monophasic waveforms.

The posterior tibial artery is calcified and is nearly occluded in the mid segment and with monophasic waveforms distally.

The anterior tibial artery and peroneal artery are calcified and are patent with damped monophasic waveforms.

**Conclusion:**

Rt: 50-75% PFA stenosis

Rt: Occluded mid SFA

Rt: Nearly occluded mid PTA

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79387368

Examination Date : **13-Mar-2021**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Arterial**

**Clinical History :**

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Lt leg pain

**Lower Limb Arterial Duplex Examination**

**In the Abdomen:**

The abdominal aorta and left common iliac artery are patent with no significant stenosis or aneurysmal dilatation and with triphasic waveforms noted.

The left external iliac artery was not assessed due to stoma bag.

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with tri/biphasic waveforms.

**Conclusion:**

Mild atherosclerosis noted in left lower extremity.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

**Lower Limb Venous Duplex Examination**

**On the Left:**

Event Number : E-79368673

Examination Date : **13-Mar-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peter's Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Lt, US Doppler lower limb veins Lt**

**Clinical History :**

**In the Abdomen:**

The abdominal aorta is noted with calcified walls and aneurysmal measuring 3.0cm in max AP diameter.

The iliac arteries are patent with no significant stenosis or aneurysmal dilatation and with normal triphasic waveforms noted.

**On the Right:**

The common femoral artery , proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

The dorsalis pedis artery is patent with biphasic waveforms.

**On the Left:**

The common femoral artery , proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with biphasic waveforms.

The dorsalis pedis artery is patent with biphasic waveforms.

**Conclusion:**

AAA 3cm

Mild atherosclerosis noted throughout the bilateral lower extremities and with normal velocities.

To be scanned in a year time for AAA surveillance.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79392090

Examination Date : **13-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb arteries Both**

Slow healing wounds

### Lower Limb Arterial Duplex Examination

#### On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

The proximal anterior tibial artery is patent however there is no flow noted in the mid to distal segment, flow reconstitute in the dorsalis pedis artery and with triphasic waveforms noted.

#### On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

The dorsalis pedis artery is patent with triphasic waveforms.

#### Conclusion:

Rt: Occluded mid to distal ATA

#### Reported by:

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144

Event Number : E-79371265

Examination Date : **14-Mar-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Both**

**VERIFIED**    Verified By : Tara Lorena Roberto    16-Mar-2021  
Typed By : Tara Lorena Roberto    16-Mar-2021

**Clinical History :**

Booked for SFA angioplasty

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery is calcified and is noted with triphasic waveforms.

The proximal profunda femoris artery is calcified and with 50% stenosis.

The superficial femoral artery is calcified throughout, the distal segment was poorly visualized due to acoustic shadowing, ?short occlusion.

The popliteal artery is calcified and the proximal segment is noted with raised velocities suggestive of 75% stenosis and the distal segment appears narrowed and with biphasic waveforms.

The posterior tibial artery and anterior tibial artery are calcified and with biphasic waveforms.

The peroneal artery is calcified with monophasic waveforms.

**Conclusion:**

Rt: Possible short occlusion in the distal SFA ( poorly visualized)

Rt: 75% prox POP A stenosis

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144; 05-23

Event Number : E-79406511

Examination Date : **16-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb arteries Rt**

**Clinical History :**

admitted with bilateral leg pain secondary to cellulitis  
posterior tibial +dorsalis pedis pulse not palpable RT lower  
leg , red/purple from ankle to mid shin  
LT leg red/purple from ankle to shin urUS Doppler to exclude  
both venous +arterial thrombotic disease

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery and anterior tibial artery are mildly calcified and are patent with triphasic waveforms.

The peroneal artery is patent from proximal to mid segment however no flow noted in the distal segment.

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery and anterior tibial artery are mildly calcified and are patent with triphasic waveforms.

The peroneal artery was poorly visualized however short segment is patent and with triphasic waveforms.

**Conclusion:**

Rt: Distal peroneal artery appears occluded.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79429601

Examination Date : **17-Mar-2021**

Ref. Source : CHIKUSU CM, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Both,US Doppler lower limb veins Lt**



**VERIFIED**    Verified By : Tara Lorena Roberto    20-Mar-2021  
Typed By : Tara Lorena Roberto    20-Mar-2021

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

Calcified iliac

AAA

**Lower Limb Arterial Duplex Examination**

**In the Abdomen:**

The aorta and iliac arteries are mildly calcified with no significant stenosis and with triphasic waveforms noted.

The abdominal aorta is aneurysmal measuring 3cm in max AP diameter.

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

**Conclusion:**

Mild atherosclerosis noted throughout with triphasic waveforms.

AAA 3.0cm

**Reported by:**

Event Number : E-79379222

Examination Date : **20-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb arteries Both,US Doppler aorta**

**Clinical History :**

Left heel recurrent infections, 11 month heel ulcer, not improving, strong smoking history (40 year pack history), decreased sensation bilateral legs US arterial

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

**On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

**Conclusion:**

Mild calcification noted in the bilateral CFA otherwise normal arterial assessment.  
Enlarge lymphnode noted in the right groin.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/52; 2023-09

Event Number : E-79352151

Examination Date : **28-Feb-2021**

Ref. Source : DAS Gautam, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Both**

**Clinical History :**

arterial doppler ?poor perfusion ?thrombus  
weaker pulse in right  
ptn complains of cold legs/ pain/shock like sx in night

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery and proximal profunda femoris artery are mildly calcified and are patent with triphasic waveforms.

The superficial femoral artery is noted with 50-75% in the proximal segment and >75% stenosis in the distal segment ( ~2.2cm in length) and with monophasic waveforms distally.

The proximal popliteal artery was poorly visualized however with possible short occlusion, the mid to distal segment is patent with monophasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent however calcified and with monophasic waveforms.

**Conclusion:**

Rt: 50-75% prox SFA stenosis

Rt: Long >75% distal SFA stenosis (~ 2.2cm in length)

Rt: Possible short prox POP A occlusion ( poorly visualized )

Rt: Significantly large tortuous bulging vein noted in the right lower abdomen and this was traced down to SFJ.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/52; 2023-09

Clinell Batch number and expiry date:E01013020B; 2025-07-19

US Gel Batch number and expiry date: UG16100220/ 16-10-2023

Event Number : E-79352274

Examination Date : **28-Feb-2021**

Ref. Source : Dr RJ Williams, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Arterial**

**Clinical History :**

89 yo male with lower limb chronic venous ulcers. Pt presented with falls. New necrotic area on feet. Seen by dermatologist consultant who advised for urgent VENOUS AND ARTERIAL DOPPLERS please.

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are mildly calcified and are patent with triphasic waveforms.

**On the Left:**

The common femoral artery and proximal profunda femoris artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The superficial femoral artery is noted with 50% stenosis in the mid segment and with triphasic waveforms distally.

The popliteal artery is noted with calcifications and with 50% stenosis in the proximal segment and with biphasic waveforms distally.

The posterior tibial artery was poorly visualized , ? occluded.

The anterior tibial artery is mildly calcified and with biphasic waveforms.

The peroneal artery was poorly visualized however noted with biphasic waveforms.

**Conclusion:**

Lt: 50% stenosis in the mid SFA and prox POP A.

Lt: ? Occluded PTA

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79342037

Examination Date : **27-Feb-2021**

Ref. Source : Dr A Aranda-Martinez, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

Examinations : **US Doppler lower limb arteries Both,US Doppler lower limb veins Both**

Leg swelling and pain.

### **Lower Limb Arterial Duplex Examination**

#### **In the Abdomen:**

The aorta and iliac arteries are patent with no significant stenosis or aneurysmal dilatation. Normal triphasic waveforms noted.

#### **On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are mildly calcified and are patent with normal triphasic waveforms.

#### **On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are mildly calcified and are patent with normal triphasic waveforms.

#### **Conclusion:**

Mild atherosclerosis noted in the bilateral lower extremities.  
Irregular cardiac rhythm noted.

#### **Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

### **Lower Limb Venous Duplex Examination**

#### **On the Right:**

The SFJ and GSV are patent and competent.

Event Number : E-79229551

Examination Date : **07-Feb-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Both,US Doppler lower limb veins Both**

**Clinical History :**

right leg pain and rt foot numbness. Please kindly do the arterial scan and also could you see if there is any DVT

**Lower Limb Arterial Duplex Examination**

**On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The proximal posterior tibial artery is patent with monophasic waveforms however the mid to distal segment appears occluded.

The anterior tibial artery and peroneal artery are mildly calcified and are patent with normal biphasic waveforms.

**Conclusion:**

Rt: Mid to distal PTA appears occluded.

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date:232869/11; 2023-09

Clinell Batch number and expiry date: UB412817; 2022-07-12

US Gel Batch number and expiry date: N20159144

**Lower Limb Venous Duplex Examination**

**On the Right**

The common femoral vein is patent with normal phasic flow and no evidence of acute or chronic DVT. The superficial femoral vein, popliteal vein, gastrocnemius veins, peroneal veins and posterior tibial veins are patent and compressible with no evidence of acute or chronic DVT.

Event Number : E-79381620

Examination Date : **06-Mar-2021**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

Examinations : **US Doppler lower limb arteries Rt,US Doppler lower limb veins Rt**

**Clinical History :**

PLEASE SEE ORIGINAL REQUEST FORM FOR ANY COMMENTS.

**Lower Limb Arterial Duplex Examination**

**In the Abdomen:**

The abdominal aorta is aneurysmal measuring 3.6cm in max AP diameter.

The left common and external iliac arteries are mildly calcified and are patent with triphasic waveforms noted.

**On the Left:**

The common femoral artery is mildly calcified and is patent with triphasic waveforms.

The proximal profunda femoris artery is noted with 50% stenosis and biphasic waveforms.

The proximal to mid superficial femoral artery is patent with high resistance waveforms however the distal segment is occluded.

The proximal to mid popliteal artery is occluded with flow reconstitute distally and with monophasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are calcified but patent with damped monophasic waveforms.

**Conclusion:**

AAA 3.6cm

Lt: 50% PFA stenosis

Lt: Occluded distal SFA extending to mid POP A

To be scanned in a year time for AAA

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Cleanisept Batch number and expiry date: 229357/41; 2023-06

Event Number : E-79516637

Examination Date : **13-Apr-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Lt**

## **Lower Limb Arterial Duplex Examination**

### **In the Abdomen:**

The abdominal aorta and right iliac arteries are patent with no significant stenosis or aneurysmal dilatation. Normal triphasic waveforms noted.

The left common iliac artery was poorly visualized.

There are raised velocities noted in the external iliac artery (300cm/sec) and with triphasic waveforms.

### **On the Right:**

The common femoral artery and proximal profunda femoris artery are calcified and are patent with no significant stenosis and triphasic waveforms.

The superficial femoral artery is calcified throughout and with multiple 50% stenoses and with biphasic waveforms distally.

The popliteal artery is calcified and is patent with no significant stenosis and biphasic waveforms.

The posterior tibial artery and anterior tibial artery are patent with biphasic waveforms.

The peroneal artery is calcified with patent with monophasic waveforms.

### **On the Left:**

The common femoral artery and proximal profunda femoris artery are calcified and are patent with no significant stenosis and triphasic waveforms.

The superficial femoral artery is calcified throughout and with multiple 50% stenoses and with biphasic waveforms distally.

The popliteal artery is calcified and is patent with no significant stenosis and biphasic waveforms.

The posterior tibial artery, peroneal tibial artery and anterior tibial artery are calcified but are patent with biphasic/ monophasic waveforms.

### **Conclusion:**

Rt: Multiple 50% stenoses noted in SFA

Rt: Calcified but patent runoff vessels

Lt: Possible EIA stenosis

Lt: Multiple 50% stenoses noted in SFA

Lt: Calcified but patent runoff vessels

Event Number : E-79285675

Examination Date : **11-Apr-2021**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Both,US Doppler**



**Clinical History :**

Arterial duplex scan required, previous scan demonstrates SFA stenosis. Mr. Majumder has requested outpatient scan prior to follow up

**Lower Limb Arterial Duplex Examination**

**In the Abdomen:**

The aorta and left iliac arteries are mildly calcified and are patent with no significant stenosis or aneurysmal dilatation. Triphasic waveforms noted.

**On the Left:**

The common femoral artery and proximal profunda femoris artery are mildly calcified and are patent with triphasic waveforms.

The superficial femoral artery is calcified throughout and noted with 50-75% stenosis in the mid segment and with biphasic waveforms.

The proximal to mid popliteal artery is chronically occluded, there is flow noted in the distal POP however the segment is narrowed and with monophasic waveforms.

The proximal to mid posterior tibial artery appears occluded however monophasic waveforms noted distally via collaterals.

The anterior tibial artery and dorsalis pedis artery are occluded.

The peroneal artery was poorly visualized however mid segment appears narrowed and the distal segment appears occluded.

**Conclusion:**

Lt: Long 50-75% mid SFA stenosis  
Lt: Occluded prox to mid POP A  
Lt: Occluded mid to distal PTA  
Lt: ATA and DPA appears occluded  
Lt: Occluded distal peroneal artery

**Reported by:**

Tara Roberto ( Trainee Vascular Sonographer)  
Julie Andrews Unit

Event Number : E-79112453

Examination Date : **24-Mar-2021**

Ref. Source : TRIVEDI P M, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler lower limb arteries Lt**

Iliac aneurysm

## **Lower Limb Arterial Duplex Examination**

### **In the Abdomen:**

The aorta is patent with no significant stenosis or aneurysmal dilatation and triphasic waveforms noted.

The right common iliac artery is aneurysmal measuring 3.8cm in max AP diameter.

The left common iliac artery was poorly visualized due to bowel gas.

The left internal iliac artery appears aneurysmal measuring 2.2cm in max AP diameter, alternate mode of imaging is advised for this was poorly visualized.

The bilateral external iliac arteries are patent with no significant stenosis or aneurysmal dilatation and triphasic waveforms noted.

### **On the Right:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are mildly calcified and are patent with normal triphasic waveforms.

### **On the Left:**

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are mildly calcified and are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are mildly calcified and are patent with normal triphasic waveforms.

### **Conclusion:**

Rt: CIA aneurysm 3.8cm

Lt: CIA was poorly visualized (CT reported LCIA measures 3cm)

Lt: IIA appears aneurysmal

Mild atherosclerosis noted throughout the bilateral lower extremities with normal velocities and waveforms.

**Patient to be scanned in 6 months time for aneurysm surveillance.**

Event Number : E-79405401

Examination Date : **27-Mar-2021**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler lower limb arteries Both**