Arterial Duplex Scans:

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| **1** | **10/05/2021, 10:32, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.4cm.  Right:  The CIA and EIA are patent with triphasic flow in the distal EIA.  The CFA and PFA origin are patent with triphasic flow.  **The SFA is patent proximally, then occludes for ~5.0cm in the mid SFA.**  Monophasic flow reconstitutes in the mid-distal SFA.  The PopA is patent with monophasic flow.  **The PTA is patent proximally, then occludes in the mid calf.**  The PeroA and ATA are patent with monophasic flow.  Reag Bermejo  Clinical Vascular Scientist |
| **2** | **27/04/2021, 09:35, VUS Lower Limb Arterial Duplex Right**  **Arterial**  *Limited scan of abdominal vessels due to bowel gas/body habitus.*  Unable to visualise abdominal aorta due to bowel gas.  Right:  Unable to visualise CIA due to bowel gas/body habitus. Triphasic flow otherwise seen in the EIA.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  **Unable to visualise PTA - ?occluded.**  The PeroA and ATA are patent where seen with triphasic flow seen at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **3** | **26/04/2021, 10:21, VUS Lower Limb Arterial Duplex Right**  **Arterial**  Right:  The CFA, PFA origin and SFA are patent with biphasic flow.  The PopA is patent and calcified with bi/triphasic flow.  The PTA and ATA are patent and calcified with pulsatile flow at the ankle.  The PeroA is poorly visualised however biphasic flow noted where seen.  Reag Bermejo  Clinical Vascular Scientist |
| **4** | **23/04/2021, 15:56, VUS Lower Limb Arterial Duplex Right**  **Arterial**  *Heavy arterial wall calcification noted throughout.*  *Distal calf vessels not assessed due to bandaging.*  The abdominal aorta is patent where seen with a diameter of 1.3cm.  Right:  The CIA and EIA are patent where seen with biphasic flow in the distal EIA.  The CFA, PFA origin and SFA are patent and calcified with biphasic flow.  The PopA is patent and calcified with biphasic flow.  **There are velocities suggestive of a 50-75% stenosis at the TPT origin.**  **The PTA and PeroA are patent proximally with biphasic flow, however unable to confidently visualise flow from mid-calf level - heavy calcification/?occluded.**  The ATA is patent and calcified with hyperaemic flow in the mid-distal calf.  Reag Bermejo  Clinical Vascular Scientist |
| **5** | **19/04/2021, 12:01, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.2cm.  Right:  The CIA is patent where seen with biphasic flow in the distal EIA.  The CFA is patent with biphasic flow.  **There are velocities suggestive of a ~50% stenosis at the PFA origin.**  **The SFA appears generally calcified with a 50-75% stenosis in the proximal section and a further 50-75% stenosis in the mid section.**  Biphasic flow seen in the distal SFA.  The PopA is patent and calcified with biphasic flow.  The PTA and PeroA appear calcified with biphasic flow seen at the ankle.  **The ATA is calcified with velocities suggestive of a proximal >75% stenosis.**  Biphasic flow in the mid-distal ATA.  Reag Bermejo  Clinical Vascular Scientist |
| **6** | **14/04/2021, 09:20, VUS Lower Limb Arterial Duplex Right**  **Arterial**  Right:  The CFA is patent with triphasic flow.  **There is a >75% stenosis at the PFA origin.**  The stented SFA is patent with triphasic flow.  The PopA is patent with triphasic flow.  **The PTA appears occluded.**  **Pulsatile flow seen in the proximal PeroA, however appears to occlude from mid calf level.**  The ATA is patent with hyperaemic flow.  Reag Bermejo  Clinical Vascular Scientist |
| **7** | **09/04/2021, 14:33, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.4cm.  Right:  The CIA is patent where seen with triphasic flow in the distal EIA.  The CFA and PFA origin are patent with triphasic flow.  **The SFA appears generally calcified with a >75% stenosis in the mid-SFA.**  **The distal SFA appears occluded.**  **Damped monophasic flow reconstitutes in the mid PopA, shortly followed by velocities suggestive of a further >75% stenosis.**  **The TPT is poorly visualised due to calcification and appears ?occluded.**  **The prox-mid PTA appears occluded with flow reconstituting via a collateral in the mid-distal calf.**  **The PeroA appears occluded.**  Unable to visualise ATA origin - monophasic flow via a collateral seen in the proximal ATA, which appears patent to the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **8** | **01/04/2021, 13:18, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.4cm.  Right:  The CIA and EIA are patent with triphasic flow.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with tri/biphasic flow.  The PTA, PeroA and ATA are patent with tri/biphasic flow at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **9** | **31/03/2021, 13:16, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent where seen with a diameter of 1.7cm.  Right:  **Limited views of the CIA due to bowel gas/vessel depth, however there are velocities suggestive of a >75% stenosis just after the origin.**  The EIA is patent with monophasic flow.  The CFA, PFA origin and SFA are patent with monophasic flow.  The PopA is patent with monophasic flow.  The PTA, PeroA and ATA are patent with monophasic flow.  Reag Bermejo  Clinical Vascular Scientist |
| **10** | **26/03/2021, 13:24, VUS Lower Limb Arterial Duplex Right**  **Arterial**  Unable to visualise the abdominal aorta due to bowel gas.  Right:  Unable to visualise CIA due to bowel gas. Triphasic flow otherwise seen in the distal EIA.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  *Distal calf vessels not assessed due to bandaging.*  The PTA, PeroA and ATA are patent with triphasic flow seen at mid-calf level.  Reag Bermejo  Clinical Vascular Scientist |
| **11** | **23/03/2021, 14:20, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.7cm.  Right:  The CIA and EIA are patent with triphasic flow in the distal EIA.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  The PTA, PeroA and ATA are patent with some generalised calcification and triphasic flow at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **12** | **23/03/2021, 11:54, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.7cm.  Right:  **The CIA origin appears tortuous with velocities suggestive of a 50-75% stenosis in the distal CIA.**  The CIA and EIA are otherwise patent with bi/triphasic flow in the distal EIA.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  The PTA, PeroA and ATA are patent with triphasic flow at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **13** | **22/03/2021, 10:03, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.5cm.  Right:  The CIA and EIA are patent with triphasic flow in the distal EIA.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  The PTA, PeroA and ATA are patent with triphasic flow.  Reag Bermejo  Clinical Vascular Scientist |
| **14** | **15/03/2021, 17:33, VUS Lower Limb Arterial Duplex Right**  **15/03/2021, 16:41, VUS Lower Limb Arterial Duplex Left**  **Arterial**  *Limited scan as patient scanned bedside using portable.*  Right:  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  *Poor views in the calf due to calcification.*  The PTA and PeroA appear calcified and patent where seen with pulsatile flow distally.  **The ATA is patent proximally, however appears to occlude in the mid calf.**  Left:  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  *Poor views in the calf due to calcification.*  **The PTA is patent proximally, however appears to occlude in the mid calf.**  **The PeroA appears patent for a short section but is not visualised thereafter - ?occluded.**  **The ATA is patent proximally, however appears to occlude in the mid calf.**  Reag Bermejo  Clinical Vascular Scientist |
| **15** | **15/03/2021, 12:12, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.6cm.  Right:  Limited views of the CIA due to bowel gas, however appears patent where seen with triphasic flow in the distal EIA.  The CFA, PFA and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  **The PTA is patent for a short section then appears occluded, with damped monophasic flow reconstituting in the mid-distal calf.**  **The PeroA appears narrowed and thready in the prox-mid calf and then appears to occlude in the distal calf.**  **There is a >75% stensosis in the distal ATA with damped monophasic flow seen at the ankle.**  Reag Bermejo  Clinical Vascular Scientist |
| **16** | **15/03/2021, 11:22, VUS Lower Limb Arterial Duplex Right**  **15/03/2021, 09:59, VUS Lower Limb Arterial Duplex Left**  **Arterial**  *Arterial wall calcification noted throughout.*  *Limited views of the abdominal vessels due to bowel gas.*  The abdominal aorta is patent where seen with a diameter of 1.5cm.  Right:  The CIA was not visualised due to bowel gas. The EIA is otherwise patent with triphasic flow seen distally.  The CFA and PFA are patent with biphasic flow.  **The SFA is patent with generalised calcification and velocities suggestive of a 50-75% stenosis in the mid section**. Biphasic flow otherwise seen in the SFA.  The PopA is patent with biphasic flow.  *Poor views of the calf vessels due to calcification.*  The PeroA appears patent where seen with biphasic flow at the ankle.  **The PTA appears patent proximally however appears occluded in the mid calf. Retrograde filling of the PTA seen distally.**  **The ATA appears patent proximally however appears occluded in the mid calf. Retrograde filling of the ATA seen distally.**  Left:  The CIA was not visualised due to bowel gas. The EIA is otherwise patent with triphasic flow seen distally.  The CFA and PFA are patent with biphasic flow.  **The SFA is patent with generalised calcification and velocities suggestive of a 50-75% stenosis in the mid section**. Biphasic flow otherwise seen in the SFA.  The PopA is patent with biphasic flow.  *Poor views of the calf vessels due to calcification.*  The PTA and PeroA appear patentwhere seen with biphasic flow at the ankle.  **The ATA appears patent proximally however appears occluded in the mid calf. Retrograde filling of the ATA seen distally.**  Reag Bermejo  Clinical Vascular Scientist |
| **17** | **12/03/2021, 16:58, VUS Lower Limb Arterial Duplex Right**  **12/03/2021, 16:35, VUS Lower Limb Arterial Duplex Left**  **Arterial**  Limited views of the abdominal aorta due to bowel gas however appears patent where seen with a diameter of 1.3cm.  Right:  Unable to fully visualise CIA due to bowel gas. *Otherwise* the EIA appears calcified with triphasic flow.  The CFA is patent with generalised calcification and triphasic flow.  The SFA and PFA are patent and calcified with triphasic flow.  The PopA is patent with triphasic flow.  The ATA and PeroA are patent with pulsatile flow seen at the ankle.  **There is 50-75% stenosis in the distal PTA, otherwise pulsatile flow seen at the ankle.**  Left:  Unable to fully visualise CIA due to bowel gas. Otherwise the EIA appears patent with pulsatile flow.  *Limited views of the CFA/stent due to overlying ?haematoma and patient pain at groin site.*  **There are velocities suggestive of a 50-75% stenosis noted in the CFA stent.**  The SFA is patent with monophasic flow.  The PopA is patent with monophasic flow.  The PeroA and ATA are patent with monophasic flow.  **There are velocities suggestive ofa ~50% stenosis in the proximal PTA, which then appears to occlude for a short section.** Flow reconstitutes in the distal PTA which is monophasic at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **18** | **03/03/2021, 10:56, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.4cm.  Right:  The CIA and EIA are patent with triphasic flow in the distal EIA.  The CFA is patent with triphasic flow.  **There are velocities suggestive of a 50-75% stenosis at the PFA origin.**  There appears to be a small ?dissection flap in the mid SFA, which does not appear to be flow limiting. The SFA is otherwise patent with biphasic flow.  *Distal calf vessels not assessed due to bandaging.*  The PopA is patent with biphasic flow.  The PeroA and ATA are patent with triphasic flow seen at the mid-calf.  **The PTA is patent at the origin but then appears to occlude, with ?recanalised flow in the mid calf.**  Reag Bermejo  Clinical Vascular Scientist |
| **19** | **26/02/2021, 13:28, VUS Lower Limb Arterial Duplex Right**  **26/02/2021, 13:09, VUS Lower Limb Arterial Duplex Left**  **Arterial**  The abdominal aorta is patent with a diameter of 1.6cm.  Bilaterally:  Unable to fully visualise CIA due to bowel gas however the EIA is patent with triphasic flow seen distally.  The CFA, PFA and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  The PTA, PeroA and ATA are patent with triphasic flow seen at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **20** | **24/02/2021, 10:01, VUS Lower Limb Arterial Duplex Right**  **Arterial**  The abdominal aorta is patent with a diameter of 1.3cm.  Right:  The CIA and EIA are patent with triphasic flow noted in the distal EIA.  The CFA, PFA and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  *Sub-optimal views of the calf vessels due to calcification.*  The PeroA is patent and calcified with pulsatile flow.  **The PTA is patent and calcified with a >75% stenosis in the mid section.** Pulsatile flow seen in the PTA at the ankle.  **The ATA is patent and calcified with a 50-75% stenosis just distal to the origin and a further 50-75% stenosis in the mid section.**  Pulsatile flow otherwise seen in the ATA at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **21** | **23/02/2021, 09:59, VUS Lower Limb Arterial Duplex Right**  **Arterial**  Limited views of the abdominal aorta due to bowel gas, however appears patent where seen with a diameter of 1.4cm.  Right:  Unable to fully visualise CIA due to bowel gas however appears patent where seen with triphasic flow in the distal EIA.  The CFA, PFA and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  The PeroA and ATA are generally calcified with triphasic flow at the ankle.  The PTA is generally calcified with hyperaemic flow at the ankle.  Reag Bermejo  Clinical Vascular Scientist |
| **22** | **22/02/2021, 11:05, VUS Lower Limb Arterial Duplex Right**  **Arterial**  *Arterial wall calcification noted throughout*  **The abdominal aorta is patent and aneurysmal with a diameter of 3.4cm.**  Right:  Unable to visualise CIA due to bowel gas, however the EIA appears patent with triphasic flow seen distally.  The CFA and PFA are patent with triphasic flow.  **The SFA appears generally calcified throughout with a >75% stenosis in the mid SFA.**  The PopA is patent and calcified with biphasic flow.  The PTA and ATA are patent and calcified with pulsatile flow seen at the ankle.  Poor views of the PeroA with monophasic flow where seen.  Reag Bermejo  Clinical Vascular Scientist |
| **23** | **28/04/2021, 13:01, VUS Lower Limb Arterial Duplex Left**  **Arterial**  The abdominal aorta is patent with a diameter of 1.3cm.  Left:  The CIA and EIA are patent with triphasic flow in the distal EIA.  The CFA, PFA origin and proximal SFA are patent with triphasic flow.  **The distal SFA/proximal PopA is occluded at the level of the adductor canal (~4cm length).**  Monophasic flow reconstitutes in the mid PopA.  **The TPT appears occluded.**  There is retrograde flow noted in the proximal PTA. The mid-distal PTA is patent with monophasic flow.  **The PeroA is not visualised - ?occluded.**  The ATA is patent with monophasic flow.  Reag Bermejo  Clinical Vascular Scientist |
| **24** | **23/04/2021, 17:32, VUS Lower Limb Arterial Duplex Left**  **Arterial**  *Limited views of abdominal vessels due to overlying bowel gas, ?cystic liver, stoma bag in situ.*  *Distal calf vessels not assessed due to bandaging*  The abdominal aorta appears patent where seen with a diameter of 2.4cm.  Left:  The CIA is not visualised however triphasic flow seen in the distal EIA.  The CFA, PFA origin and SFA are patent with triphasic flow.  The PopA is patent with triphasic flow.  The PTA, PeroA and ATA are patent with triphasic flow seen in the mid calf.  Reag Bermejo  Clinical Vascular Scientist |
| **25** | **19/04/2021, 09:38, VUS Lower Limb Arterial Duplex Left**  **19/04/2021, 09:16, VUS Lower Limb Arterial Duplex Right**  **Arterial**  **The abdominal aorta appears occluded where seen.**  It has a diameter of 0.82cm.  Right:  **Limited views due to bowel gas, however there monophasic flow seen in the very distal EIA via collaterals with retrograde filling noted in the CIA where seen and the prox-mid EIA.**  The CFA, PFA origin and SFA are patent with monophasic flow.  The PopA is patent with low velocity monophasic flow.  The PTA, PeroA and ATA are patent with low velocity monophasic flow.  Left:  Damped flow appears to reconstitues in the CIA where seen with monophasic flow seen in the distal EIA.  The CFA, PFA origin and SFA are patent with monophasic flow.  The PopA is patent with low velocity monophasic flow.  Flow in the PTA and PeroA is poorly visualised however low velocity monophasic flow seen distally.  The ATA is patent with low velocity monophasic flow.  Reag Bermejo  Clinical Vascular Scientist |