Examination Performed: VUS AORTIC ANEURYSM SURVEILLANCE, VUS FEMORAL ARTERY LT, VUS CALF ARTERIES LT, VUS POPLITEAL ARTERY LT  
Exam Completion Date: 07/05/2021 15:04  
  
Indications: LEFT common femoral artery calcified stenosis, suggest duplex assessment. Multilevel calcified distal left SFA and popliteal artery stenosis with diseased at origin..   
  
COMPARISON: No previous Duplex in Beaumont.  
CT angiogram lower limb both every 2020. At least 50% calcified narrowing of the common femoral artery. Patent profunda. Heavily calcified SFA with multilevel moderate/tight stenoses. Tight heavily calcified popliteal artery stenoses. Calcified narrowing of the origin of the AT mild narrowings of the proximal AT and PT. The peroneal artery is of small calibre and demonstrates multiple likely mild stenoses.  
  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 1.57 cm and a transverse diameter of 1.69 cm.   
There is loss of distal tapering demonstrated.  
  
Both iliac arteries are patent at the origin. The proximal left common iliac artery cannot be visualised due to overlying bowel gas. Distally the left CIA is patent without stenosis.  
The left external iliac artery is patent and demonstrates a peak systolic velocity of 1.13 m/s proximally and a PSV of 1.01 m/s distally.  
  
The left common femoral artery is patent throughout The LEFT proximal CFA demonstrates a PSV of 1.21 m/s. The LEFT CFA demonstrates a mixed density plaque which extends for approximate 3.58 cm. This plaque reduces the lumen from 0.75 cm to 0.22 cm and while no increase in Doppler shift is detected this plaque is in keeping with approximately a 50% stenosis.  
  
The LEFT profunda femoris artery is patent and demonstrates a greater than 50% stenosis.   
  
The LEFT superficial femoral artery is patent at the origin and demonstrates an AP lumen diameter of 0.15 cm with a PSV of 0.81 m/s detected. The LEFT SFA demonstrates an eccentric calcific plaque which extends throughout its length. Velocities in the region of 0.48 m/s are detected proximally, 0.08 m/s (6 cm below the inguinal crease) 0.09 m/s upper thigh 2/3s, 0.25 m/s mid thigh, 0.1 m/s adductor canal.  
At the level of the lower thigh the LEFT SFA AP lumen diameter appears to be 0.09 cm with an increase in velocity from 0.29 m/s to 1.09 m/s in keeping with a greater than 50% stenosis (appears greater on image) [monophasic waveforms].  
  
The LEFT popliteal artery is patent and demonstrates a calcific plaque above the popliteal crease which causes an increase in PSV from 0.15 m/s to 3.77 m/s in keeping with approximately 90% stenosis. Distally there left popliteal artery demonstrates low volume flow in the region of 0.19 m/s.  
  
What is taken to be the origin of the left peroneal artery demonstrates an AP lumen of 0.10 cm however no increase in Doppler shift is detected (monophasic waveform). Left peroneal artery is patent in the upper calf. Unable to visualise the vessel distally.  
  
The LEFT anterior tibial artery origin cannot be visualised however velocities detected are in the region of 0.11 m/s upper calf, 0.12 m/s mid calf, 0.09 m/s lower calf. The left ATA appears to occlude above the ankle. The left dorsalis pedis artery appears occluded throughout.  
  
The LEFT posterior tibial artery is patent. Velocities detected are in the region of 0.15 m/s upper calf, 0.18 m/s mid calf, 0.14 m/s lower calf, and 0.13 m/s above the ankle. No significant stenosis detected.  
  
CONCLUSION: 1.57 X 1.69 cm abdominal aorta.  
Left iliac artery system appears patent, no significant stenosis.  
Left CFA approximately 50% stenosis.  
Left PFA greater than 50% stenosis.  
Left SFA demonstrates an eccentric calcific plaque throughout its length. Left SFA lower thigh greater than 50% stenosis (appears greater on image).  
Left popliteal artery approximately 90% stenosis.  
LEFT ATA appears to occlude above the ankle. Occluded left DPA.  
Patent left PTA, no significant stenosis.  
Patent left peroneal artery upper calf, unable to visualise the vessel distally.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 07/05/2021 15:37  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 11/05/2021 11:30

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS ILIAC ARTERIES RT, VUS FEMORAL ARTERY LT, VUS POPLITEAL ARTERY LT, VUS ILIAC ARTERIES LT  
Exam Completion Date: 24/05/2021 12:55  
  
INDICATIONS: CIA ANEURYSM 2.2CM DUPLEX AT 1 YEAR PLEASE  
  
COMPARISON: December 2018. Aorta graft patent. Right iliac artery aneurysmal distal to graft 2.10 x 2.26cm. Left iliac to SFA graft patent, left SFA 1.57 cm.  
  
FINDINGS: The proximal abdominal aorta demonstrates a maximum AP diameter of 2.71 cm by transverse diameter 2.59 cm.  
The aortic graft is patent.  
  
The Right iliac limb is patent and a maximum longitudinal AP diameter of 0.87 cm. The Right CIA distal to the graft demonstrates a maximum longitudinal AP diameter of 2.26 cm.  
  
The left iliac limb is patent throughout with no abnormality detected (triphasic waveforms).   
Distal to the distal anastomosis site the left superficial femoral artery has a maximum longitudinal AP diameter of 1.65 cm. However the left SFA has a maximum AP diameter of 1.74 cm.  
Velocities detected within the left superficial femoral artery are in the region of 0.53 m/s mid thigh and 0.35 m/s lower thigh (biphasic waveforms).  
  
The left popliteal artery is patent throughout and demonstrates a maximum longitudinal AP diameter of 1.32 cm. Velocity is detected in the region of 0.20 m/s above the popliteal crease, 0.24 m/s at the popliteal crease, and 0.36 m/s below the popliteal crease (triphasic waveforms). Line the left tibioperoneal trunk is patent with a PSV of 0.4 m/s detected.   
The left peroneal artery and the left posterior tibial artery are patent at their origins.  
  
CONCLUSION: Aorta graft patent.  
Right CIA aneurysmal distal to the graft with a maximum longitudinal AP diameter of 2.26 cm.  
Left iliac to SFA graft patent. Left SFA maximum AP diameter of 1.74 cm.  
Patent left popliteal artery with a maximum longitudinal AP diameter of 1.32 cm.  
Patent left tibioperoneal trunk.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 24/05/2021 13:06  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 16:05

Examination Performed: VUS AORTIC ANEURYSM SURVEILLANCE, VUS FEMORAL ARTERY LT, VUS LOWER LIMB GRAFT LT, VUS ILIAC ARTERIES LT  
Exam Completion Date: 27/05/2021 08:09  
  
Indications: AAA, Left fem pop bypass.   
  
COMPARISON: June 2020. 3.9 X 4.16 cm AAA. Right CIA is 3.3 cm, left CIA is 1.73 cm.  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 3.97 cm and a transverse diameter of 4.05 cm.   
  
The right common iliac artery diameter is 2.80 cm, with a maximum longitudinal AP diameter of 2.74cm.  
  
The left common iliac artery diameter is 1.94 cm. Left external iliac artery is patent.  
  
The left common femoral artery demonstrates a maximum longitudinal AP diameter of 1.98 cm. The left CFA is patent and demonstrates no significant stenosis.  
The left profunda femoris artery is patent with no significant stenosis detected.  
The left superficial femoral artery is patent and demonstrates a peak systolic velocity of 0.54 m/s at the origin. Velocities detected within the left SFA are in the region of 0.82 m/s upper thigh, 0.94 m/s mid thigh and 1.17 m/s adductor canal (triphasic waveforms).  
  
The left femoropopliteal graft stenosis size is demonstrated in the lower thigh with peak systolic velocity of 0.83 m/s detected. Velocities detected within the left graft are in the region of 0.67 m/s lower thigh, 0.58 m/s above the knee, 0.54 m/s at the knee and 1.10 m/s below the knee.   
No significant stenosis is detected at the level of the distal anastomoses site.  
The left tibioperoneal trunk is patent with a PSV of 0.43 m/s detected (triphasic waveforms).  
  
CONCLUSION: 3.9 x 4.05 cm AAA. Right CIA 2.74 cm. Left CIA 1.94 cm  
Left CFA patent, maximum AP diameter 1.98 cm.  
Patent left SFA no significant stenosis detected.  
Patent left femoral popliteal graft, no significant stenosis detected.  
Patent left tibioperoneal trunk (triphasic waveforms)  
.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 27/05/2021 09:08  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 27/05/2021 16:17

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS LOWER LIMB ARTERY MAP RT  
Exam Completion Date: 31/05/2021 12:30  
  
Indications: 70 year old male failed right sided angioplasty in IR today. For urgent pedal duplex and vein mapping please. Urgent bypass work up. Many thanks..   
  
COMPARISON: No previous Duplex in Beaumont.   
IR angio lower limb right. Anterior tibial artery large calibre and patent to the ankle. Tibioperoneal trunk patent with a moderate stenosis.   
Large calibre peroneal artery patent to the ankle giving very large collaterals to the planter posterior tibial circulation  
Posterior tibial artery occluded close to its origin, occluded throughout the calf  
  
FINDINGS: The Abdominal aorta is patent and has a maximum outer wall AP diameter of 1.72 cm and a transverse diameter of 1.89 cm.   
There is severe distal tapering demonstrated  
  
The right common iliac artery demonstrates a longitudinal AP diameter of 1.00 cm. The RIGHT CIA is patent with a peak systolic velocity 1.16 m/s detected. The Right proximal external iliac artery is patent and demonstrates a PSV of 1.95 m/s.  
  
The right proximal common femoral artery is patent and demonstrates a peak systolic velocity 0.92 m/s. The Right mid CFA demonstrates mixed density plaque along both predominately on the posterior wall. This plaque extends for approximately 2.64 cm however no increase in Doppler shift is detected.  
The right profunda femoris artery is patent.  
  
The right superficial femoral artery is patent throughout. Velocities detected in the region of 1.8 m/s at the origin 1.12 m/s upper thigh. The level of the upper thigh one third and eccentric calcific plaque is demonstrated. This plaque causes an increase in PSV from 1.23 m/s to 2.41 m/s with approximately 50% stenosis.  
At the level of the mid thigh a calcific plaque reduces the lumen of the vessel to 0.15 cm and causes an increase in PSV from 1.5 m/s to 3.15 m/s in keeping with a greater than 50% stenosis.  
The RIGHT SFA demonstrates a PSV of 3.34 m/s at the level of the adductor canal and a PSV of 1.22 m/s in the lower thigh.  
The RIGHT SFA above the knee demonstrates an increase in velocity from 0.69 m/s to 1.86 m/s in keeping with a greater than 50% stenosis.  
  
The right popliteal artery is patent throughout and demonstrates no significant stenosis despite being a calcified vessel. The right tibial peroneal trunk is patent with PSV of 0.82 m/s detected.   
  
The Right posterior tibial artery is patent at the origin with a PSV of 0.77 m/s. The Right PTA cannot be identified from the level of the mid calf to the lower calf.   
  
Right anterior tibial artery is patent and demonstrates velocities in the region of 0.8 m/s above to below the ankle. The Right DPA is patent with low volume flow.  
The RIGHT artery is identified in the upper and mid calf only.  
  
CONCLUSION: 1.72 X 1.89 cm abdominal aorta.  
Right CIA patent, no significant stenosis detected. Right proximal EIA demonstrates an increase in velocity of 1.95 m/s.  
Patent right CFA, no significant stenosis.  
R SFA approximately 50% stenosis upper thigh, greater than 50% stenosis mid thigh, greater than 50 % stenosis above the knee.  
R POP A patent, no significant stenosis.  
R PTA patent at the origin  
R ATA patent.   
R peroneal artery patent.   
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 31/05/2021 12:50  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 01/06/2021 12:12

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS ILIAC ARTERIES RT, VUS FEMORAL ARTERY RT, VUS POPLITEAL ARTERY RT, VUS CALF ARTERIES RT  
Exam Completion Date: 31/05/2021 16:28  
  
Indications: Request arterial duplex of the right leg, severe life style limiting claudication , can only walk 70m. Allergic to contrast, right ABPI drop significantly after walking.   
  
COMPARISON: No previous duplex in Beaumont.   
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.10 cm and a transverse diameter of 2.42 cm.   
There are atheromatous changes demonstrated.  
  
The right prox common iliac artery demonstrates a PSV of 2.22m/s which may be in keeping with a greater than 50% stenosis. Unable to accurately record a velocity proximal to this due to angulation of vessel. The Right EIA patent throughout (biphasic waveforms).  
  
The RIGHT CFA is patent throughout, proximally a PSV of 1.44m/s is detected. The distal RIGHT CFA demonstrates mixed density plaque which extends for approximately 2.5cm however no increase in doppler shift is detected.  
  
The RIGHT profunda femoris artery is patent, no significant stenosis detected.  
  
The RIGHT Superficial femoral artery is patent. Velocities detected are in the region of 0.92 m/s at the origin, 0.82 m/s proximally, 0.70 m/s upper thigh and 0.96 m/s at the mid thigh. At the level of the adductor canal the lumen of the vessel reduces from 0.64 cm to 0.11 cm. Velocities increase from 0.99 m/s to 1.76 m/s be in keeping with a less than 50% stenosis however appears greater on image.  
The RIGHT SFA in the lower thigh demonstrates peak systolic velocity 0.48 m/s.  
  
The Right popliteal artery is patent throughout, velocities detected in the region of 0.29 m/s above the popliteal crease and 0.43 m/s below the popliteal crease.  
The right tibioperoneal trunk is patent with no significant stenosis detected.  
  
The right posterior tibial artery is patent throughout with no significant stenosis detected.  
The Right perineal artery is patent throughout with no significant stenosis detected.  
The Right anterior tibial artery is patent throughout velocities in the region of 0.26 m/s upper shin, 0.21 m/s lower shin and 0.15 m/s at the ankle. The Right dorsalis peters artery is patent and demonstrates a PSV of 0.16 m/s.  
  
CONCLUSION: 2.1 X 2.4 cm abdominal aorta with atheromatous changes present.  
Right proximal CIA query greater than 50% stenosis? Unable to accurately record a velocity proximal to this due to angulation of vessel.   
Right CFA no significant stenosis.  
Right SFA patent, at the level of the adductor canal the lumen of the vessel reduces from 0.64 cm to 0.11 cm, query greater than 50% stenosis?  
Right popliteal artery patent, no significant stenosis detected.  
Patent right PTA, RIGHT peroneal artery and RIGHT ATA, no significant stenosis detected.  
  
  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 31/05/2021 16:45  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 01/06/2021 12:11

Examination Performed: VUS LOWER LIMB ARTERY MAP LT  
Exam Completion Date: 02/06/2021 13:12  
  
Indications: Left toe ulcer. ? Embolic to DP.   
  
COMPARISON: No previous duplex in Beaumont.   
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.06 cm and a transverse diameter of 2.18 cm. The Abdominal aorta is patent and demonstrates normal triphasic waveforms. No embolic source identified.   
  
The right common iliac artery is patent at the origin.  
  
The left common iliac artery and external iliac artery are patent with no significant stenosis detected (triphasic waveforms).  
  
The LEFT profunda femoris artery, superficial femoral artery and popliteal artery are all patent, with no significant stenosis detected (triphasic waveforms).  
  
The Left Anterior tibial artery is patent. Velocities detected are in the region of 0.45m/s upper shin and 0.34m/s mid shin. At the level of the lower shin velocities increase from 0.37 m/s to 1.30 m/s in keeping with a greater than 50% stenosis. The LEFT ATA appears to occlude above the ankle. There is evidence of a collateral artery which demonstrates high volume triphasic waveforms. Unable to identify a patent left DPA.  
  
The LEFT posterior tibial artery is patent. Velocities in the region of 0.57 m/s are detected in the upper calf, 0.32 m/s mid calf, 0.23 m/s in the lower calf. The LEFT PTA is occluded in the distal lower calf and at the ankle.  
  
LEFT peroneal artery appears patent from the level of the upper calf to the lower calf with velocities in the region of 0.46 m/s detected.  
  
CONCLUSION: 2.06 X 2.18 cm abdominal aorta.  
Patent left lower limb arterial system from the level of the left iliac artery to the left popliteal artery.  
Left ATA greater than 50% stenosis lower calf. Occluded left ATA above the ankle.  
Evidence of high volume flow within a collateral artery demonstrated lateral to the left ATA at the ankle with triphasic waveforms demonstrated.  
Occluded PTA left lower calf.  
Patent left peroneal artery.  
  
IMPRESSION: Query Buerger's Syndrome?  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 02/06/2021 14:55  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 03/06/2021 19:17

Examination Performed: VUS EVAR SURVEILLANCE, VUS LOWER LIMB ARTERY MAP LT, VUS ILIAC ARTERIES LT  
Exam Completion Date: 02/06/2021 16:49  
  
Indications: 70 year old male. On going workup for left fem pop bypass. Requires lower and upper limb vein mapping to assess for suitable bypass vein. Many thanks.  
  
COMPARISON: December 2020 5.8 cm x 6.24 cm SAC however query accuracy of results. No evidence of an Endo leak.  
CT angiogram lower limb both; Dec 2020; Bifurcated aortic graft in place within a thrombosed aneurysm sac which measures 5.5 x 5.7 cm in diameter. Dense calcification of the external iliac artery and CFA. The profunda femoris is patent. Multifocal mild-to-moderate stenosis in the proximal SFA. The SFA occludes at the level of the mid femur over a distance of approximately 4 cm. Moderate to severe distal short segment stenoses in the distal SFA. The popliteal artery and crural arteries are well opacified.  
  
  
FINDINGS: A patent bifurcated Stent graft is visualised within an aortic sac of outer wall AP diameter 5.7 cm and transverse diameter of 5.98 cm.  
There is no evidence of flow detected external to the stent graft lumen.  
Both the right and left limb are patent.   
The left common iliac artery and external iliac artery vessels no significant stenosis detected.  
The left common femoral artery demonstrates mixed density plaque which extends along the posterior wall for approximately 2.28 cm. This plaque reduces the lumen of the vessel to 0.30 cm, velocities increased from 1.3 m/s to 2.6 m/s in keeping with a greater than 50% stenosis. The left distal CFA demonstrates what is taken to be patch plasty with a longitudinal AP diameter of 1.36 cm. No plaque formation or flow abnormality is detected.  
  
The left profunda femoris artery is patent with no significant stenosis detected.  
  
The left superficial femoral artery is patent at the origin and demonstrates a PSV of 0.29 m/s.   
At the level of the upper thigh 2/3s there is evidence of an eccentric calcific plaque. This plaque causes an increase in velocity from 0.52 m/s to 1.20 m/s in keeping with a greater 50% stenosis.  
The left SFA is occluded at the level of the mid thigh and reconstitutes via collaterals at the level of the adductor canal with a PSV of 0.72 m/s detected. Distally the left SFA is patent and demonstrates monophasic flow.  
  
The left popliteal artery and tibioperoneal trunk are patent throughout with no significant stenosis detected (monophasic waveforms).  
  
CONCLUSION: EVAR 5.7 x 5.98 cm. No evidence of Endo leak.  
Left CIA and left EIA patent, no significant stenosis detected.  
Left CFA greater than 50% stenosis. Patent Left CFA distal patch plasty, no significant stenosis detected.  
Patent left PFA, no significant stenosis detected.  
Left SFA upper thigh 2/3s greater than 50% stenosis. Left SFA occludes at the level of the mid thigh and reconstitutes at the level of the adductor canal.  
Patent left popliteal artery and tibioperoneal trunk, no significant stenosis detected (monophasic waveforms).  
  
\*Clinically significant/unexpected finding, recorded in PeerVue\*  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 03/06/2021 08:37  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 03/06/2021 19:11

Examination Performed: VUS AORTOILIAC, VUS LOWER LIMB ARTERY MAP LT  
Exam Completion Date: 03/06/2021 14:01  
  
Indications: Lower limb arterial duplex as discussed by Dr Brian Fahey.   
  
COMPARISON: No previous Duplex in Beaumont.  
IR Angioplasty iliac left MAY 2021; successful deployment of 7 mm balloon expanded covered stent in the left common iliac artery to treat severe stenosis; carried out via the right common femoral artery  
  
FINDINGS: Within the portions of the Abdominal aorta visualised a maximum outer wall AP diameter of 2.43 cm and a transverse diameter of 2.66 cm is detected. The aorta demonstrates atherosclerotic changes.  
  
The left common iliac artery stent and the proximal and mid left CIA cannot be visualised due to overlying bowel gas. The distal left EIA demonstrates a peak systolic velocity 0.61 m/s.  
  
The left proximal common femoral artery demonstrates a PSV of 0.73 m/s. Calcific plaque is demonstrated which reduces the lumen of the vessel to 0.10 cm. This plaque causes an increase in PSV of 2.82 m/s keeping with approximately 70% stenosis. The left distal CFA is patent with a PSV of 0.36 m/s.   
  
What is taken to be the left PFA is patent and demonstrates a PSV of 0.92 m/s.  
  
The left distal CFA/origin of the left SFA appears to be occluded for approximately 1.3 cm however query accuracy due to acoustic shadowing from calcific plaque?   
The proximal left SFA is patent with a PSV of 1.83 m/s. The left SFA below the inguinal crease demonstrates a reduction in lumen of 0.08 cm with PSV of 0.21 m/s detected. Distally the left SFA is patent with low volume flow. At the level of the adductor canal the lumen of the vessel reduces from 0.61 cm to 0.12 cm.   
  
The LEFT popliteal artery is patent throughout with velocities in the region of 0.3 m/s throughout. At the level of the popliteal crease the lumen of the vessel reduces from 0.40 cm to 0.07 cm, however no increase in Doppler shift is detected.  
The LEFT tibioperoneal trunk is patent.  
  
The LEFT anterior tibial artery cannot be identified at the level of the upper and mid calf however the left ATA appears patent in the lower calf with velocities in the region of 0.06 m/s lower calf, 0.04 m/s at the ankle. The left DPA cannot be identified query occluded?  
  
The left posterior tibial artery appears occluded above the ankle and below the ankle.  
  
Unable to identify the left peroneal artery.  
  
CONCLUSION: Within the portions visualised, 2.43 X 2.66 cm abdominal aorta.  
Unable to identify the left CIA stent and left proximal and mid EIA due to overlying bowel gas.  
Left CFA approximately 70% stenosis. Query left distal CFA and origin of LEFT SFA occluded for proximally 1.3 cm?  
Patent left SFA with low volume flow.  
Patent left popliteal artery with the lumen of the vessel reducing to 0.07 cm at the level of the popliteal crease however no increase in Doppler shift is detected.  
Left PTA appears occluded above and below the ankle.  
Patent left ATA lower calf and at the ankle. Query DPA occluded?  
Unable to identify the left peroneal artery.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 03/06/2021 14:22  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 03/06/2021 18:55

Examination Performed: VUS ILIAC ARTERIES RT, VUS LOWER LIMB ARTERY MAP RT  
Exam Completion Date: 04/06/2021 14:05  
  
INDICATIONS: Lower limb arterial duplex as discussed by Dr Brian Fahey   
  
COMPARISON: No previous Duplex in Beaumont.  
CT angiogram lower limb both; 03/06/21:Right side shows less than 50% stenosis of the common femoral artery and possibly significant SFA origin stenosis. Patent, however, throughout into 3 patent crural arteries to the ankle  
  
FINDINGS: The abdominal aorta and the RIGHT common iliac artery could not be visualised due to overlying bowel gas.   
  
The RIGHT mid external iliac artery is patent and demonstrates a peak systolic velocity of 1.86 m/s.  
The right common femoral artery demonstrates mixed density plaque which reduces the lumen of the vessel to 0.23 cm however no significant increase in Doppler shift is detected which is in keeping with approximately 50% stenosis.  
  
The right profunda femoris artery is patent at the origin.  
  
The right superficial femoral artery is patent at the origin and demonstrates a PSV of 2.70 m/s. Distally, velocities in the region of 0.26 m/s are detected in the upper thigh, 1.50 m/s mid thigh, 1.64 m/s adductor canal and 1.29 m/s lower thigh.  
  
The Right popliteal artery and tibioperoneal trunk patent with no significant stenosis detected.  
  
  
CONCLUSION: Unable to identify the abdominal aorta and the right common iliac artery due to overlying bowel gas.  
Patent right EIA.  
Right CFA approximately 50% stenosis.  
Patent right SFA and popliteal artery, no significant stenosis detected.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 08/06/2021 11:10  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 12:51

Examination Performed: VUS ILIAC ARTERIES LT, VUS FEMORAL ARTERY LT, VUS POPLITEAL ARTERY LT, VUS CALF ARTERIES LT  
Exam Completion Date: 08/06/2021 10:13  
  
INDICATION: LEFT LOWER LIMB ARTERIAL MAPPING PRE OP WORK UP

COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The abdominal aorta left common iliac artery could not be visualised due to overlying bowel gas.  
  
The left mid external iliac artery is patent and demonstrates an increase in velocity from 1.73 m/s to 4.46 m/s in keeping with a greater than 50% stenosis.  
  
The left common femoral artery demonstrates mixed density plaque which reduces the lumen of the vessel from 0.70 to 0.27 cm however no increase in Doppler shift is detected and is in keeping with approximately 50% stenosis.  
  
The left profunda femoris artery is patent with no significant stenosis detected.  
  
The left superficial femoral artery is patent for approximately 0.40 cm. Distal to this the left SFA appears occluded to the level of the mid thigh were it reconstitutes via collaterals for a short section. The left SFA appears occluded at the level of the adductor canal and reconstitutes in the lower thigh.  
  
The left popliteal artery is patent with peak systolic velocity of 0.29 m/s demonstrated above the popliteal crease. Below the level of the popliteal crease velocities increase from 0.34 m/s to 0.6 m/s in keeping with approximately 50% stenosis (monophasic waveforms).  
  
The left anterior tibial artery is patent in the upper calf, PSV 0.1 m/s. The left ATA cannot be visualised in the mid and lower calf due to bandaging. The left ATA appears occluded at the ankle is does the left dorsalis pedis artery.  
  
The left posterior tibial artery is patent above the ankle with an AP lumen diameter of 0.04 cm, PSV 0.09 m/s. The left PTA is patent below the ankle with an AP lumen diameter 0.07 cm demonstrated, PSV 0.12 m/s. Unable to identify the left lateral and medial plantar arteries.  
  
Unable to identify the left peroneal artery.  
  
CONCLUSION: The abdominal aorta and LEFT common iliac artery could not be visualised due to overlying bowel gas.  
Left mid EIA greater than 50% stenosis.  
Left CFA approximately 50% stenosis.  
Left SFA is patent for approximately 0.4 cm. Distal to this the left SFA is occluded to the level of the adductor canal.  
Patent left popliteal artery, approximately 50% stenosis below the popliteal crease (monophasic waveforms).  
Left ATA occluded at the ankle as is the left DPA. The left PTA patent above and below the ankle.  
Unable to identify the left medial, lateral plantar arteries and the left peroneal artery.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 08/06/2021 10:23  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 13:46

Examination Performed: VUS AORTIC ANEURYSM SURVEILLANCE, VUS FEMORAL ARTERY RT, VUS LOWER LIMB GRAFT RT, VUS ILIAC ARTERIES RT  
Exam Completion Date: 08/06/2021 12:06  
  
Indications: SMALL AAA on CT 3CM- for surveillance, right previous fem ak bypass, right CFA to SFA aneurysmal for surveillance 1 year.   
  
COMPARISON: January 2015 no abdominal aortic aneurysmal dilatation detected.  
CT Angiogram June 2020; There is a bypass graft arising from the distal right external iliac artery which appears widely patent although with some proximal bulges  
The native right common femoral artery is aneurysmal up to 28 mm. The profunda origin has stenosis, possibly up to 50%. The native SFA is occluded immediately distal to the aneurysm; the origin of the SFA is also aneurysmal  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.47 cm and a transverse diameter of 3.16 cm. However query accuracy, query transverse diameter overestimated?  
Both Iliac arteries are patent at their origins.  
  
The right proximal common iliac artery diameter is 1.86 cm. No significant stenosis detected.  
  
The right external iliac artery is patent and no significant stenosis detected. The right distal external iliac artery to above knee popliteal graft is patent with no significant stenosis detected. The Right proximal graft demonstrates proximal bulges and the graft demonstrates an AP diameter of 1.12 cm at the level of the adductor canal.   
  
Velocities detected within the graft are in the region of 0.77 m/s proximally, 0.66 m/s below the inguinal crease, 0.65 m/s upper thigh, 0.53 m/s mid thigh, 0.42 m/s adductor canal and 0.57 m/s in the lower thigh. At the level of the distal anastomoses site velocities increase from 0.52 m/s to 1.76 m/s, however, in the absence of plaque query secondary to reduced size in lumen?   
  
The RIGHT popliteal artery is patent throughout with a PSV of 0.91 m/s above the popliteal crease and 0.98 m/s below the popliteal crease.  
The right tibioperoneal trunk is patent as is the Right peroneal artery and posterior tibial artery at their origins.  
  
What is taken to be the native RIGHT common femoral artery demonstrates a maximum AP diameter of 2.55 cm. The native Right CFA appears patent however the Right SFA is occluded from its origin.  
  
CONCLUSION: 2.47 X 3.16 cm AAA. Query accuracy of transverse diameter, query overestimated?   
Right CIA 1.86 cm.  
Right distal EIA to above-knee popliteal artery graft patent, no significant stenosis despite some proximal bulges.  
Patent right popliteal artery and tibioperoneal trunk with no significant stenosis detected.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 08/06/2021 12:53  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 13:48

Examination Performed: VUS AORTOILIAC, VUS FEMORAL FEMORAL GRAFT, VUS LOWER LIMB ARTERY MAP LT  
Exam Completion Date: 09/06/2021 13:19  
  
Indications: R CIA stent, fem fem.  
  
COMPARISON: October 2020. Patent right iliac artery system. Patent right CFA with no significant stenosis detected. Patent Femorofemoral graft no significant stenosis detected at either anastomoses site.  
Left SFA greater than 50% stenosis demonstrated approximately 1.26 cm distal to the origin.  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 1.76 cm and a transverse diameter of 1.68 cm.   
There is no focal dilatation demonstrated.  
  
The right common iliac artery stent is patent throughout. The right external iliac artery is patent throughout with no significant stenosis detected. Distally the Right EIA demonstrates a peak systolic velocity of 1.68 m/s.   
  
The right proximal and mid common femoral artery is patent with no significant stenosis detected.  
  
The right-to-left femorofemoral graft is patent throughout with no significant stenosis detected at either anastomoses site.  
  
The left common femoral artery is patent and demonstrates a maximum longitudinal AP diameter of 1.61 cm, no significant stenosis detected.  
The left superficial femoral artery is patent and demonstrates small mixed density plaque which causes an increase in velocity from 0.57 m/s to 1.17 m/s in keeping with greater than 50% stenosis. Velocities detected are in the region of 1.20 m/s upper thigh, 1.30 m/s mid thigh and 1.07 m/s lower thigh.  
  
The left popliteal artery is patent throughout with velocities of 0.35 m/s above the popliteal crease and 0.63 m/s below the popliteal crease.  
The left tibioperoneal trunk is patent with no significant stenosis detected (triphasic waveforms).  
The left peroneal artery and the posterior tibial artery are patent at their origins   
  
CONCLUSION: 1.76 X 1.68 cm abdominal aorta.  
Patent Right CIA stent and right external iliac artery, no significant stenosis detected.   
Patent right CFA.  
Patent right-to-left femorofemoral crossover graft, no significant stenosis detected at either anastomoses site.  
Left CFA demonstrates a longitudinal AP diameter of 1.61 cm, no significant stenosis.  
Left proximal SFA greater than 50% stenosis.  
Patent left popliteal artery and tibioperoneal trunk no significant stenosis detected (triphasic waveform).  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 09/06/2021 13:36  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 12:35

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS LOWER LIMB ARTERY MAP LT, VUS ILIAC ARTERIES LT, VUS FEMORAL ARTERY LT  
Exam Completion Date: 10/06/2021 08:11  
  
INDICATIONS: Admitted with left critical limb ischaemia, popliteal pulse present. Likely tibial disease. Left arterial duplex to assess please   
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.02 cm and a transverse diameter of 2.10 cm.   
There is loss of distal tapering demonstrated. The abdominal aorta is patent and demonstrates normal arterialised flow.  
  
Both iliac arteries are patent at their origin. The left common iliac artery demonstrates a maximum longitudinal AP diameter of 1.32 cm, no significant stenosis detected. The left external iliac artery is patent with no significant stenosis detected.  
  
The left proximal common femoral artery demonstrates an eccentric calcific density plaque which extends along the posterior wall for approximately 3.79 cm. This plaque reduces the AP lumen of the mid CFA from 1.23 cm to 0.2 cm (image 22) and is in keeping with at least a greater than 50% stenosis despite no increase in Doppler shift.  
The left profunda femoris artery is patent with no significant stenosis detected.  
The left superficial femoral artery is patent throughout. Velocity is detected in the region of 0.57 m/s at the origin, 0.75 m/s proximally, 0.73 m/s upper thigh, 0.77 m/s mid thigh, 0.59 m/s adductor canal, 0.5 m/s lower thigh and 0.59 m/s above the knee (triphasic waveforms).  
  
The left popliteal artery is patent throughout and demonstrates no significant stenosis despite atheromatous changes. The left tibioperoneal trunk is patent with peak systolic velocity 0.72 m/s detected (triphasic waveforms).  
  
The left posterior tibial artery demonstrates calcific walls throughout. Velocities detected in the region of 0.25 m/s at the origin, 0.32 m/s at the upper calf, 0.27 m/s mid calf and 0.31 m/s lower calf (triphasic waveforms). At the level of the lower calf 1/3/above the ankle there is a short section of the vessel which appears occluded. Distal to this a PSV of 0.13 m/s is detected and a PSV of 0.08 m/s at the ankle.   
What is taken to be the left lateral plantar arch appears patent with a PSV of 0.25 m/s.  
Unable to identify the left medial plantar arch, query occluded?  
  
The LEFT anterior tibial artery is patent however demonstrates calcific walls. Velocities detected in the region of 0.23 m/s in the upper calf, 0.42 m/s mid to lower calf and 0.55 m/s lower calf. Left ATA above the ankle demonstrates a reduced AP lumen diameter of 0.03 cm, PSV 0.32 m/s.  
The left dorsalis pedis artery appears patent with a PSV of 0.2 m/s in the lower dorsum of the foot.  
  
The left peroneal artery is patent in the upper calf, PSV of 0.23 m/s detected unable to identify any flow within the peroneal artery at the level of the mid calf.   
  
CONCLUSION: 2.02 X 2.10 cm abdominal aorta.  
The left iliac artery system, no significant stenosis detected.  
Patent left CFA, at least a greater than 50% stenosis (appears greater on image 22).   
Patent left SFA and popliteal artery, no significant stenosis detected (triphasic waveforms).  
Left PTA (calcific walls) query occluded above the ankle for a short section. Patent left lateral plantar arch. Unable to identify the medial plantar arch.  
LEFT ATA patent (calcific walls), AP lumen diameter of 0.03 cm above the ankle.  
LEFT Peroneal artery patent in the upper calf. Unable to identify a patent vessel distally.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 10/06/2021 08:39  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 10/06/2021 12:32

Examination Performed: VUS AORTOILIAC, VUS LOWER LIMB ARTERY MAP RT, VUS FEMORAL ARTERY RT  
Exam Completion Date: 14/06/2021 08:36  
  
Indications: Admitted with persistent DM foot infection with rest pain and tissue loss, reduced pulses - CLI. Had CTA 7 weeks ago, but worsening of symptoms in interval. For whole leg arterial duplex to assess for stenoses, vein mapping, prior to bypass next week.   
  
COMPARISON: No previous Duplex in Beaumont..   
The right common femoral and superficial femoral artery are patent with multilevel atherosclerotic disease. In particular, there is extensive almost occlusive calcification at the origin of the SFA and profunda  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.20 cm and a transverse diameter of 2.20 cm.   
The abdominal aorta is patent and demonstrates triphasic flow.  
Both iliac arteries are patent and within normal limits.  
The right common iliac artery and external iliac arteries are patent with no significant stenosis detected.  
  
The right mid common femoral artery is patent and demonstrates a mixed density plaque which extends along the posterior wall for approximately 3.5 cm. This plaque reduces the lumen of the vessel from 0.92 cm to 0.35 cm however no increase in Doppler shift is detected in keeping with a less than 50% stenosis (although appears greater on image).   
  
The right distal CFA/origins of both the right SFA and profunda femoris artery demonstrates almost occlusive calcific plaque.   
The right profunda femoris artery demonstrates a PSV of 4.81 m/s in keeping with a greater than 70% stenosis.  
  
The origin of the right SFA demonstrates an AP lumen diameter of 0.07 cm and an increase in velocity from 0.34 m/s to 1.87 m/s in keeping with at least a greater than 70% stenosis.  
The proximal right SFA demonstrates an increase in velocity from 0.44 m/s to 6.00 m/s in keeping with a greater than 80% stenosis. Distal to this point calcific plaque extends for approximately 1.65 cm and a patent lumen cannot be detected however query secondary to acoustic shadowing?  
Velocities detected within the Right SFA are in the region of 0.25 m/s upper thigh, 0.31 m/s mid thigh, 0.45 m/s adductor canal and 0.50 m/s lower thigh.  
  
The Right popliteal artery is patent and demonstrates an AP lumen diameter of 0.11 cm above the popliteal crease with velocities in the region of 0.48 m/s detected (monophasic waveforms). The Right popliteal artery below the popliteal crease demonstrates a calcific plaque which causes an increase in velocity from 0.48 m/s to 1.67 m/s in keeping with a greater than 50% stenosis.  
A Patent right tibioperoneal trunk cannot be identified.  
  
The right anterior tibial artery is patent with velocities detected in the region of 0.34 m/s upper calf, 0.39 m/s mid calf, 0.25 m/s lower calf. The Right dorsalis pedis artery is patent with PSV of 0.1 m/s (monophasic waveforms).  
  
The right posterior tibial artery appears patent in the mid and lower calf velocities in the region of 0.2 m/s detected. The Right PTA appears occluded above and below the ankle.   
  
Unable to identify a patent right peroneal artery however query secondary to acoustic shadowing from calcific walls.  
  
CONCLUSION: 2.20 X 2.20 cm abdominal aorta.  
Patent right iliac artery system, no significant stenosis detected.  
Right mid CFA less than 50% stenosis (appears greater on image). Right distal CFA/origin of right PFA and SFA almost occlusive calcific plaque. Right PFA greater than 70% stenosis.  
Right SFA origin, AP lumen diameter 0.07 cm, greater than 70% stenosis.  
Right proximal SFA greater than 80% stenosis. P  
Right popliteal artery greater than 50% stenosis below the popliteal crease.  
Unable to identify a patent right tibioperoneal trunk, query secondary to acoustic shadowing from calcific plaque?  
Patent Right ATA and right DPA (monophasic waveforms).  
Patent right PTA to the level of the lower calf. Query occluded above and below the ankle?  
Unable to identify a patent right peroneal artery, query secondary to acoustic shadowing from calcified walls?  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 14/06/2021 09:21  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:05

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS LOWER LIMB ARTERY MAP LT, VUS ILIAC ARTERIES LT  
Exam Completion Date: 14/06/2021 17:39  
  
INDICATION: Severe left leg and foot pain, absent femoral and popliteal and dorsalis pedis pulses. Ulcer left little toe and heel  
  
COMPARISON: 7/05/2021; Left CFA approximately 50% stenosis. Left PFA greater than 50% stenosis.  
Left SFA demonstrates an eccentric calcific plaque throughout its length. Left SFA lower thigh greater than 50% stenosis (appears greater on image).  
Left popliteal artery approximately 90% stenosis.  
LEFT ATA appears to occlude above the ankle. Occluded left DPA.  
Patent left PTA, no significant stenosis.  
Patent left peroneal artery upper calf, unable to visualise the vessel distally.  
  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 1.91 cm and a transverse diameter of 2.23 cm.   
There is loss of distal tapering demonstrated.  
  
Both iliac arteries are patent at the origin.   
The left common iliac artery is patent with no significant stenosis. The left external iliac artery is patent and demonstrates a peak systolic velocity of 0.84 m/s distally.  
  
The left common femoral artery is patent throughout The LEFT proximal CFA demonstrates a PSV of0.87m/s. The LEFT CFA demonstrates a mixed density plaque which extends for approximately 2.22cm. This plaque causes an increase in velocity from 0.53 m/s to 3.4 m/s in keeping with a greater than 70% stenosis distally.  
  
The LEFT profunda femoris artery is patent and demonstrates a greater than 50% stenosis.   
  
The LEFT superficial femoral artery is patent at the origin for approximately 0.52 cm and demonstrates an AP lumen diameter of 0.09 cm . This plaque causes a PSV of 4.08 m/s. Distal to this for approximately 2 cm, a patent SFA cannot be visualised, query secondary to acoustic shadowing from calcific plaque? Velocities in the region of 0.15 m/s are detected proximally, 0.09 m/s upper thigh, 0.36 m/s adductor canal.  
At the level of the lower thigh the LEFT SFA demonstrates an increase in velocity from 0.14 m/s to 0.72 m/s in keeping with a greater than 70% stenosis.  
  
The LEFT popliteal artery is patent and demonstrates a calcific plaque above the popliteal crease which causes an increase in PSV from 0.15 m/s to 2.24 m/s in keeping with approximately 90% stenosis. At the level of the popliteal crease the left popliteal artery demonstrates an AP lumen diameter of 0.05 cm. Distally the left popliteal artery demonstrates low volume flow in the region of 0.19 m/s. The left tibioperoneal trunk is patent.  
  
The LEFT posterior tibial artery is patent. Velocities detected are in the region of 0.13 m/s upper calf, 0.09 m/s mid calf, 0.08 m/s lower calf, and 0.07 m/s above the ankle. No significant stenosis detected.  
  
The left peroneal artery is patent in the mid and lower calf with velocities in the region of 0.05 m/s.  
  
The LEFT anterior tibial artery origin is patent, velocities detected are in the region of 0.08 m/s upper calf, 0.08 m/s mid calf, 0.09 m/s lower calf. The left ATA appears to occlude above the ankle. The left dorsalis pedis artery appears occluded throughout.  
  
CONCLUSION: 1.91 X 2.23 cm abdominal aorta.  
Left iliac artery system appears patent, no significant stenosis.  
Left distal CFA greater than 70% stenosis.  
Left PFA greater than 50% stenosis.  
Left SFA demonstrates an eccentric calcific plaque throughout its length. Left SFA lower thigh greater than 70% stenosis.  
Left popliteal artery approximately 90% stenosis.  
LEFT ATA appears to occlude above the ankle. Occluded left DPA.  
Patent left PTA, no significant stenosis.  
Patent left peroneal artery no significant stenosis.  
  
IMPRESSION: Evidence of disease progression of left distal CFA and the left distal SFA since previous examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 14/06/2021 18:20  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:11

Examination Performed: VUS ILIAC ARTERIES RT, VUS LOWER LIMB ARTERY MAP RT  
Exam Completion Date: 15/06/2021 15:04  
  
Indications: Admitted with ulceration of left hallux. ? Significant tibial arterial disease awaiting CT angio LL to confirm extent. Left LL vein mapping revealed no suitable veins for possible bypass grafting. Please perform arterial mapping on right LL.   
  
COMPARISON: No previous Duplex in Beaumont.   
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.02 cm and a transverse diameter of 2.10 cm.   
There is loss of distal tapering demonstrated. The abdominal aorta is patent and demonstrates normal arterialised flow.  
Both iliac arteries are patent at their origin.  
  
The right common iliac artery and the right external iliac artery are patent with no significant stenosis detected.  
  
The right common femoral artery demonstrates an eccentric mixed density which extends for at least 2.25 cm. This plaque causes an increase in PSV from 0.79 m/s to 1.58 m/s in keeping with approximately 50% stenosis. The Right distal CFA is patent with PSV of 0.87 m/s.  
  
The right profunda femoris artery is patent.  
  
The right superficial femoral artery is patent throughout with no significant stenosis detected. Velocities in the region of 1.18 m/s are detected at the origin, 0.77 m/s upper thigh, 0.78 m/s mid thigh, 0.91 m/s adductor canal, 0.73 m/s lower thigh and 0.57 m/s above the knee.   
  
The right popliteal artery is patent throughout and there is evidence of a smooth mixed density plaque at the level of the popliteal crease. This plaque extends for approximately 1.64 cm and reduces the lumen of the vessel from 0.66 cm to 0.20 cm. No increase in Doppler shift is detected, and is in keeping with approximately 50% stenosis.  
The right tibioperoneal trunk is patent with no significant stenosis detected.  
  
The right posterior tibial artery is heavily calcified however patent throughout. Velocities in the region of 0.43 m/s are detected at the origin, 0.33 m/s upper calf, at the level of the mid calf, 0.75 m/s (AP lumen diameter of the vessel is 0.08 cm), 0.66 m/s lower calf and 0.35 m/s above the ankle. At the ankle the Right PTA demonstrates an increase in velocity from 0.35 m/s to 0.88 m/s in keeping with a greater than 50% stenosis. Below the ankle there is evidence of mixed density plaque which cause an increase in velocity from 0.46 m/s to 2.83 keeping with a greater than 70% stenosis (AP lumen diameter 0.06 cm).  
The right medial plantar arch is patent. Unable to identify the right lateral plantar arch.  
  
The RIGHT anterior tibial artery is heavily calcified however patent throughout. Velocities in the region of 0.34 m/s are detected in the upper calf, 0.26 m/s mid calf, 0.24 m/s lower calf, 0.44 m/s above the ankle 0.25 m/s at the ankle (triphasic waveforms). The distal right ATA demonstrates an AP lumen diameter of 0.02 cm.   
The RIGHT dorsalis pedis artery is heavily calcified with an AP lumen diameter of 0.03 cm in the upper dorsum of the foot.  
  
The RIGHT peroneal artery appears patent throughout. Velocities in the region of 0.26m/s upper calf, 0.4 m/s mid calf, 0.47 m/s lower calf (triphasic waveforms).  
  
CONCLUSION: 2.02 X 2.10 cm abdominal aorta.  
Right CFA approximately 50% stenosis.  
Patent right SFA, no significant stenosis.  
Right popliteal artery approximately 50% stenosis at the popliteal crease.  
Calcified but patent right PTA, at the ankle greater than 50% stenosis, below the ankle greater than 70% stenosis.   
Patent Right medial plantar arch.  
Calcified but patent right ATA (distal AP lumen 0.02 cm), patent right DPA.  
Patent right peroneal artery.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 15/06/2021 16:00  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 16/06/2021 13:12

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS LOWER LIMB ARTERY MAP LT, VUS ILIAC ARTERIES LT  
Exam Completion Date: 17/06/2021 08:32  
  
INDICATIONS: Left foot pallor, impalpable pulse on left foot, doppler signal present, query evidence of left leg arterial disease.   
  
COMPARISON: No previous Duplex in Beaumont.   
  
FINDINGS: In the portions of the Abdominal aorta visualised the maximum outer wall AP diameter is 2.14 cm with a transverse diameter of 2.18 cm. There is no focal dilatation demonstrated.  
  
Both iliac arteries are patent at their origin.  
The LEFT common iliac artery and external iliac artery are patent and demonstrates no significant stenosis.  
  
The left common femoral artery is patent and demonstrates a small right mixed density plaque however no increase in Doppler shift is detected.  
The left profunda femoris artery is patent.  
  
The left superficial femoral artery is patent throughout with triphasic waveforms. The proximal left SFA demonstrates a mixed density plaque which extends for approximately 2.26 cm. This plaque causes no increase in Doppler shift and is in keeping with a less than 50% stenosis.  
Velocities within the left SFA are in the region of 0.91 m/s below the inguinal crease, 0.98 m/s upper thigh.   
At the level of the mid thigh the longitudinal AP lumen of the vessel reduces to 0.14 cm. Velocities increase from 1.31 m/s to 2.18 m/s in keeping with a less than 50% stenosis. Distally a PSV of 1.16 m/s is detected at the level of the adductor canal and 0.93 m/s in the lower thigh (triphasic waveforms).  
  
The left popliteal artery and the left tibioperoneal trunk are patent throughout with no significant stenosis detected.  
  
The left peroneal artery appears occluded throughout.  
  
The left posterior tibial artery is patent with a PSV of 0.45 m/s upper calf, 0.53 m/s mid calf, 0.38 m/s lower calf. At the level of the lower calf 1/3 and above the ankle no obvious arterial signal is detected, query occluded? The left PTA appears to reconstitute below the ankle with a PSV of 0.77 m/s detected.  
What is taken to be the left lateral plantar arch appears patent, PSV of 0.23 m/s. Unable to identify a patent left medial plantar arch.  
  
The left anterior tibial artery is not identified in the upper calf. The left ATA is patent in the mid calf. Velocities increase from 0.64 m/s to 1.43 m/s in the lower calf in keeping with a greater than 50% stenosis. The distal LEFT ATA demonstrates no significant stenosis above the ankle despite calcific plaque (triphasic waveforms).  
The left dorsalis pedis is patent in the upper dorsum of the foot with a PSV of 0.2 m/s  
  
CONCLUSION: 2.14 X 2.18 cm abdominal aorta (within the portions visualised).  
Patent left iliac artery system.  
Patent LEFT CFA no significant stenosis.  
Proximal left SFA less than 50% stenosis, mid thigh SFA less than 50% stenosis.   
Left PTA occluded from the lower calf 1/3 to below the ankle.  
Patent left lateral plantar arch. Unable to identify patent left medial plantar arch.  
Patent left ATA, greater than 50% stenosis lower calf.  
Patent left DPA  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 17/06/2021 10:19  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 17/06/2021 12:44

Examination Performed: VUS EVAR SURVEILLANCE, VUS FEMORAL FEMORAL GRAFT, VUS FEMORAL ARTERY LT, VUS POPLITEAL ARTERY LT, VUS CALF ARTERIES LT  
Exam Completion Date: 21/06/2021 16:49  
  
INDICATIONS: EVAR OCT 2020, repeat scan 6 months. Left lower limb claudication.  
  
COMPARISON: No previous Duplex in Beaumont.  
CT angiogram aorta: December 20, 2020; Aorta uni-iliac EVAR (sac 5.9 cm) present to the right terminating in the distal right common iliac artery. Occluded left iliac arterial system as before. Right to left femoral-femoral crossover graft is patent without stenosis  
  
FINDINGS: The aortic SAC has a maximum AP diameter of 5.13 cm and a transverse diameter of 5.10 cm.  
There is no evidence of flow detected external to the stent graft lumen.  
The right iliac limb is patent. Unable to visualise the distal right iliac limb due to overlying bowel gas however the right external iliac artery is patent with no significant stenosis detected.  
  
The right-to-left fem-fem graft is patent throughout, there is turbulent flow identified at the right anastomosis site however no increase in Doppler shift is detected. There is evidence of a an echolucent region detected at the right anastomoses site. This region demonstrates a maximum AP diameter of 0.98 cm by transverse diameter 2.21 cm. There is no obvious evidence of arterial or venous flow within, query seroma?  
  
The right common femoral artery demonstrates a longitudinal AP diameter of 1.8 cm.  
The left common femoral artery is patent and demonstrates a maximum longitudinal AP diameter of 2 cm.  
  
The left profunda femoris artery is patent (triphasic waveforms).  
The left superficial femoral artery is patent and demonstrates a calcific plaque at the origin which causes a reduction in AP lumen diameter from 0.84 cm to 0.23 cm. No increase in Doppler shift is detected. Velocities in the region of 0.16 m/s are detected in the upper thigh. At the level of the upper thigh 2/3s the left SFA appears occluded for approximately 8 cm. Distal to this the left SFA reconstitutes via collaterals at the level of the mid thigh and demonstrates a PSV of 0.19 m/s. At the level of the adductor canal an eccentric calcific plaque is demonstrated which reduces the lumen of the vessel to 0.08 cm with velocities increasing from 0.19 m/s to 0.45 m/s in keeping with a greater than 50% stenosis (although appears greater on image).  
The left SFA demonstrates a PSV of 0.86 m/s in the lower thigh.  
  
The left popliteal artery is patent throughout with velocities in the region of 0.2 m/s detected.  
The left tibioperoneal trunk is patent, PSV 0.20 m/s.  
  
The left posterior tibial artery is patent with PSV of 0.62 m/s detected at the origin in keeping with a greater than 50% stenosis. Velocities detected are in the region of 0.18 m/s upper calf, 0.32 m/s mid calf, 0.34 m/s lower calf, 0.19 m/s above the ankle, 0.23 m/s at the ankle and 0.2 m/s below the ankle. The left lateral plantar arch appears patent PSV of 0.22 m/s detected (biphasic waveforms).  
What is taken to be the left medial plantar arch appears patent with PSV of 0.15 m/s detected.  
  
The left peroneal artery is patent in the upper calf however is occluded at the level of the mid calf.  
  
The left anterior tibial artery is patent throughout with velocities in the region of 0.23 m/s upper calf, 0.32 m/s mid calf, 0.24 m/s lower calf, 0.31 m/s above the ankle and 0.4 m/s at the ankle.   
The left dorsalis pedis artery is patent with velocities increasing from 0.1 m/s to 1.59 m/s in keeping with a greater than 70% stenosis at the level of the upper dorsum of the foot.  
  
CONCLUSION:5.13 X 5.10 cm EVAR SAC, no endo leak.  
Fem-fem graft patent, no significant stenosis.  
Right CFA maximum longitudinal AP diameter 1.8 cm.  
Left CFA maximum longitudinal AP diameter 2 cm.  
The left SFA occludes at the level of the upper thigh 1/3 for approximately 8 cm. Left SFA reconstitutes at the level of the mid thigh via collaterals and is patent distally.   
Left SFA adductor canal, greater than 50% stenosis (appears greater on image).  
The left popliteal artery patent, no significant stenosis detected.  
Left peroneal artery occludes mid calf.  
Patent left PTA, lateral plantar arch and medial plantar arch.  
Patent left ATA. LEFT DPA, greater than 70% stenosis upper dorsum of the foot.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 21/06/2021 17:24  
  
Signed by: Dr. Seamus McHugh, Cons. Vascular, Statutory Registration No. 248711 on 22/06/2021 11:35

Examination Performed: VUS AORTIC ANEURYSM SURVEILLANCE, VUS ILIAC ARTERIES RT, VUS FEMORAL ARTERY RT, VUS POPLITEAL ARTERY RT, VUS CALF ARTERIES RT  
Exam Completion Date: 22/06/2021 16:27  
  
INDICATIONS: Eversion endarterectomy LT EIA. C/O Claudication RT thigh, known small aneurysm RT CIA. For RT CIA, EIA, CFA, SFA and popliteal duplex and LT CIA, EIA duplex and ABI rest and EX. Please  
  
COMPARISON: No previous Duplex in Beaumont.  
CT angiogram lower limb both; December 2020:Mildly dilated common iliac artery. Internal origin is occluded. External patent throughout with no significant stenosis. Patent common and deep femoral arteries and SFA and popliteal artery.  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.42 cm.   
There is loss of distal tapering and atheromatous changes demonstrated.  
The abdominal aorta is patent throughout and demonstrates normal arterialised flow.  
  
The RIGHT common iliac artery is patent and demonstrates a maximum AP diameter of 1.58 cm.  
The right external iliac artery is patent no significant stenosis detected.  
The right common femoral artery is patent throughout. There is evidence of a mixed density plaque predominately on the posterior wall extending for approximately 3.29 cm however no increase in Doppler shift is detected (triphasic waveforms).  
  
Normal triphasic waveforms are demonstrated throughout the RIGHT lower limb arterial system from the origin of the right superficial femoral artery to and including the RIGHT popliteal artery. No focal stenosis is demonstrated.  
  
The RIGHT tibioperoneal trunk is patent.   
The RIGHT peroneal artery and anterior tibial arteries are patent throughout to the level above the ankle.  
The RIGHT posterior tibial artery is patent throughout to the level below the ankle as are both the right lateral and medial plantar arteries.  
  
CONCLUSION: Patent RIGHT lower limb arterial system.   
Right CFA, mixed density plaque, no significant stenosis detected.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 23/06/2021 13:19  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 24/06/2021 12:48

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS LOWER LIMB ARTERY MAP LT, VUS ILIAC ARTERIES LT  
Exam Completion Date: 24/06/2021 08:36  
  
Indications: Left rest pain initially improving on IV UFH now increasing pain and colder, CT angio done, LEFT LL duplex please.   
  
COMPARISON: No previous Duplex in Beaumont.   
CT Angio lower limb; 18/06/2021: Extensive large volume soft plaque throughout the infrarenal abdominal aorta.   
The left external iliac artery is occluded. It is unclear whether this is an acute occlusion or more likely subacute on a background of diseased external iliac artery.  
Focal occlusion within the mid left superficial femoral artery.   
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.79 cm and a transverse diameter of 2.73 cm.   
The distal abdominal aorta demonstrates a significant core of low density plaque.  
Both common iliac arteries are patent at their origins.  
  
The left common iliac artery demonstrates a maximum longitudinal AP diameter of 1.19 cm, no significant stenosis detected.  
The left external iliac artery and the proximal left common femoral artery appears occluded. The left CFA reconstitutes via collaterals and demonstrates a PSV of 0.35 m/s. The left mid to distal CFA demonstrates an eccentric low-density plaque however no increase in Doppler shift is detected.  
  
The left profunda femoris artery is patent with no significant stenosis detected.  
The left superficial femoral artery is patent. Approximately 6 cm distal to the origin velocities increase from 0.25 m/s to 1.05 m/s in keeping with a greater than 70% stenosis.  
At the level of the mid thigh the left SFA appears occluded for approximately 2.60 cm only. Distal to this the left SFA demonstrates a PSV of 0.19 m/s at the level of the adductor canal and 0.20 m/s in the lower thigh.  
  
The left popliteal artery and the left tibioperoneal trunk are patent with no significant stenosis detected.  
  
The left posterior tibial artery is patent in the upper calf PSV of 0.14 m/s. Distal to this the left to PTA appears occluded.  
The left peroneal artery is patent throughout with a PSV of 0.06 m/s detected in the lower calf.  
The left anterior tibial artery is patent throughout with velocities in the region of 0.23 m/s detected at the origin, 0.19 m/s in the upper calf, 0.17 m/s mid calf, 0.12 m/s lower calf and 0.07 m/s above the ankle (monophasic waveforms).  
The left DPA appears occluded.  
  
CONCLUSION: 2.79 X 2.73 cm AAA. The distal abdominal aorta demonstrates a core of low-density plaque.  
Left CIA no significant stenosis. Left EIA and proximal left CFA occluded .  
Left CFA reconstitutes via collaterals.  
Left SFA greater than 70% stenosis approximately 6 cm distal to the origin. Left SFA mid thigh occluded for approximately 2.6 cm. Patent left popliteal and tibioperoneal trunk.   
Left peroneal artery patent, no significant stenosis.  
Left ATA patent, no significant stenosis. Left DPA occluded.  
LEFT PTA occluded in the mid and lower calf.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 24/06/2021 09:35  
  
Signed by: Dr. Elrasheid Kheirelseid, Cons. Vasc. Surgeon, Statutory Registration No. 135328 on 24/06/2021 12:36

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS LOWER LIMB ARTERY MAP RT, VUS ILIAC ARTERIES RT  
Exam Completion Date: 25/06/2021 12:47  
  
Indications: Right critical limb ischaemia for work up for possible intervention in IR VS open. MR ALY requesting full leg arterial duplex with focus on below knee vessels as occluded SFA and significant tibial disease on CT angio.   
  
COMPARISON: No previous Duplex in Beaumont.  
CT angiogram lower limb both: 22/06/2021; Long segment right SFA occlusion, new from 2018. Total occlusion of the popliteal artery bifurcation  
  
FINDINGS: Limited examination due to overlying bowel gas.   
Within the portions of the Abdominal aorta visualised a maximum outer wall AP diameter of 1.97 cm and a transverse diameter of 2.00 cm is detected. Normal arterialised flow is detected.  
  
The right and left common iliac arteries are patent at their origin. Unable to visualise the Right mid and distal CIA and the proximal right EIA. The Right mid and distal EIA appear patent with no significant stenosis detected.  
  
The right proximal common femoral artery demonstrates an eccentric mixed density plaque however no increase in Doppler shift is detected. The Right mid to distal CFA demonstrates mixed density plaque which extends for approximately 1.18 cm predominately along the posterior wall. This plaque is in keeping with a less than 50% stenosis.  
  
The right profunda femoris artery is patent.  
  
The right superficial femoral artery appears occluded at the origin and appears to reconstitute for a short section at the level of the mid thigh (PSV 0.21 m/s).  
The right SFA reconstitutes for a second time via collaterals at the level of the adductor canal, PSV 0.32 m/s (peaked monophasic waveforms).  
  
The Right popliteal artery is patent throughout. The below-knee popliteal artery demonstrates mixed density plaque which causes an increase in PSV of 0.31 m/s to 0.68 m/s in keeping with a greater than 50% stenosis.  
Unable to visualise a patent right tibioperoneal trunk. Query occluded?  
  
The right posterior tibial artery cannot be identified in the upper and mid calf and appears occluded in the lower calf.  
The Right peroneal artery demonstrates calcified walls and a PSV of 0.14 m/s is detected in the mid calf.  
The Right anterior tibial artery is patent and demonstrates calcified walls throughout. Velocities in the region of 0.51 m/s are detected in the upper calf, 0.47 m/s mid calf, 0.34 m/s lower calf, 0.55 m/s above the ankle and 0.42 m/s distally.  
The Right dorsalis pedis artery is patent with a PSV of 0.26 m/s detected at the ankle and a PSV of 0.45 m/s in the upper dorsum of the foot (monophasic waveforms).  
  
Incidental finding of occlusive thrombus within the right posterior tibial veins lower calf to above the ankle. Unable to visualise the PT veins at the level of the mid and upper calf. Thus, unable to detect the upper extent of thrombus.  
  
CONCLUSION: Limited examination due to overlying bowel gas. Within the portions of the abdominal aorta visualised, the maximum AP diameter is 1.97 X 2.0 cm. Right CIA and proximal EIA not visualised due to overlying bowel gas.  
Right CFA less than 50% stenosis.  
Right SFA occluded from the origin to level of the adductor canal.   
Right popliteal artery is patent, greater than 50% stenosis distally.  
Unable to identify the right tibioperoneal trunk, query occluded.  
Right PTA occluded in the lower calf.  
Right perineal artery patent in the mid calf.  
Right ATA and DPA patent, no significant stenosis detected (monophasic waveforms)  
Incidental finding of occlusive thrombus within the left posterior tibial veins lower calf to above ankle. Unable to detect the upper extent of thrombus.  
  
Team notified at time of examination.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 25/06/2021 13:27  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 01/07/2021 13:37

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS POPLITEAL ARTERY LT, VUS ILIAC ARTERIES LT, VUS FEMORAL ARTERY LT  
Exam Completion Date: 28/06/2021 17:41  
  
INDICATION: Strong pop pulse on the left co some pain and discomfort as well for b/l pop artery duplex in 6/52 please.  
  
COMPARISON: No previous Duplex in Beaumont.  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 2.35 by transverse diameter 2.48 cm.   
There is loss of distal tapering demonstrated.   
The abdominal aorta is patent throughout and demonstrates normal arterialised flow.  
  
The left common iliac artery is patent and demonstrates a maximum longitudinal AP diameter of 1.46 cm.   
  
Normal triphasic waveforms are demonstrated throughout the LEFT lower limb arterial system.   
The left distal common femoral artery demonstrates a maximum AP diameter of 1.14 cm, no significant stenosis detected.  
  
The left profunda femoris artery is patent.  
The LEFT superficial femoral artery is patent throughout. No significant stenosis is detected from the origin to level of the adductor canal. At the level of the lower thigh a mixed density plaque is demonstrated along the anterior wall. This plaque extends for approximately 1.48 cm and reduces the lumen of the vessel to 0.37 cm. No increase in Doppler shift is detected and this plaque is in keeping with a less than 50% stenosis.  
  
The LEFT popliteal artery is patent, no significant stenosis detected. Left popliteal artery maximum AP diameter of 0.80 cm.  
The LEFT tibioperoneal trunk is patent (triphasic waveforms).   
  
CONCLUSION: Abdominal aorta 2.35 x 2.48 cm.  
Left CIA maximum longitudinal AP diameter of 1.46 cm.  
LEFT SFA lower thigh, less than 50% stenosis.   
Patent left popliteal artery (AP diameter 0.80 cm) and tibioperoneal trunk, no significant stenosis detected.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 28/06/2021 17:56  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 01/07/2021 13:07

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS ILIAC ARTERIES LT, VUS FEMORAL ARTERY LT, VUS POPLITEAL ARTERY LT, VUS CALF ARTERIES LT  
Exam Completion Date: 29/06/2021 15:03  
  
Indications: Patient lost to F/U, previously known to Prof Leahy, LT CIA angioplasty 2012. Please do up to date ABIS, TBIS and LT LL DUPLEX.   
  
COMPARISON: April 2012. Maximum diameter of the proximal aorta is 2.2 cm  
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 1.97 cm and a transverse diameter of 2.15 cm.   
There is loss of distal tapering however the abdominal aorta is patent throughout and demonstrates normal arterialised flow.  
  
Both iliac arteries are patent at their origin.  
  
The left distal common iliac artery demonstrates a maximum AP diameter of 1.49 cm. The left CIA and external iliac artery are patent with no significant stenosis detected.  
  
Normal triphasic waveforms are demonstrated throughout the LEFT lower limb arterial system from the origin of the left common femoral artery to above the ankle. No focal stenosis is demonstrated despite a small mixed density plaque at the origin of the left superficial femoral artery.  
  
The left medial and lateral plantar arches are patent (triphasic waveforms).  
The left dorsalis pedis artery is patent and demonstrates biphasic waveforms.  
  
CONCLUSION: 1.97 X 2.15 cm abdominal aorta.  
Patent LEFT lower limb arterial system. No focal stenosis detected, despite a small mixed density plaque at the origin of the left SFA.  
The left ATA, PTA and peroneal artery demonstrates triphasic waveforms.  
The left dorsalis pedis artery demonstrates biphasic waveforms.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 29/06/2021 15:15  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 01/07/2021 13:17

Examination Performed: VUS AORTIC ANEURYSM SCREENING, VUS ILIAC ARTERIES LT, VUS LOWER LIMB ARTERY MAP LT  
Exam Completion Date: 30/06/2021 16:05  
  
Indications: 69 year old gentleman admitted with critical left limb ischaemia and significant rest pain on a BG HX of PAD. No palpable pulses below femoral on left leg. Full leg arterial duplex to assess flow below knee.   
  
COMPARISON: No previous Duplex in Beaumont.   
  
FINDINGS: The Abdominal aorta has a maximum outer wall AP diameter of 1.94 cm and a transverse diameter of 2.05 cm.   
The abdominal aorta is patent and demonstrates normal arterialised flow.  
Both iliac arteries are patent at their origins.  
The left common iliac artery is patent and demonstrates a maximum longitudinal AP diameter of 1.53 cm. No significant stenosis detected in the left CIA and external iliac artery.  
  
The left common femoral artery is patent throughout, no significant stenosis detected.  
The left profunda femoris artery is patent with no significant stenosis detected.  
  
The left superficial femoral artery is patent for approximately 4.63 cm. Distal to this the left SFA is occluded throughout.   
The left popliteal artery reconstitutes via collaterals above the popliteal crease with a PSV of 0.43 m/s detected. The left popliteal artery at the level of the popliteal crease demonstrates an AP lumen diameter of 0.11 cm. However no increase in Doppler shift is detected.  
The left tibioperoneal trunk is patent with no significant stenosis detected.  
  
The left peroneal artery is a calcified vessel which demonstrates low volume flow in the region of 0.7 m/s.  
The left posterior tibial artery is patent throughout with no significant stenosis detected. Both the left medial plantar arch and the lateral plantar arch are patent.  
The left anterior tibial artery appears occluded throughout.  
  
CONCLUSION: 1.94 X 2.05 cm abdominal aorta.  
Patent left CIA, EIA and CFA, no significant stenosis detected.   
Left SFA patent for approximately 4.6 cm only, distal to this the left SFA is occluded.  
Left popliteal artery reconstitutes above the popliteal crease and demonstrates no increase in Doppler shift despite an AP lumen of 0.11 cm demonstrated at the popliteal crease.  
Patent left peroneal artery and left PTA.  
Left ATA occluded.  
  
Dictated by: BH Vascular Physiologist (CC), Statutory Registration No. Carolyn Collins on 30/06/2021 16:14  
  
Signed by: Dr. Daragh Moneley, Cons. Vascular, Statutory Registration No. 020227 on 01/07/2021 12:32