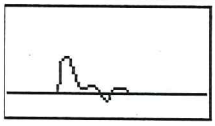
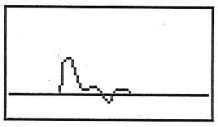
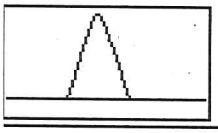
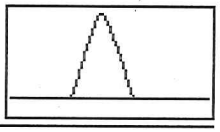
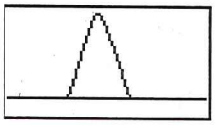
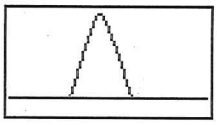
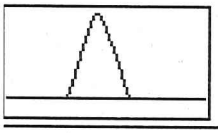
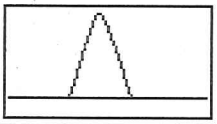
Reason	Ulceration
Outcome	disease mild, Obscured, Superficial oedema, Calcified, Calf vessel disease

19/7/21

1/3

Right			Left		
		Brachial			
	Good	**Common Femoral**	Good		
		High Thigh			
		Low Thigh			
	Good	**Popiteal**	Good		
		High Calf			
		Peroneal			
	Good	**Anterior Tibial**	Good		
	Good	**Posterior Tibial**	Good		
		Dorsalis Pedis			
		Toe Pressure			
		Post Exercise			

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN
* Irregular heart rate noted.
*Superficial oedema throughout the calves.
Abdominal aorta is widely patent with good triphasic waveforms and PSV 54 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.2 cm), with no evidence of focal dilatation or aneurysm identified.

Assessed by Rebecca Patton

Printed on 20/07/2021 at 11:17 am

Checked by _____

19/7/21
2/3

RIGHT:
CIA: Obscured by bowel gas, unable to comment on disease level
EIA: Mild calcified disease, triphasic waveforms PSV 68 cm/s .

CFA: Mild calcified disease, triphasic waveforms PSV 80 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 48 cm/s
SFA: Mild calcified disease, monophasic waveforms PSV 53-57 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 35-64 cm/s. TPT is heavily calcified and obscured
ATA: Heavily calcified with very intermittent flow. Monophasic waveforms at the ankle PSV 41 cm/s
PTA: Heavily calcified with very intermittent flow ? full patency. Monophasic waveforms at the ankle PSV 41 cm/s
PerA: Not identified

LEFT:
CIA: Mild calcified disease, triphasic waveforms PSV 43 cm/s
EIA: Mild calcified disease, triphasic waveforms PSV 74 cm/s

CFA: Mild calcified disease, triphasic waveforms PSV 68 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 68 cm/s
SFA: Mild calcified disease, monophasic waveforms PSV 68 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 68 cm/s
ATA: Heavily calcified with very intermittent flow ? full patency. Monophasic waveforms at the ankle PSV 52 cm/s
PTA: Heavily calcified with very intermittent flow ? full patency. Monophasic waveforms at the ankle PSV 58 cm/s
PerA: Not identified

Resting ABPIs not performed due to patient discomfort and positioning of ulcer.

19/7/21
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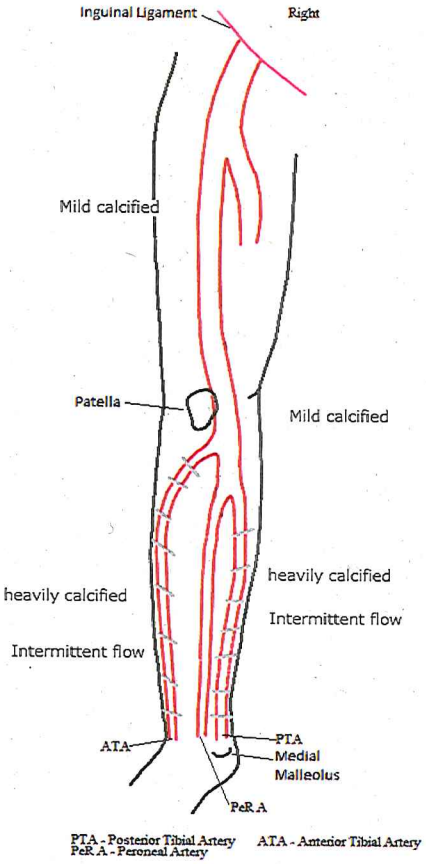
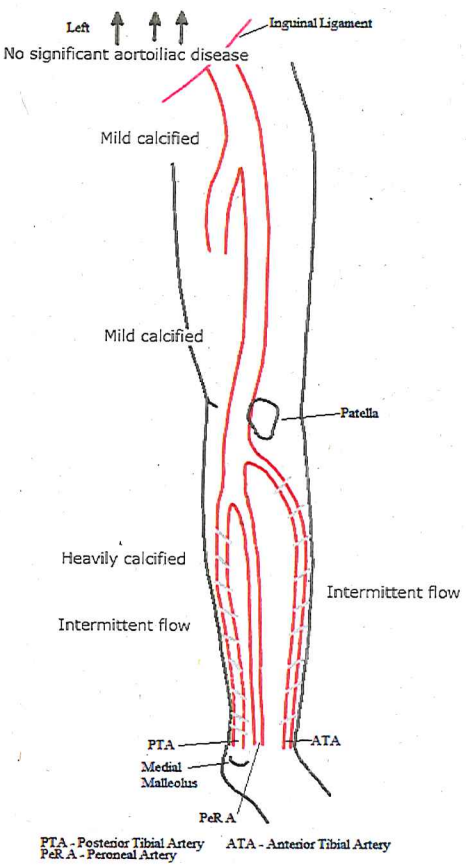




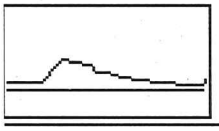
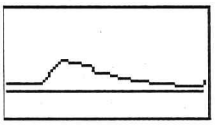
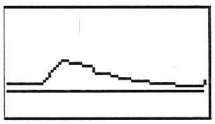
Assessed by Rebecca Patton

Printed on 20/07/2021 at 11:17 am

Checked by _____

Reason	Ulceration
Outcome	disease mild, Occlusion, Obscured, Calcified

19/7/21 1/2

Right			Left
		Brachial	
	Good/ turbulent	**Common Femoral**	
		High Thigh	
		Low Thigh	
	Reduced	**Popiteal**	
		High Calf	
		Peroneal	
	Reduced	**Anterior Tibial**	
	Reduced	**Posterior Tibial**	
		Dorsalis Pedis	
		Toe Pressure	
		Post Exercise	

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 85 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.4 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Mild calcified disease, biphasic waveforms PSV 106 cm/s

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Printed on 20/07/2021 at 11:18 am

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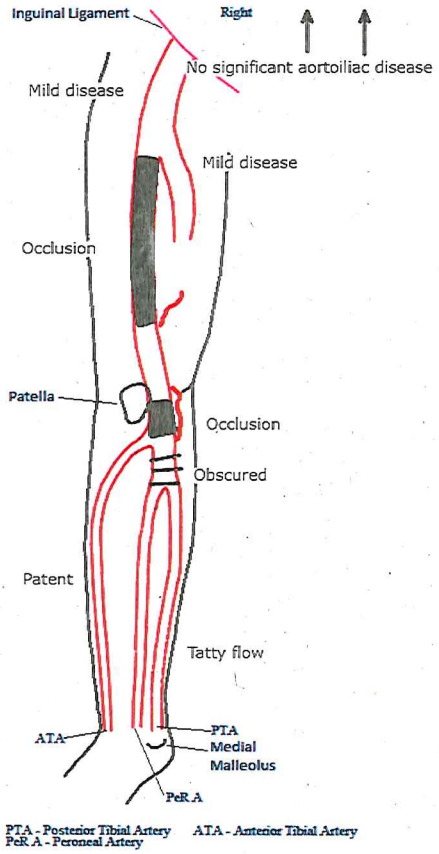
EIA: Mild calcified disease, turbulent triphasic waveforms PSV 213-222cm/s

19/7/21
2/2

CFA: Mild calcified disease, turbulent biphasic waveforms PSV 92 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 135 cm/s
SFA: Appears occluded from the origin with no evidence of flow using spectral or power Doppler. Vessel reforms in the very distal thigh via collaterals, monophasic waveforms PSV 76 cm/s
POPA: Proximal vessel is patent, monophasic waveforms PSV 43 cm/s. Mid vessel is occluded with collateral flow identified reforming the distal vessel. TPT is obscured.
ATA: Appears patent along length, monophasic waveforms PSV 52 cm/s at the ankle
PTA: Tatty flow ? full patency, monophasic waveforms PSV 16 cm/s at the ankle
PerA: Not identified

Resting ABPIs not performed due to positioning of ulcer.



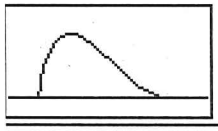
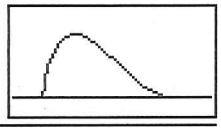
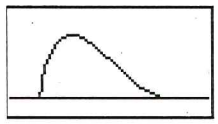
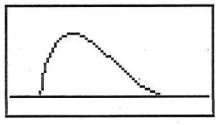
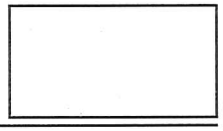
Assessed by Rebecca Patton

Printed on 20/07/2021 at 11:18 am

Checked by _____

16/7/21 1/4

Reason	Claudication
Outcome	Bakers cyst, Obscured, Poor images, patient habitus, Patient habitus, Stenosis Severe, Calcified, Calf vessel disease

Right				Left
	140	1.00	**Brachial**	
	Turbulent		**Common Femoral**	Turbulent 
			High Thigh	
			Low Thigh	
	Slightly Reduced		**Popiteal**	Slightly Reduced 
			High Calf	
			Peroneal	
	Reduced		**Anterior Tibial**	Reduced 
	115	0.82		110 0.79
	Absent		**Posterior Tibial**	Absent 
			Dorsalis Pedis	
			Toe Pressure	
			Post Exercise	

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN
* Challenging assessment of the lower limbs due to small calibre vessels and poor tissue resolution.
Challenging and limited assessment of the aortoiliac segment due to patient body habitus.
AORTA: Not identified

RIGHT:
CIA: Not identified

Assessed by Rebecca Patton

Printed on 16/07/2021 at 4:13 pm

Checked by _____

EIA: Only distal vessel visualised with turbulent raised velocities PSV 110-652 cm/s indicating a severe stenosis. 16/7/21

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CFA: Mild calcified disease, turbulent monophasic waveforms PSV 170 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 49 cm/s
SFA: Mild calcified disease with obscured regions, monophasic waveforms PSV 112-169 cm/s
POPA: Intermittent flow, monophasic waveforms PSV 60 cm/s. TPT is poorly visualised, unable to comment on vessel run off.
ATA: Calcified but patent along length, monophasic waveforms PSV 84-65 cm/s
PTA: Occluded
PerA: Not identified

LEFT:
CIA: Not identified
EIA: Only distal vessel visualised with turbulent raised velocities PSV 561 cm/s indicating a severe stenosis. Anechoic area identified adjacent to the distal EIA/proximal CFA ? fluid collection ? infection.

CFA: Mild calcified disease, turbulent monophasic waveforms PSV 197 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 48 cm/s
SFA: Mild calcified disease with obscured regions, monophasic waveforms PSV 106-102 cm/s
POPA: Intermittent flow, monophasic waveforms PSV 60 cm/s. TPT is poorly visualised, ? 2 vessel run off.
ATA: Calcified but patent along length, monophasic waveforms PSV 82-80 cm/s
PTA: Occluded
PerA: Not identified

Resting ABPIs are within normal limits. Patient unable to perform adequate exercise test.

- SUGGEST ALTERNATIVE IMAGING OF AORTOILIAC SEGMENT

Assessed by Rebecca Patton

Printed on 16/07/2021 at 4:13 pm Checked by _____

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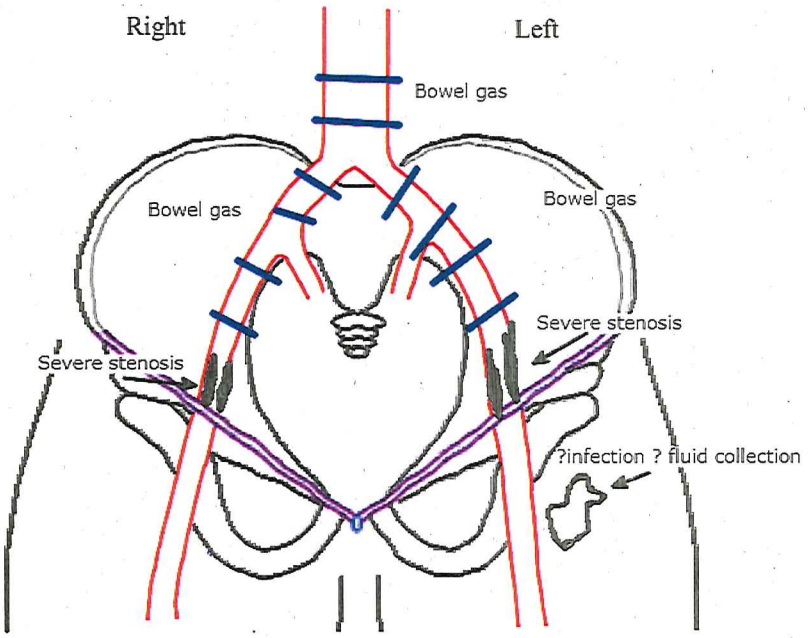
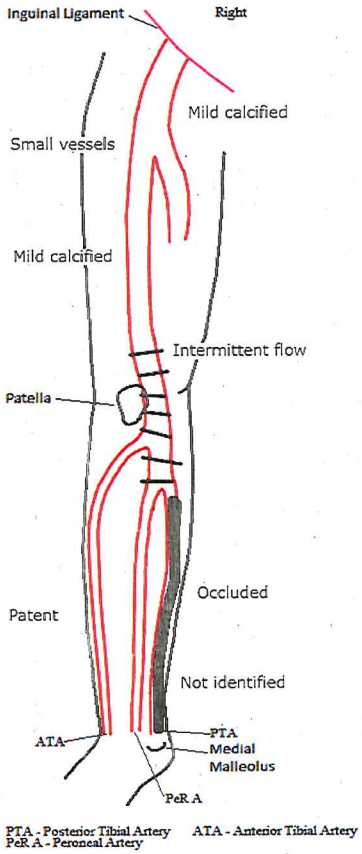


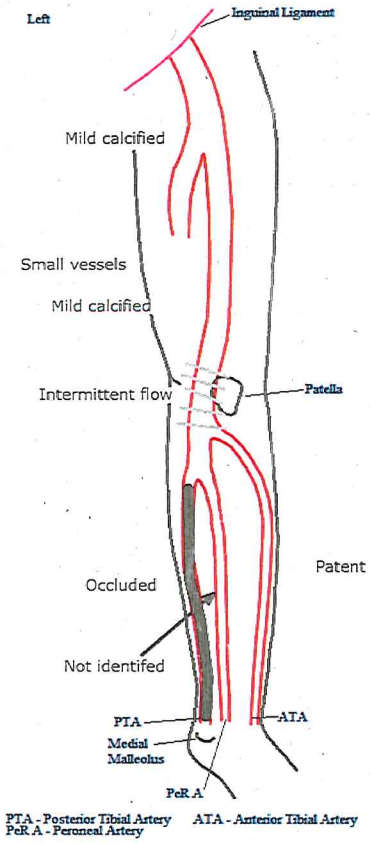


Assessed by Rebecca Patton

Printed on 16/07/2021 at 4:13 pm

Checked by _____

16/7/21
4/4.



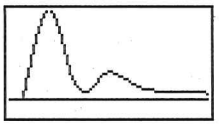
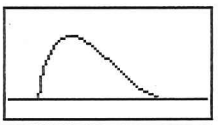
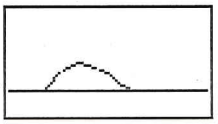
Assessed by Rebecca Patton

Printed on 16/07/2021 at 4:13 pm

Checked by _____

Reason	Claudication
Outcome	disease mild, Occlusion, Calf vessel disease

1S17121 1/2

Right			Left	
130	1.00	**Brachial**		
		Common Femoral	Good	
		High Thigh		
		Low Thigh		
		Popiteal	Reduced/ absent	
		High Calf		
		Peroneal	Absent	
		Anterior Tibial	Weak	
165	1.27		80 0.62	
		Posterior Tibial	Absent	
		Dorsalis Pedis		
		Toe Pressure		
		Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 98 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT:
CIA: Mild calcified disease, biphasic waveforms PSV 73 cm/s

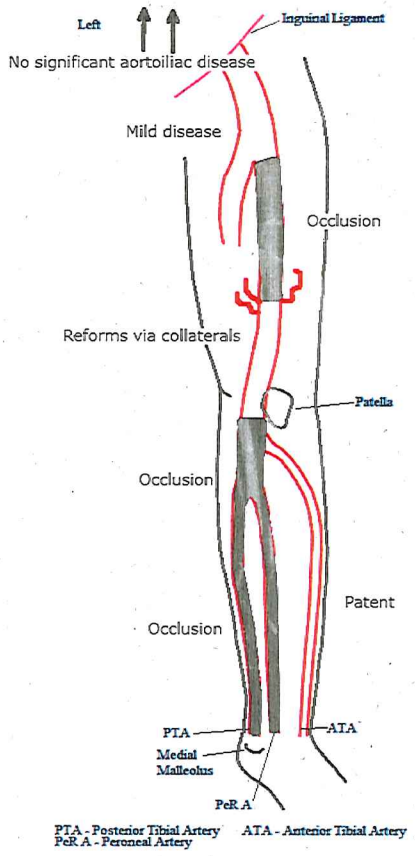
Assessed by Rebecca Patton

Printed on 15/07/2021 at 2:53 pm Checked by _____

EIA: Mild calcified disease, triphasic waveforms PSV 136 cm/s 15/7/21 212

CFA: Mild calcified disease, monophasic waveforms PSV 73 cm/s
PFA: Mild calcified disease, triphasic waveforms PSV 73 cm/s
SFA: Appears occluded from the origin for ~ 20 cm and is reformed via collaterals in the mid thigh. Distal SFA is patent with monophasic waveforms PSV 12 cm/s
POPA: Proximal vessel appears patent, monophasic waveforms PSV 35 cm/s. Mid-distal vessel appears occluded with no evidence of flow using colour or power Doppler. TPT appears occluded.
ATA: Calcified but patent along length, monophasic waveforms PSV 14 cm/s at the ankle
PTA: Appears occluded
PerA: Appears occluded

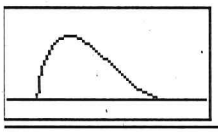
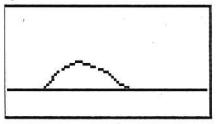
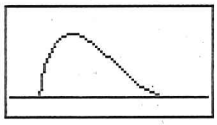
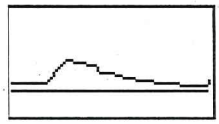
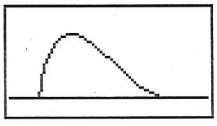
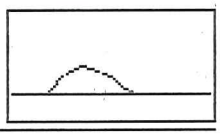
Resting ABPIs are within normal limits on the right and reduced on the left.



Assessed by Rebecca Patton

Printed on 15/07/2021 at 2:53 pm Checked by _____

Reason	Claudication 15/7/21 1/3
Outcome	disease mild, disease moderate, Calcified, Stenosis Moderate, Stenosis Severe, Calf vessel disease

Right			Left	
		Brachial		
	Good	**Common Femoral**	Good	
		High Thigh		
		Low Thigh		
	Reduced	**Popiteal**	Good	
		High Calf		
	Reduced	**Peroneal**	Slightly Reduced	
	Weak/Absent	**Anterior Tibial**	Reduced	
	Absent	**Posterior Tibial**	Weak/Absent	
		Dorsalis Pedis		
		Toe Pressure		
		Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good biphasic waveforms and PSV 40 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.3cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Mild calcified disease, biphasic waveforms PSV 116 cm/s

Assessed by Rebecca Patton

Printed on 15/07/2021 at 11:02 am

Checked by _____

EIA: Mild calcified disease, bi/triphasic waveforms PSV 90 cm/s 15/7/21 213

CFA: Mild-moderate disease, biphasic waveforms PSV 95 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 210 cm/s
SFA: Mild calcified disease in the proximal vessel becoming increasingly calcified in the mid-distal vessel. Moderate-severe stenosis identified in the mid vessel at 58 cm MM with velocities increasing from 53-304 cm/s. Disease length, 1.5 cm. Distal to this there are obscured regions, where seen monophasic waveforms PSV 24 cm/s.
POPA: Mild calcified disease, monophasic waveforms PSV 34-36 cm/s. TPT is patent, monophasic waveforms PSV 38 cm/s, 1 vessel run off identified
ATA: Heavily calcified with tatty intermittent flow, monophasic waveforms PSV 22 cm/s
PTA: Appears occluded along its length
PerA: Appears patent at the ankle, monophasic waveforms PSV 36 cm/s

LEFT:
CIA: Mild calcified disease, biphasic waveforms PSV 116 cm/s
EIA: Mild calcified disease, biphasic waveforms PSV 64-104 cm/s

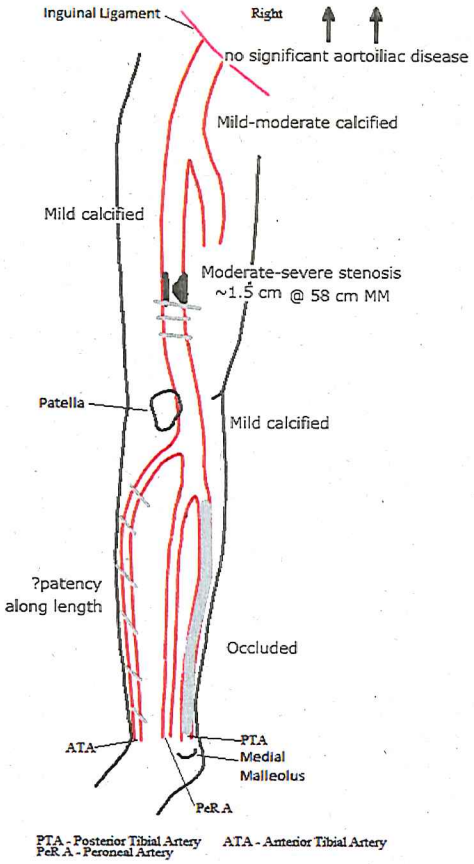
CFA: Mild-moderate calcified disease, biphasic waveforms PSV 115 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 210 cm/s
SFA: Mild calcified disease becoming moderate in the mid-distal vessel, biphasic waveforms PSV 75-103 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 66-72 cm/s. TPT is patent, biphasic waveforms PSV 73 cm/s, 2 vessel run off identified
ATA: Heavily calcified with tatty intermittent flow, monophasic waveforms PSV 23 cm/s at the ankle
PTA: Heavily calcified in the proximal calf, monophasic waveforms PSV 21 cm/s. Appears occluded in the mid-distal vessel
PerA: Patent along length, monophasic waveforms PSV 50 cm/s at the ankle

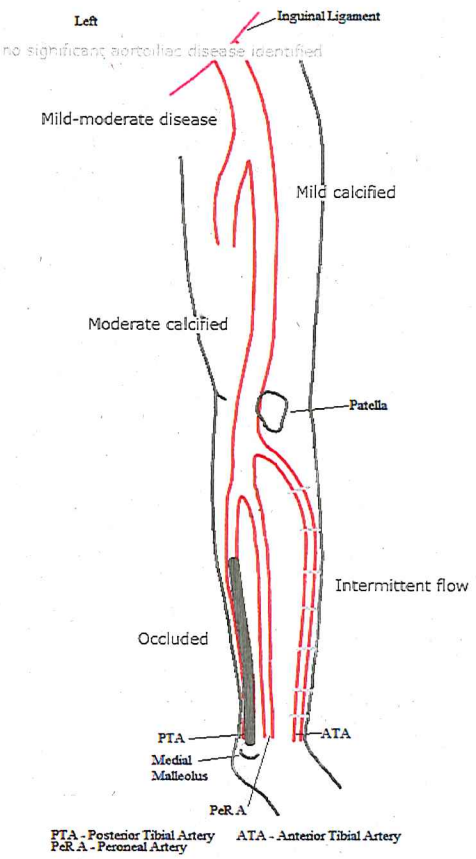
Resting ABPIs known to the falsely elevated.

Assessed by Rebecca Patton

Printed on 15/07/2021 at 11:02 am Checked by _____

1517121
313





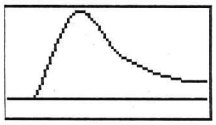
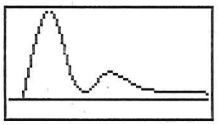
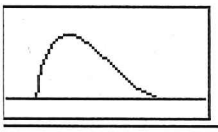
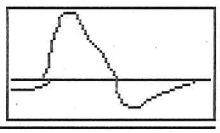
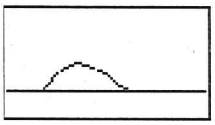
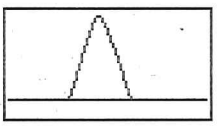
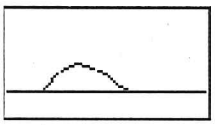
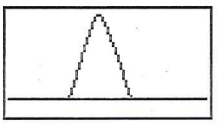
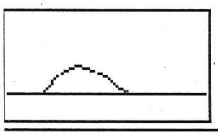
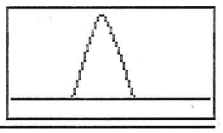
Assessed by Rebecca Patton

Printed on 15/07/2021 at 11:02 am

Checked by _____

Reason	Claudication
Outcome	Occlusion, Calcified

13/7/21 1/4

Right				Left	
150	1.00		**Brachial**		
	Slightly Reduced		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Reduced		**Popiteal**	Good	
			High Calf		
	Weak		**Peroneal**	Good	
	Weak		**Anterior Tibial**	Good 135 0.90	
	Weak		**Posterior Tibial**	Good	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta: moderate calcified disease mono/biphasic waveforms and PSV 55 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Appears occluded with no evidence of flow using colour or spectral Doppler

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:52 am

Checked by _____

EIA: Appears occluded with no evidence of flow using colour or spectral Doppler 13/7/21

CFA: Moderate calcified disease. Proximal vessel reforms via collaterals, monophasic waveforms PSV 80 cm/s 2/4
PFA: Mild calcified disease, monophasic waveforms PSV 40 cm/s
SFA: Mild calcified disease, monophasic waveforms PSV 66-50 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 37 cm/s. TPT is patent with 2 vessel run off identified
ATA: Patent along length, calcified disease, monophasic waveforms PSV 6 cm/s at the ankle
PTA: Patent along length, calcified disease, monophasic waveforms PSV 6 cm/s at the ankle
PerA: Calcified disease, monophasic waveforms PSV 10 cm/s at the ankle

LEFT:
CIA: Mild calcified disease, biphasic waveforms PSV 99 cm/s
EIA: Mild calcified disease, triphasic waveforms PSV 99 cm/s

CFA: Moderate calcified disease, mono/triphasic waveforms PSV 157 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 57 cm/s
SFA: Mild calcified disease, biphasic waveforms PSV 120-99 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 84-92 cm/s. TPT seen with 2 vessel run off identified
ATA: Patent along length, calcified disease, monophasic waveforms PSV 82 cm/s at the ankle
PTA: Patent along length, small calibre and tatty flow, monophasic waveforms PSV 9 cm/s at the ankle
PerA: Calcified disease, monophasic waveforms PSV 82 cm/s at the ankle

Resting ABPI on the left is within normal limits, unable to perform ABPI on the right due to weakness of pedal pulses.

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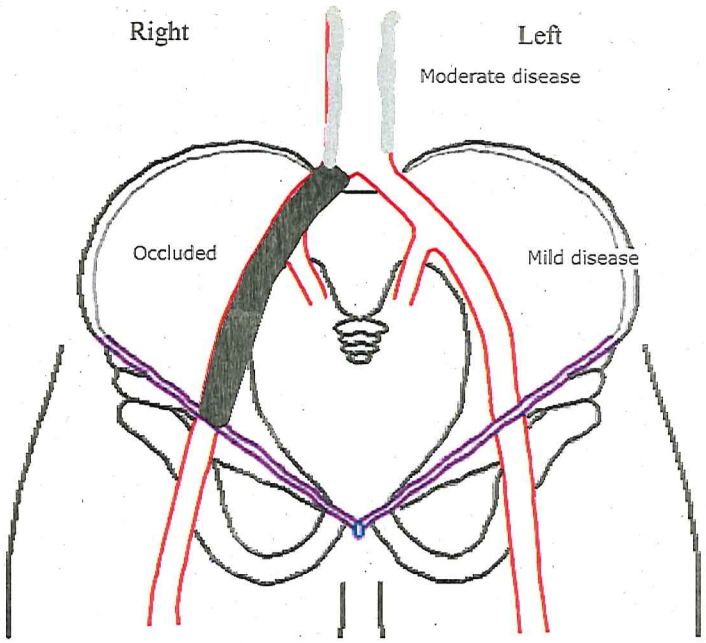

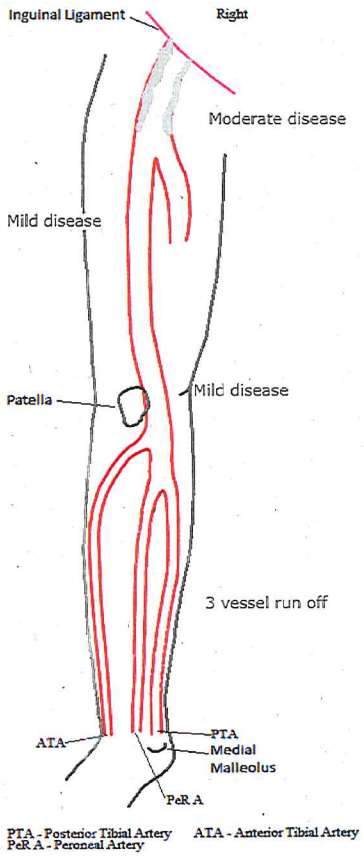

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:52 am

Checked by _____

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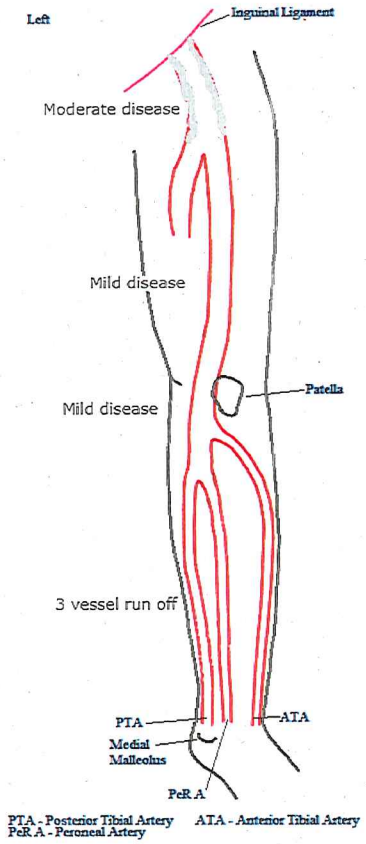

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:52 am

Checked by _____

Reason	Claudication, Ulceration
Outcome	disease mild, Occlusion, Calcified, Calf vessel disease

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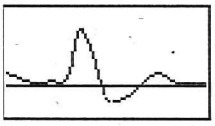
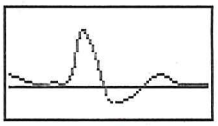
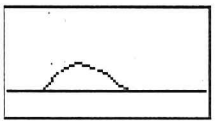
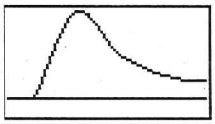
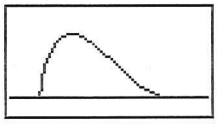
Right			Left	
		Brachial		
	Good	**Common Femoral**	Good	
		High Thigh		
		Low Thigh		
	Slightly Reduced	**Popiteal**	Absent	
		High Calf		
		Peroneal		
	Reduced	**Anterior Tibial**	Absent	
	Slightly Reduced	**Posterior Tibial**	Reduced	
		Dorsalis Pedis		
		Toe Pressure		
		Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 92 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.8 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Mild calcified disease, biphasic waveforms PSV 139 cm/s

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:50 am

Checked by _____

EIA: Mild calcified disease, biphasic waveforms PSV 137 cm/s

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CFA: Mild calcified disease, triphasic waveforms PSV 164 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 97 cm/s
SFA: Mild calcified disease, mono/triphasic waveforms PSV 66-77 cm/s
POPA: Mild-moderate calcified disease, monophasic waveforms PSV 85 cm/s. TPT is obscured
ATA: Patent in the proximal-mid calf. Unable to assess distally due to dressings, monophasic waveforms PSV 19 cm/s
PTA: Patent at the ankle with monophasic waveforms PSV 57 cm/s
PerA: Not identified

LEFT:
CIA: Mild calcified disease, biphasic waveforms PSV 97 cm/s
EIA: Mild calcified disease, biphasic waveforms PSV 129 cm/s

CFA: Mild calcified disease, triphasic waveforms PSV 111 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 85 cm/s
SFA: Mild calcified disease in the proximal to mid vessel, biphasic waveforms PSV 46-65 cm/s. Heavily calcified in the dital vessel with multiple collateral vessels identified ? full vessel patency in the distal thigh and through to AC.
POPA: Appears occluded with no flow identified using colour or power Doppler.. TPT also appears occluded
ATA: Appears occluded in the proximal-mid vessel. Unable to assess distal vessel due to ulceration
PTA: Patent at the ankle, monophasic waveforms PSV 37 cm/s
PerA: Not identified

Resting ABPIs not performed due to dressings and location of ulcers.

Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:50 am Checked by _____

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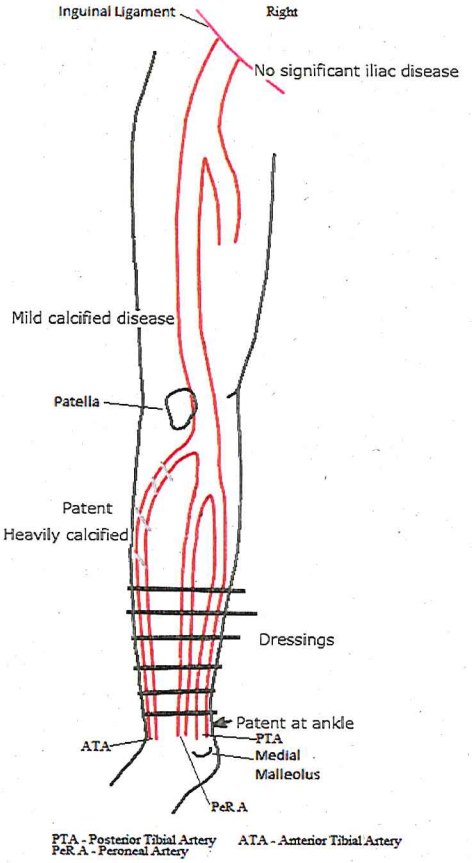
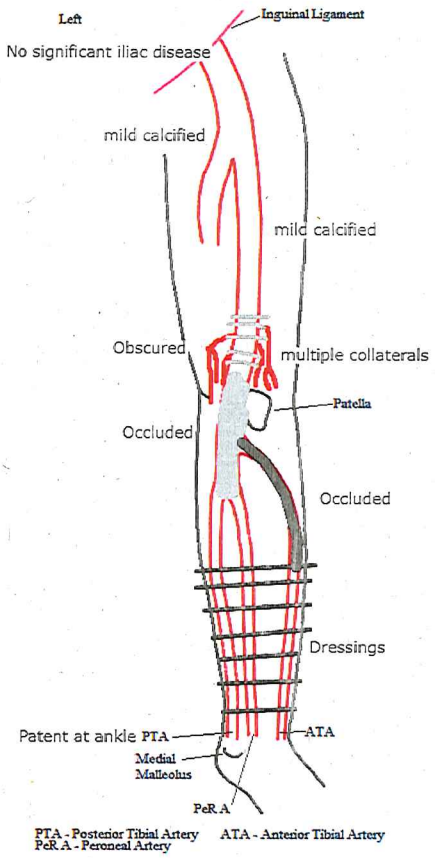




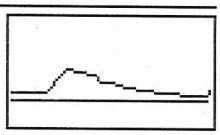
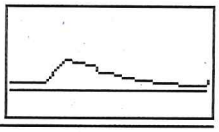
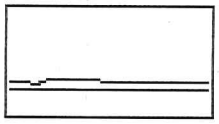
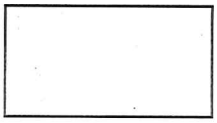
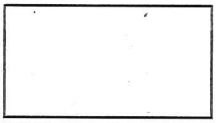
Assessed by Rebecca Patton

Printed on 15/07/2021 at 8:50 am

Checked by _____

Reason	Ischaemia, Rest pain, Ulceration
Outcome	disease mild, Occlusion, Obscured, Calf vessel disease

717121 113

Right		Left	
	Brachial		
	Common Femoral	Weak	
	High Thigh		
	Low Thigh		
	Popiteal	Weak	
	High Calf		
	Peroneal	Weak	
	Anterior Tibial	Absent	
	Posterior Tibial	Absent	
	Dorsalis Pedis		
	Toe Pressure		
	Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN
Challenging assessment due to bed scanning and patient movement.

Abdominal aorta is widely patent with monophasic waveforms and PSV 46 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2.1 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT:

Assessed by Rebecca Patton

Printed on 07/07/2021 at 11:50 am Checked by _____

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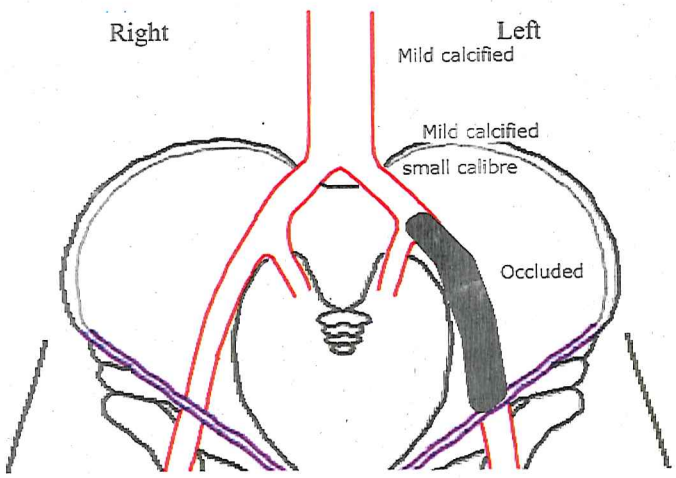
2/3

CIA: Small calibre, patent where seen monophasic waveforms PSV 62 cm/s
EIA: Appears occluded along its length with no flow detected using colour or spectral Doppler

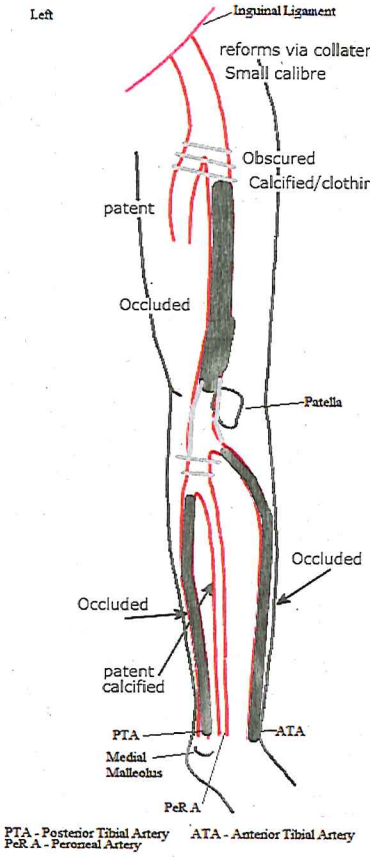
CFA: Proximal vessel reforms via collaterals. Small calibre, monophasic waveforms PSV 20 cm/s
PFA: Origin is obscured by calcification. Proximal vessel appears patent with mild calcified disease, monophasic waveforms PSV 25 cm/s
SFA: Difficult to assess origin due to patient movement and clothing. Vessel appears occluded from proximal to distal thigh with no flow detected using colour or spectral Doppler
POPA: Proximal vessel reforms with mild calcified disease, monophasic waveforms PSV 18-22 cm/s. TPT is poorly visualised due to patient movement? 1 vessel run off
ATA: Appears occluded along its length
PTA: Appears occluded along its length
PerA: Heavily calcified but patent along its length, monophasic waveforms PSV 25 cm/s at the ankle

Resting ABPIs not performed due to ischaemia and weakness/absence of pedal pulses



Assessed by Rebecca Patton
Printed on 07/07/2021 at 11:50 am
Checked by

717121 313



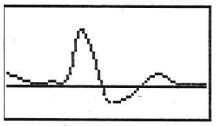
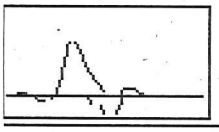
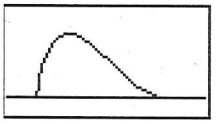
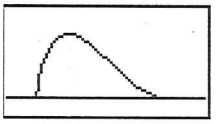
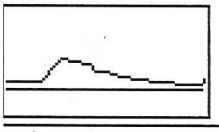
Assessed by Rebecca Patton

Printed on 07/07/2021 at 11:50 am

Checked by _____

Reason	Ulceration
Outcome	disease mild, Occlusion, Calcified, Calf vessel disease

717121 1/2

Right				Left	
	150	1.00	**Brachial**		
	Good		**Common Femoral**		
			High Thigh		
			Low Thigh		
	Good		**Popiteal**		
			High Calf		
	Reduced		**Peroneal**		
	Reduced		**Anterior Tibial**		
	Reduced		**Posterior Tibial**		
	80	0.53		75	0.50
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 85 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.9 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Mild calcified disease, triphasic waveforms PSV 89 cm/s

Assessed by Rebecca Patton

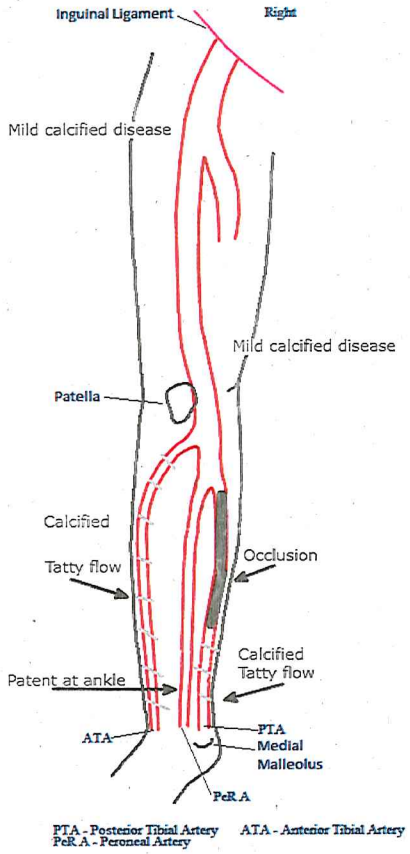
Printed on 07/07/2021 at 10:36 am Checked by _____

EIA: Mild calcified disease, triphasic waveforms PSV 90-133 cm/s

717121 212

CFA: Mild calcified disease, triphasic waveforms PSV 147cm/s
PFA: Mild calcified disease, triphasic waveforms PSV 52 cm/s
SFA: Mild calcified disease with the vessel becoming more densely calcified distally. Vessel is patent along its length, triphasic waveforms PSV 93-57 cm/s.
POPA: Mild calcified disease, triphasic waveforms PSV 55-69 cm/s. TPT appears patent with 1 vessel run off identified, mono/triphasic waveforms PSV 70 cm/s
ATA: Tatty intermittent flow, monophasic waveforms PSV 95-41 cm/s. Collateral vessels noted around the ankle.
PTA: Proximal-mid vessel appears occluded. Tatty flow in the distal calf, monophasic waveforms PSV 35 cm/s.
PerA: Appears patent at the ankle, monophasic waveforms PSV 76 cm/s

Resting ABPIs appear reduced bilaterally.



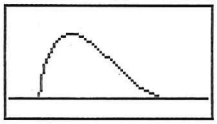
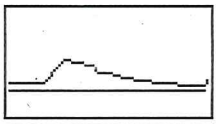
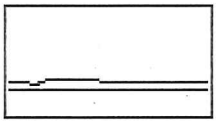
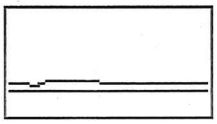
Assessed by Rebecca Patton

Printed on 07/07/2021 at 10:36 am

Checked by _____

Reason Ischaemia

Outcome disease mild, Occlusion, Calcified, Calf vessel disease

Right		Left
	Brachial	
	Common Femoral Reduced	
	High Thigh	
	Low Thigh	
	Popiteal Weak/Absent	
	High Calf	
	Peroneal Weak	
	Anterior Tibial Weak	
	Posterior Tibial	
	Dorsalis Pedis	
	Toe Pressure	
	Post Exercise	

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent, monophasic waveforms PSV 39 cm/s

LEFT:
CIA: Appears occluded
EIA: Appears occluded

Assessed by Rebecca Patton

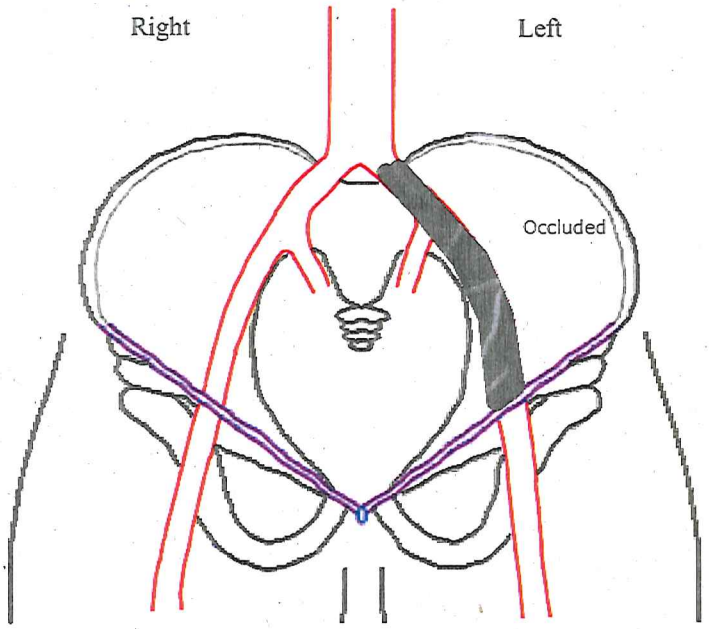
Printed on 05/07/2021 at 10:06 am

Checked by _____

CFA: Proximal vessel appears to reform via collaterals. Mild calcified disease, monophasic waveforms PSV 44 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 17 cm/s
SFA: Mild calcified disease, monophasic waveforms PSV 55-26 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 16 cm/s in the proximal vessel. Mid-distal vessel appears occluded. TPT appears occluded
ATA: Patent along length with very weak venous like flow
PTA: Appears occluded along its length
PerA: Patent along length with very weak venous like flow

Resting ABPIs not performed due to weakness of pedal pulses.

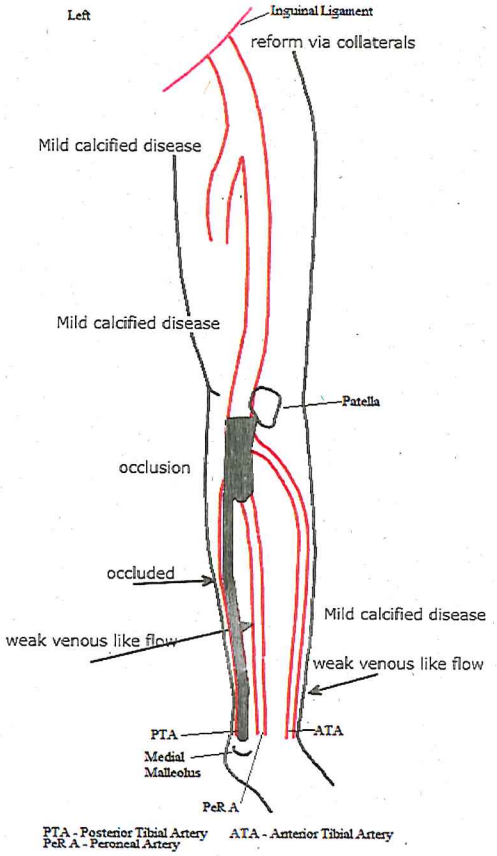
-SUGGEST URGENT VASCULAR SURGICAL OPINION



Assessed by Rebecca Patton

Printed on 05/07/2021 at 10:06 am Checked by _____

5/7/21
313



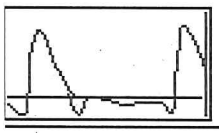
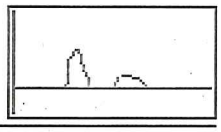
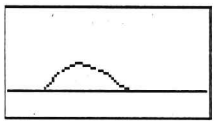
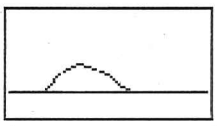
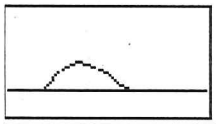
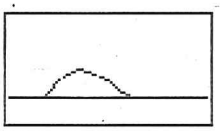
Assessed by Rebecca Patton

Printed on 05/07/2021 at 10:06 am

Checked by _____

Reason	Ulceration
Outcome	disease mild, Obscured, Bowel gas, Calcified, Signficant disease indicated

615121 113

Right				Left	
			Brachial		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Good		**Popiteal**	Weak	
			High Calf		
			Peroneal		
	Weak		**Anterior Tibial**	Weak	
	Weak		**Posterior Tibial**	Weak	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

Aorta appears aneurysmal with maximum AP o-to-o measurements 3.3 cm.

RIGHT:
CIA: Obscured by bowel gas
EIA: Obscured regions, where seen mild calcified disease, mono/triphasic waveforms PSV 323 cm/s

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:17 am Checked by _____

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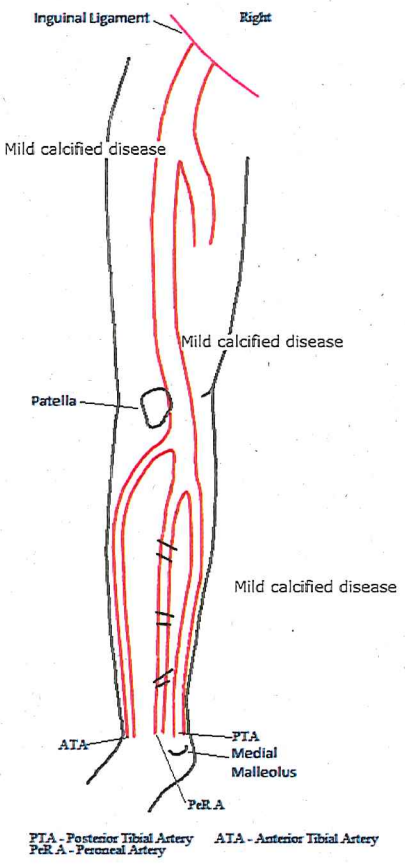
CFA: Mild calcified disease, slightly turbulent biphasic waveforms PSV 186 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 121 cm/s
SFA: Mild calcified disease, biphasic waveforms PSV 129-147 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 43-67 cm/s. TPT seen with 2 vessel run off
ATA: Mild calcified disease, weak monophasic waveforms PSV 43 cm/s
PTA: Mild calcified disease, weak monophasic waveforms PSV 29 cm/s
PerA: not identified

LEFT:
CIA: Obscured by bowel gas
EIA: Obscured regions, where seen mild calcified disease, mono/triphasic waveforms PSV 225 cm/s

CFA: Mild calcified disease, slightly turbulent biphasic waveforms PSV 205 cm/s
PFA: Mild calcified disease, slightly turbulent biphasic waveforms PSV 153 cm/s
SFA: Mild calcified disease in the proximal vessel, monophasic waveforms PSV 69 cm/s. Vessel becomes more heavily calcified with multiple obscured regions in the mid-distal thigh ? full vessel patency. Where seen, monophasic waveforms PSV 108 cm/s
POPA: Poorly visualised but appears patent, monophasic waveforms PSV 28- 38 cm/s. TPT appears patent with ? one vessel run off
ATA: Mild calcified disease, weak monophasic waveforms PSV 38 cm/s
PTA: Mild calcified disease, weak monophasic waveforms PSV 25 cm/s
PerA: Not identified

Unable to obtain ABPIs due to patient discomfort



Assessed by Rebecca Patton

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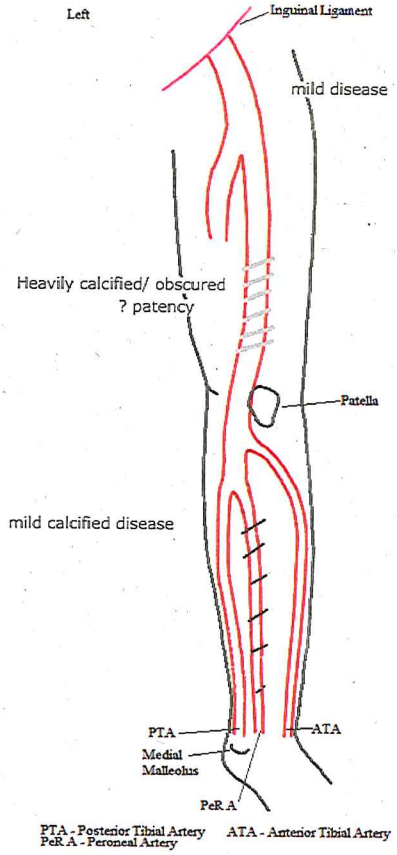
Checked by _____

6/5/21

3/3



Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:17 am

Checked by _____

Reason	Routine
Outcome	Widely patent, No significant disease indicated

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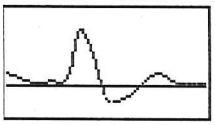
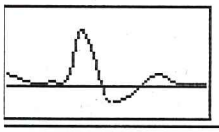
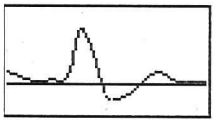
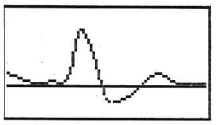
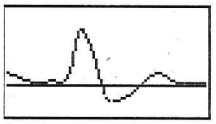
Right				Left	
	125	1.00	**Brachial**		
	Good		**Common Femoral**		
			High Thigh		
			Low Thigh		
	Good		**Popiteal**		
			High Calf		
	Good		**Peroneal**		
	Good		**Anterior Tibial**		
	Good		**Posterior Tibial**		
	135	1.08		135	1.08
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 86 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Minimal disease, triphasic waveforms PSV 115 cm/s

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:17 am

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EIA: Minimal disease, triphasic waveforms PSV 178 cm/s

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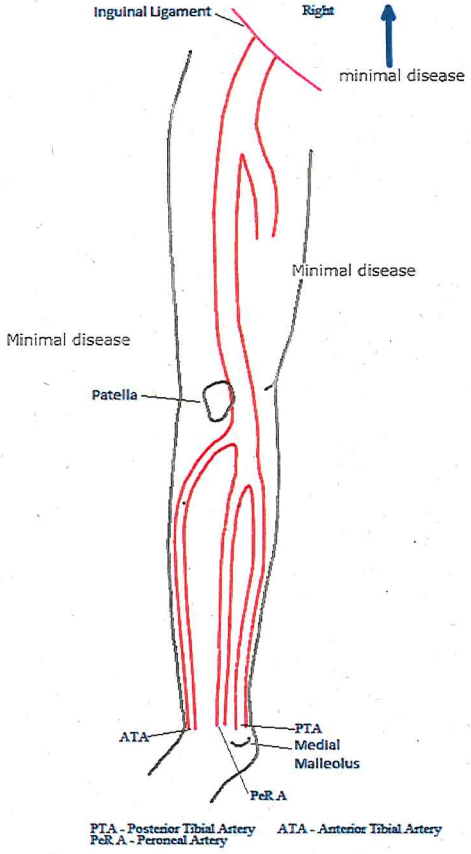
CFA: Minimal disease, triphasic waveforms PSV 112 cm/s
PFA: Minimal disease, triphasic waveforms PSV 94 cm/s
SFA: Minimal disease, triphasic waveforms PSV 123-110 cm/s
POPA: Minimal disease, triphasic waveforms PSV 64-49 cm/s. TPT is patent with 2 vessel run off identified
ATA: Minimal disease, triphasic waveforms PSV 47-36 cm/s
PTA: Minimal disease, triphasic waveforms PSV 49-48 cm/s
PerA: Minimal disease, triphasic waveforms PSV 56-45 cm/s

Resting ABPIs are within normal limits.



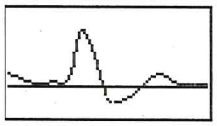
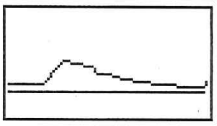
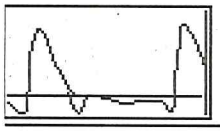
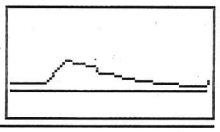
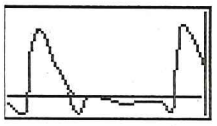
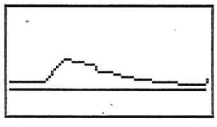
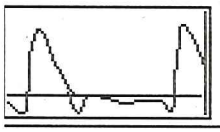
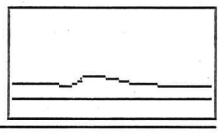
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:17 am

Checked by _____

Reason	Claudication
Outcome	disease mild, Occlusion, Calcified

10/5/21 1/2

Right				Left	
160	1.00	**Brachial**	90	0.56	
 Good		**Common Femoral**	Reduced		
		High Thigh			
		Low Thigh			
 Good		**Popiteal**	Reduced		
		High Calf			
 Good		**Peroneal**			
 Good		**Anterior Tibial**	Reduced		
 Good		**Posterior Tibial**	Weak		
		Dorsalis Pedis			
		Toe Pressure			
		Post Exercise			

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with slightly reduced biphasic waveforms and PSV 56 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.5 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:16 am Checked by _____

CIA: Mild calcified disease, biphasic waveforms PSV 98 cm/s
EIA: Mild calcified disease.

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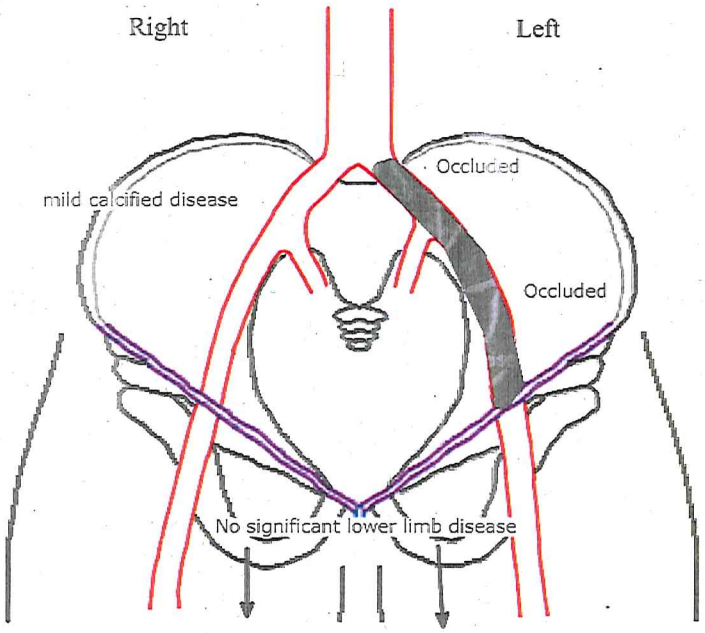
CFA: Mild calcified disease, triphasic waveforms PSV 205 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 119 cm/s
SFA: Mild calcified disease, biphasic waveforms PSV 84-85 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 52-78 cm/s. TPT seen with 2 vessel run off
ATA: Patent along length, biphasic waveforms PSV 59-49 cm/s
PTA: Patent along length, biphasic waveforms PSV 67 cm/s
PerA: Patent along length, biphasic waveforms PSV 39-56 cm/s

LEFT:
CIA: Appears occluded with no evidence of flow on colour or spectral Doppler
EIA: Appears occluded with no evidence of flow on colour or spectral Doppler

CFA: Proximal vessel reforms via collaterals. Mild calcified disease, monophasic waveforms PSV 55 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 39 cm/s
SFA: Mild calcified disease, monophasic waveforms PSV 49-62 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 32-28 cm/s. TPT seen with 2 vessel run off
ATA: Patent along length, monophasic waveforms PSV 31-25 cm/s
PTA: Patent along length, very low flow, monophasic waveforms PSV 7 cm/s at the ankle
PerA: Not identified

Resting ABPIs are within normal limits on the right and reduced on the left

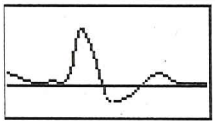
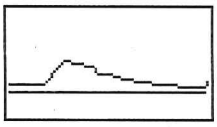
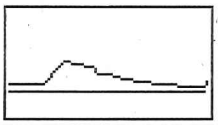
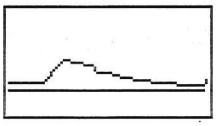


Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:16 am Checked by _____

Reason	Claudication, Rest pain
Outcome	disease mild, Occlusion, Calcified

19/5/21 1/2

Right				Left	
	130	1.00	**Brachial**		
	Good		**Common Femoral**	Reduced	
			High Thigh		
			Low Thigh		
			Popiteal	Reduced	
			High Calf		
			Peroneal	Weak	
			Anterior Tibial	Weak	
	Good		**Posterior Tibial**	Reduced	
	130	1.00		70	0.54
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 43 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.4 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT:
CIA: Appears occluded.

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:15 am

Checked by _____

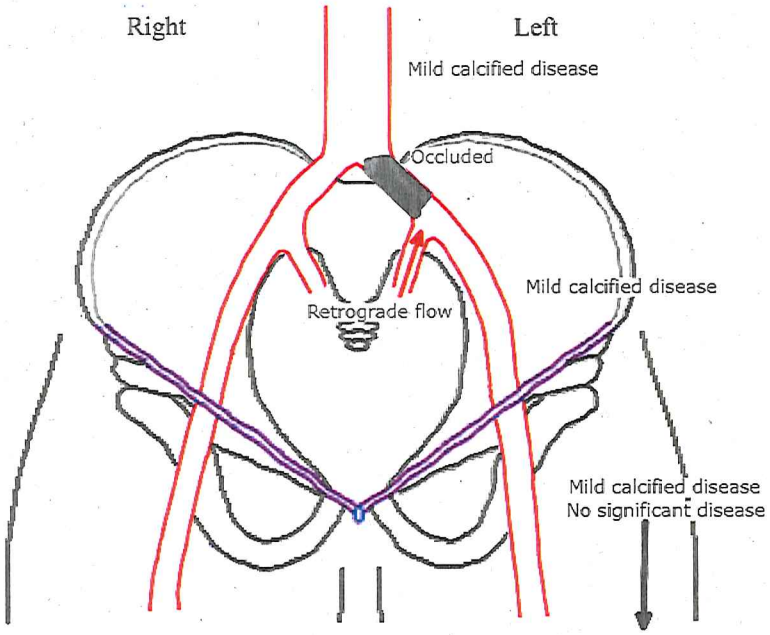
IIA: Retrograde flow identified
EIA: Patent with mild calcified disease, monophasic waveforms PSV 61-74 cm/s

19/5/21 2/2

CFA: Mild calcified disease, monophasic waveforms PSV 24 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 18 cm/s
SFA: Mild calcified disease, monophasic waveforms PSV 27-21 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 18-22 cm/s. TPT seen with 2 vessel run off
ATA: Mild calcified disease, patent along length, monophasic waveforms PSV 8-6 cm/s
PTA: Mild calcified disease, patent along length, monophasic waveforms PSV 9-12 cm/s
PerA: Mild calcified disease, patent along length, monophasic waveforms PSV 16-9 cm/s

Resting ABPIs are within normal limits on the right and reduced on the left

Right CFA: mild calcified disease, triphasic waveforms PSV 88 cm/s



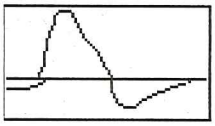
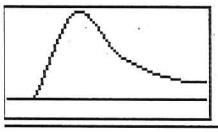
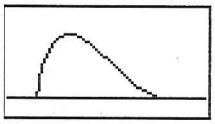
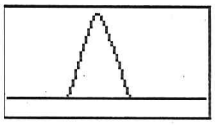
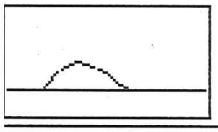
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:15 am

Checked by _____

Reason Claudication

Outcome disease mild, disease moderate, Calcified, Signficant disease indicated

Right				Left	
	110	1.00	**Brachial**		
	Good		**Common Femoral**		
			High Thigh		
			Low Thigh		
	Reduced		**Popiteal**		
			High Calf		
	Reduced		**Peroneal**		
	Good		**Anterior Tibial**		
	100	0.91			
	Reduced/weak		**Posterior Tibial**	Good	
				120 1.09	
			Dorsalis Pedis		
			Toe Pressure		
	Calf Raises		**Post Exercise**	Calf Raises	
	80	0.73		140	1.27

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good biphasic waveforms and PSV 96 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2.0cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Mild calcified disease, biphasic waveforms PSV 56 cm/s

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:14 am

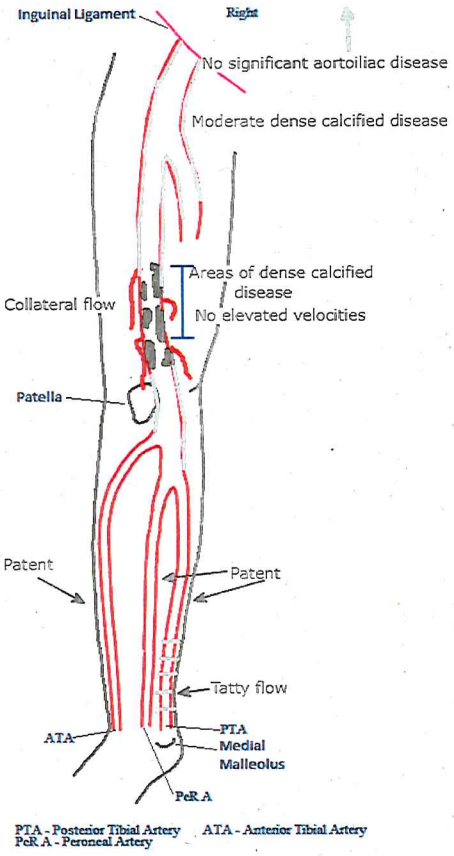
Checked by _____

EIA: Mild calcified disease, biphasic waveforms PSV 81 cm/s

19/5/21 2/2

CFA: Mild-moderate dense calcified disease biphasic waveforms PSV 96 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 51 cm/s
SFA: Proximal vessel- mild calcified disease, biphasic waveforms PSV 64 cm/s. Dense, calcified areas with multiple collaterals seen in the mid-distal section however no raised velocities or areas of turbulent flow identified. Reduced biphasic waveforms in the mid-distal vessel PSV 50-27 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 41 -19 cm/s. TPT appears patent with 2 vessel run off identified
ATA: Mild calcified disease, patent along length, monophasic waveforms PSV 49-64 cm/s
PTA: Mild calcified disease in the proximal-mid vessel, monophasic waveforms PSV 24 cm/s. Flow becomes tatty in the distal vessel PSV 19 cm/s
PerA: Mild calcified disease, patent along length, monophasic waveforms PSV 28-32 cm/s

Bilateral resting ABPIs are within normal limits, with a significant reduction in systolic ankle pressure observed following a one minute exercise challenge on the right. Pressure remains within normal limits on the left.



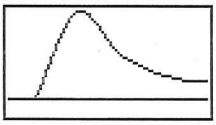
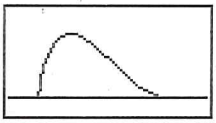
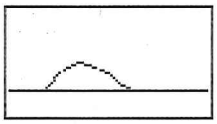
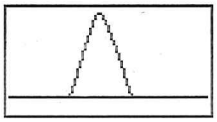
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:14 am

Checked by _____

Reason	Rest pain, Ulceration
Outcome	Occlusion, Obscured, Superficial oedema, Calcified

25/5/21 1/2

Right		Left	
	Brachial		
	Common Femoral	Slightly Reduced	
	High Thigh		
	Low Thigh		
	Popiteal	Reduced	
	High Calf		
	Peroneal	Weak	
	Anterior Tibial	Good	
	Posterior Tibial		
	Dorsalis Pedis		
	Toe Pressure		
	Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 114 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.3 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT:
CIA: Mild calcified disease, biphasic waveforms PSV 138 cm/s

Assessed by Rebecca Patton

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EIA: Mild calcified disease, biphasic waveforms becoming monophasic in the distal vessel PSV 106-116 cm/s

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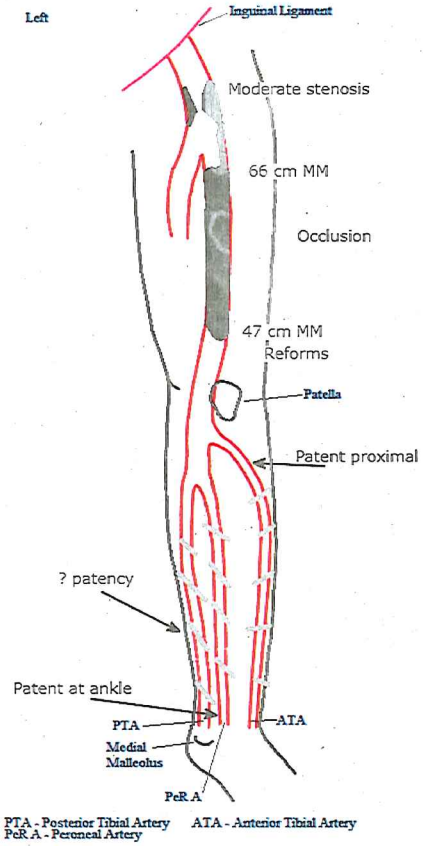
CFA: Mild-moderate calcified disease, 122 cm/s ion the proximal vessel. Moderate stenosis identified in the distal vessel PSV 122-334 cm/s. Disease length ~ 1.2 cm
PFA: Mild calcified disease, monophasic waveforms PSV 271 cm/s
SFA: Patent a the origin, monophasic waveforms PSV 21 cm/s. Vessel appears occluded in the proximal thigh at 66 cm MM. Vessel reforms via collaterals at 47 cm MM, monophasic waveforms PSV 77 cm/s
POPA: Moderate calcified disease, monophasic waveforms PSV 56-27 cm/s. TPT is obscured.
ATA: Patent in the proximal calf, monophasic waveforms PSV 82 cm/s. Very difficult to trace in the mid-distal calf due to vessel calcification and oedema
PTA: Not identified ? patency
PerA: Patent at the ankle, monophasic waveforms PSV 28 cm/s. Very difficult to trace in the proximal-mid calf due to vessel calcification and oedema

Resting ABPIs not performed due to DVT diagnosis



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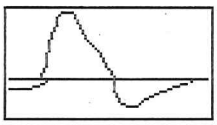
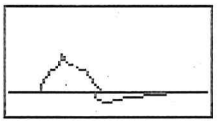
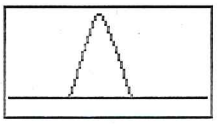
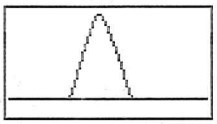
Reason	Ulceration
Outcome	disease mild, Calcified, Calf vessel disease

20151211 112

Right		Left	
	Brachial		
	Common Femoral	Good	
	High Thigh		
	Low Thigh		
	Popiteal	Good	
	High Calf		
	Peroneal	Slightly Reduced	
	Anterior Tibial	Good	
	Posterior Tibial	Good	
	Dorsalis Pedis		
	Toe Pressure		
	Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

Poor views of the aorta and left common iliac artery due to bowel gas and depth, unable to comment on calibre or disease level.

LEFT:
EIA: Mild calcified disease, biphasic waveforms PSV 141 cm/s

Assessed by Rebecca Patton

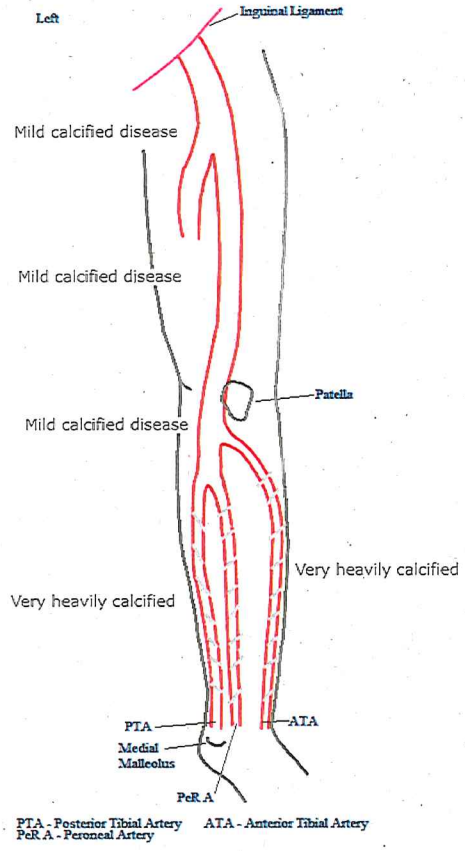
Printed on 05/07/2021 at 9:11 am

Checked by _____

20/5/21 2/2

CFA: Mild calcified disease, biphasic waveforms PSV 149 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 120 cm/s
SFA: Mild calcified disease, biphasic waveforms PSV 121-104 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 63-117 cm/s. TPT is heavily calcified with ? 2 vessel run off
ATA: Very heavily calcified, appears patent along length, bi/monophasic waveforms PSV 79 cm/s
PTA: Very heavily calcified, difficult to visualised in the mid calf, monophasic waveforms PSV 83 cm/s at the ankle
PerA: Very heavily calcified and difficult to trace ? patency, monophasic waveforms PSV 56 cm/s in the proximal calf.

ABPIs known to be incompressible. TBI not performed due to dry and thick skin on the greater toe.

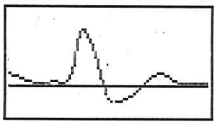
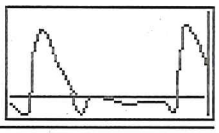
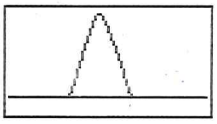
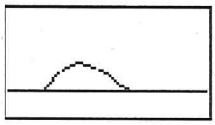
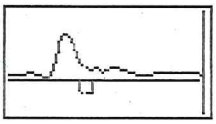
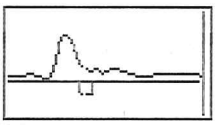


Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:11 am Checked by _____

Reason	Claudication
Outcome	disease mild, Calcified, Patent

25/5/21 1/2

Right				Left	
150	1.00		**Brachial**		
			Common Femoral	Good	
			High Thigh		
			Low Thigh		
			Popiteal	Good	
			High Calf		
			Peroneal	Slightly Reduced	
	Reduced		**Anterior Tibial**	Good	
				140 0.93	
	Good		**Posterior Tibial**	Good	
	160	1.07			
			Dorsalis Pedis		
			Toe Pressure		
	Calf Raises		**Post Exercise**	Calf Raises	
	135	0.90		145 0.97	

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good biphasic waveforms and PSV 55 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.8 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT:
CIA: Obscured by bowel gas

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EIA: Mild calcified disease, biphasic waveforms PSV 186 cm/s

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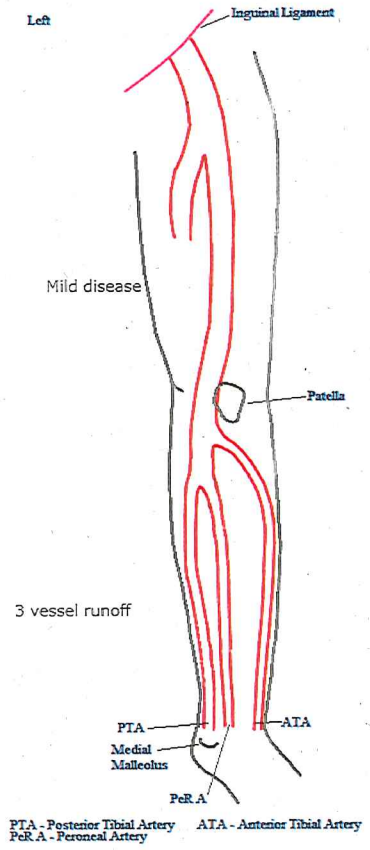
CFA: Mild calcified disease, triphasic waveforms PSV 102 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 78 cm/s
SFA: Mild calcified disease, triphasic waveforms becoming biphasic in the distal vessel PSV 93-71 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 65-47 cm/s. TPT is patent with 2 vessel run off identified, biphasic PSV 61cm/s
ATA: Mild calcified disease, patent along length, biphasic waveforms PSV 42-53 cm/s
PTA: Mild calcified disease, patent along length, biphasic waveforms PSV 46-38 cm/s
PerA: Mild calcified disease, monophasic waveforms PSV 33 cm/s at the ankle

Resting ABPIs are within normal limits with no significant drop post exercise



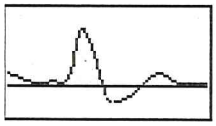
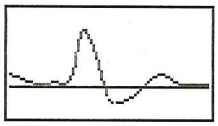
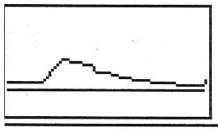
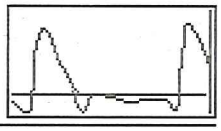
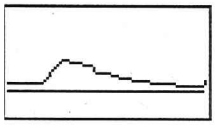
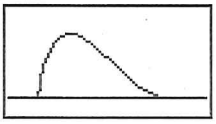
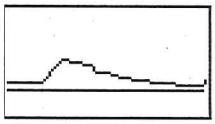
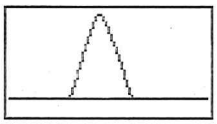
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:08 am

Checked by _____

Reason	Routine
Outcome	disease mild, Occlusion

2S/5/21 1/2

Right				Left	
			Brachial	135 / 1.00	
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Reduced		**Popiteal**	Good	
			High Calf		
			Peroneal		
	Reduced		**Anterior Tibial**	Reduced	
	Reduced 65 / 0.48		**Posterior Tibial**	Good 155 / 1.15	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL WAVEFORMS AND PRESSURES ASSESSMENT
Peripheral assessment requested by A and E. Significant disease indicated on the right therefore quick arterial assessment performed.

RIGHT:
CFA: Mild calcified disease, triphasic waveforms PSV 126 cm/s
SFA: Appears occluded ~ 1 cm from the origin at 67 cm MM. Vessel reforms in the distal thigh at 44 cm MM.

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:08 am

Checked by _____

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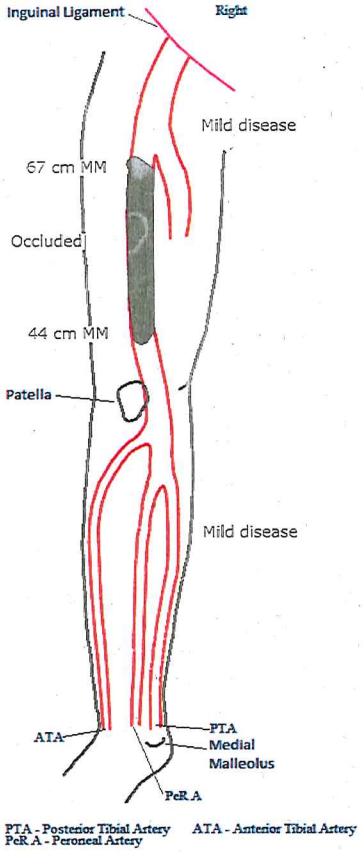
POPA: Mild calcified disease, monophasic waveforms PSV 35 cm/s
ATA: Mild calcified disease, monophasic waveforms PSV 26 cm/s
PTA: Mild calcified disease, monophasic waveforms PSV 24 cm/s

LEFT:
CFA: Mild calcified disease, triphasic waveforms PSV 119 cm/s
POPA: Mild calcified disease, biphasic waveforms PSV 107-110 cm/s
ATA: Mild calcified disease, mono/biphasic waveforms PSV 29 cm/s
PTA: Mild calcified disease, mono/biphasic waveforms PSV 84 cm/s

Resting ABPIs are reduced on the right and within normal limits on the left.



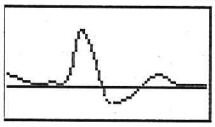
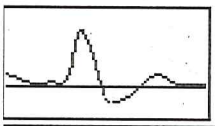
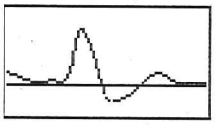
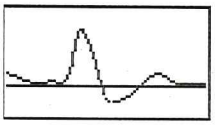
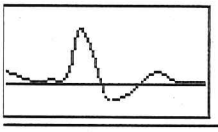
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:08 am

Checked by _____

Reason	Ulceration
Outcome	disease mild, Patent, Calcified

26/5/21 1/2

Right			Left
		Brachial	
	Good	**Common Femoral**	
		High Thigh	
		Low Thigh	
	Good	**Popiteal**	
		High Calf	
	Good	**Peroneal**	
	Good 220	**Anterior Tibial**	220
	Good	**Posterior Tibial**	
		Dorsalis Pedis	
		Toe Pressure	
		Post Exercise	

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good triphasic waveforms and PSV 70 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.8 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:
CIA: Obscured by bowel gas, unable to comment on disease level

Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:07 am Checked by

EIA: Mild calcified disease, triphasic waveforms PSV 171 cm/s

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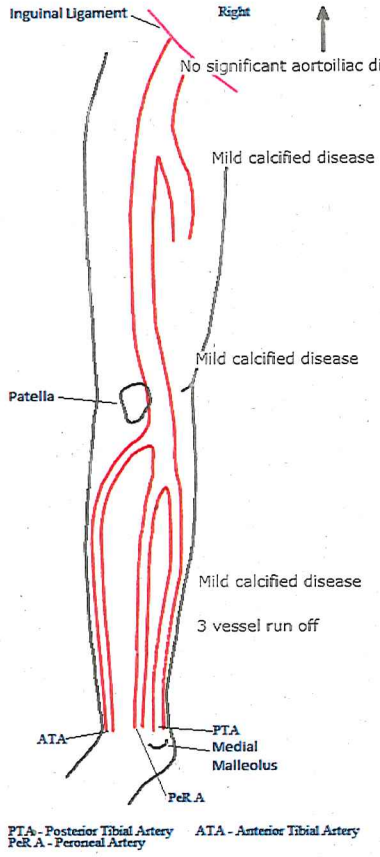
CFA: Mild calcified disease, triphasic waveforms PSV 123 cm/s
PFA: Mild calcified disease, triphasic waveforms PSV 85 cm/s
SFA: Mild calcified disease, triphasic waveforms PSV 152-124 cm/s
POPA: Mild calcified disease, triphasic waveforms PSV 90-139 cm/s. TPT seen with 2 vessel run off
ATA: Mild calcified disease, patent along length, triphasic waveforms PSV 123-114 cm/s
PTA: Mild calcified disease, patent along length, triphasic waveforms PSV 111-90 cm/s
PerA: Mild calcified disease, patent along length, triphasic waveforms PSV 139-82 cm/s

Resting ABPIs are incompressible. TBI not performed due to dressings



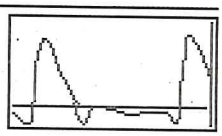
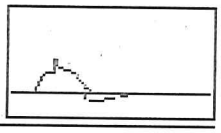
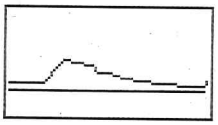
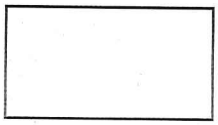
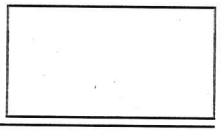
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:07 am

Checked by _____

Reason	Ulceration
Outcome	Aneurysm, disease mild, Calcified, Calf vessel disease

7/6/21 1/2

Right		Left	
	Brachial		
	Common Femoral	Good	
	High Thigh		
	Low Thigh		
	Popiteal	Reduced	
	High Calf		
	Peroneal	Reduced	
	Anterior Tibial	Absent	
	Posterior Tibial	Absent	
	Dorsalis Pedis		
	Toe Pressure		
	Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

Abdominal aorta is widely patent with good biphasic waveforms and PSV 42 cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2.3 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT:
CIA: Mild calcified disease, biphasic waveforms PSV 65 cm/s

Assessed by Rebecca Patton

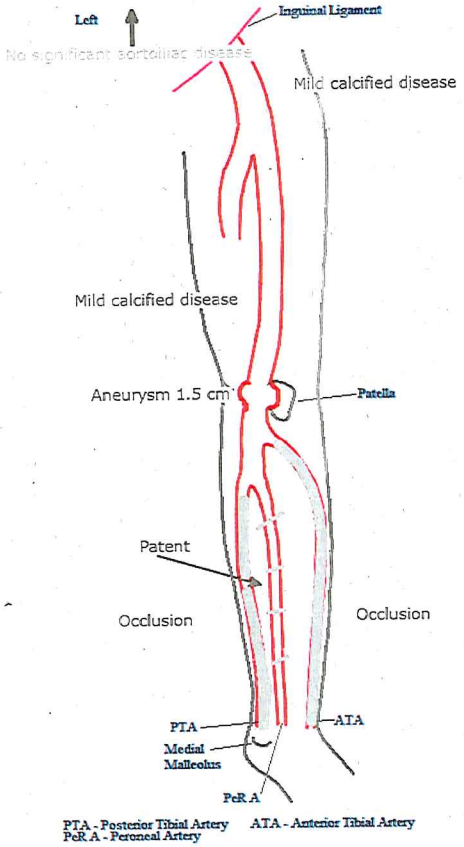
Printed on 05/07/2021 at 9:05 am

Checked by _____

EIA: Mild calcified disease, tortuous vessel, biphasic waveforms PSV 113 cm/s 7/6/21/22

CFA: Mild calcified disease, biphasic waveforms PSV 118 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 46 cm/s
SFA: Mild calcified disease with densely calcified areas, biphasic waveforms PSV 67-37 cm/s
POPA: Mild calcified disease. Mid vessel appears aneurysmal with maximum AP o-to-o measurements 1.5 cm LS and TS. TPT is poorly visualised but appears patent with 1 vesse; run off identified.
ATA: Appears occluded along length.
PTA: Appears occluded along length.
PerA: Poorly visualised due to poor tissue resolution. Vessel appears patent with monophasic waveforms PSV 46 cm/s at the ankle.

Resting ABPIs not performed due to absence of pedal pulses.



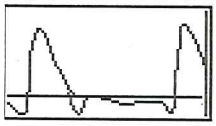
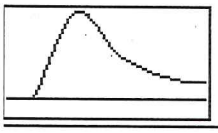
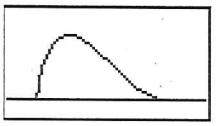
Assessed by Rebecca Patton

Printed on 05/07/2021 at 9:05 am

Checked by _____

7/6/21 1/2

Reason	Ulceration
Outcome	disease mild, disease moderate, Obscured, Bowel gas, Poor images, Calcified, Calf vessel disease

Right			Left
		Brachial	
	Good	**Common Femoral**	
		High Thigh	
		Low Thigh	
	Good	**Popiteal**	
		High Calf	
		Peroneal	
	Reduced	**Anterior Tibial**	
	Absent	**Posterior Tibial**	
	220		
		Dorsalis Pedis	
		Toe Pressure	
		Post Exercise	

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

Aorta is obscured by bowel gas.

RIGHT:
CIA: Obscured by bowel gas
EIA: Where seen patent with mild calcified disease, biphasic waveforms PSV 156 cm/s

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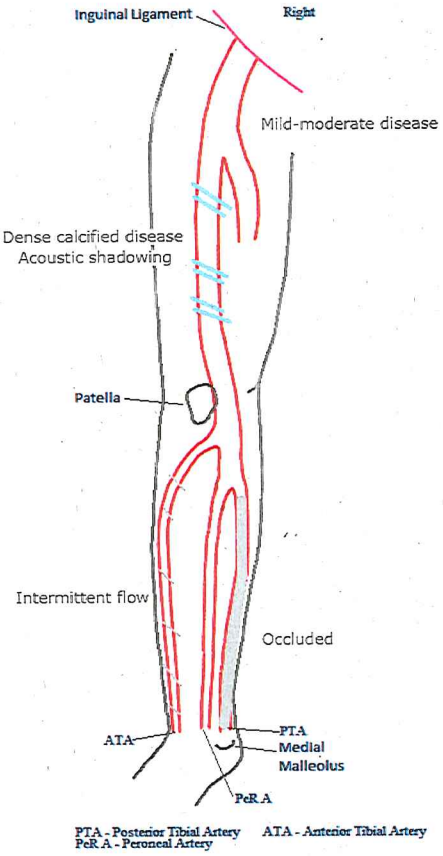
CFA: Mild-moderate calcified disease, biphasic waveforms PSV 109 cm/s
PFA: Mild calcified disease, biphasic waveforms PSV 120 cm/s
SFA: Mild calcified disease with dense areas of calcification causing acoustic shadowing. Slightly turbulent monophasic waveforms PSV 77-84 cm/s
POPA: Mild calcified disease, monophasic waveforms PSV 98-121 cm/s. TPT is obscured
ATA: Heavily calcified with intermittent flow, PSV 114 cm/s at the ankle
PTA: Appears occluded along length
PerA: Not identified

Resting ABPIs are incompressible.



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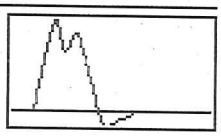
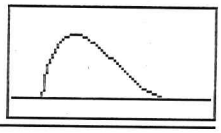
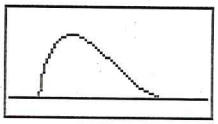
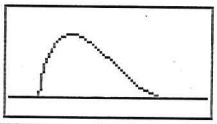
Reason	Claudication, Routine
Outcome	disease mild, Obscured, Calcified, Bowel gas, Poor images, Patent

Right			Left	
145	1.00	**Brachial**		
		Common Femoral	Good	
		High Thigh		
		Low Thigh		
		Popiteal	Good/Slightly reduced	
		High Calf		
		Peroneal		
130	0.90	**Anterior Tibial**	Good/Slightly reduced 150 1.03	
		Posterior Tibial	Good/Slightly reduced	
		Dorsalis Pedis		
		Toe Pressure		
		Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN
*Previous open AAA repair with known occluded right graft limb. Left to right fem-fem x over graft.

AORTA: Poorly visualised due to depth and bowel gas

LEFT:

CIA: Poorly visualised due to depth and bowel gas

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EIA: Patent where seen with mild calcified disease, monophasic waveforms PSV 281 cm/s. Left to right cross-over graft is noted to be patent along length.

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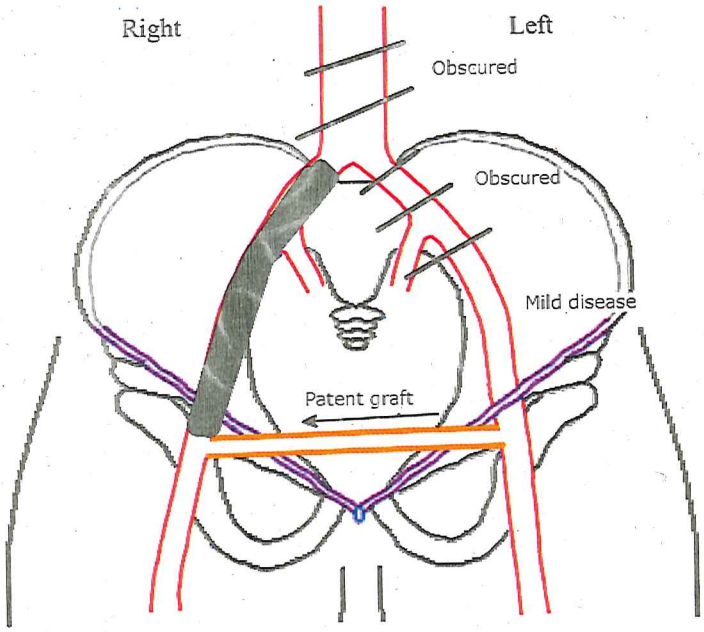
CFA: Difficult to visualise due to graft anastomosis however is patent with slightly turbulent biphasic waveforms
PFA: Mild calcified disease, monophasic waveforms PSV 33 cm/s
SFA: Patent along length with mild calcified disease, biphasic waveforms PSV 64-76 cm/s
POPA: Mild calcified disease, mono/biphasic waveforms PSV 61-53 cm/s. TPT is patent with 2 vessel run off identified
ATA: Patent along length, mild calcified disease, monophasic waveforms PSV 63-69 cm/s
PTA: Patent along length, mild calcified disease, monophasic waveforms PSV 55-57 cm/s
PerA: Not identified

Resting ABPIs are within normal limits bilaterally



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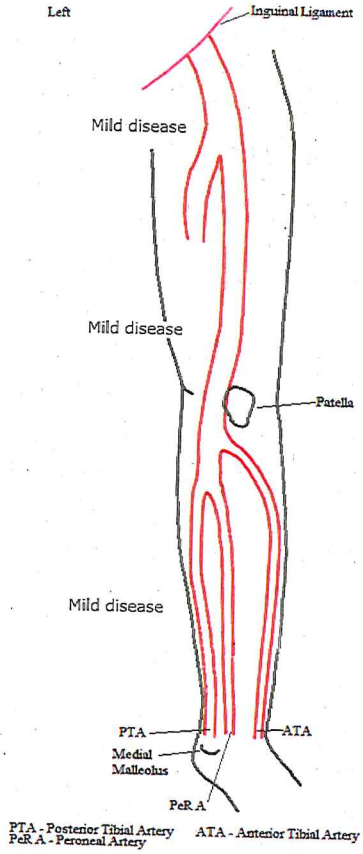

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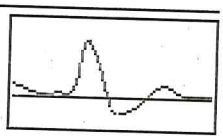
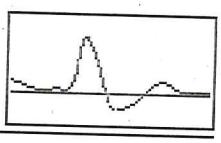
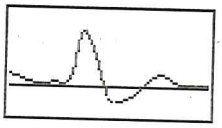
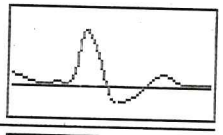
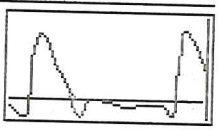
Reason Ulceration

Outcome disease mild, Obscured, Bowel gas, Poor images, Patent

Right		Left	
	Brachial		
	Common Femoral	Good	
	High Thigh		
	Low Thigh		
	Popiteal	Good	
	High Calf		
	Peroneal		
	Anterior Tibial	Good proximal	
	Posterior Tibial	Good	
	Dorsalis Pedis	Good	
	Toe Pressure		
	Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Obscured by depth and bowel gas.

LEFT:
CIA: Obscured by depth and bowel gas.
EIA: Patent where seen with mild disease, triphasic waveforms PSV 176 cm/s

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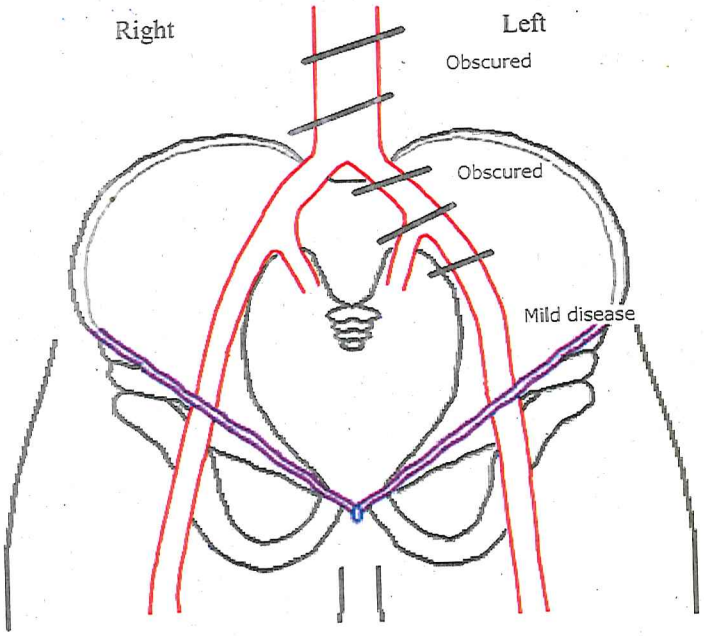
CFA: Mild disease, triphasic waveforms PSV 125 cm/s
PFA: Mild disease, biphasic waveforms PSV 52 cm/s
SFA: Mild disease, triphasic waveforms PSV 87-108 cm/s
POPA: Mild disease, triphasic waveforms PSV 61-94 cm/s. TPT is patent with 2 vessel run off identified
ATA: Patent in the proximal calf, unable to assess mid-distal due to dressings and ulceration
PTA: Patent along length, triphasic waveforms PSV 69 cm/s
PerA: Not identified
DPA: Triphasic waveform identified on HHD

Resting ABPIs not performed due to poor skin condition due to ulceration.



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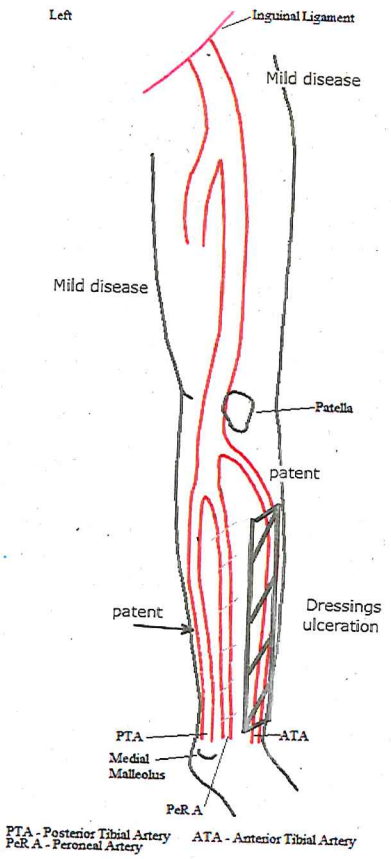

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Reason	Angioplasty, Post-op, Stent
Outcome	disease mild, Patent, Calcified

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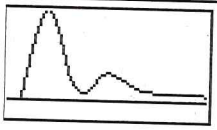
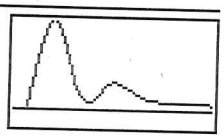
Right				Left	
120	1.00		**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
			Popiteal		
			High Calf		
			Peroneal		
			Anterior Tibial		
	Good		**Posterior Tibial**	Good	
	100	0.83		110	0.92
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL ILIAC DUPLEX SCAN
Slightly poor views due to bowel gas.

AORTA: Widely patent with triphasic waveforms PSV 97 cm/s

RIGHT
CIA: Patent stent, good monophasic waveforms PSV 108 cm/s
EIA: Mild calcified disease, monophasic waveforms PSV 136 cm/s. Limited views due to bowel gas

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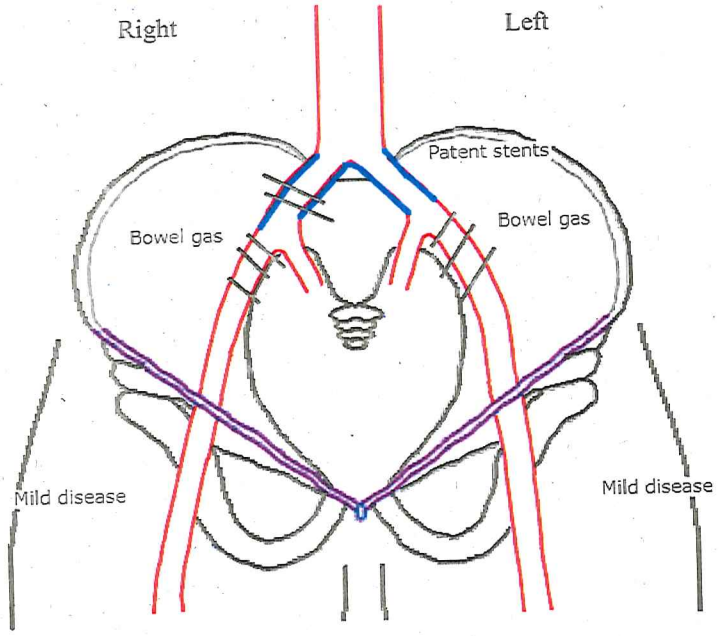
however no evidence of focal disease
CFA: Mild calcified disease, monophasic waveforms PSV 99 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 100 cm/s
SFA: Mild calcified disease at the origin, monophasic waveforms PSV 145 cm/s

LEFT
CIA: Patent stent, good monophasic waveforms PSV 113 cm/s
EIA: Mild calcified disease, monophasic waveforms PSV 119 cm/s
CFA: Mild calcified disease, monophasic waveforms PSV 125 cm/s
PFA: Mild calcified disease, monophasic waveforms PSV 65 cm/s
SFA: Mild calcified disease at the origin, monophasic waveforms PSV 99 cm/s

Resting ABPIs are within normal limits



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