Reason	Ulceration		19	17121
Outcome	disease mild, Obscured, Super	ficial oedema, Calcified,	Calf vessel disease	, , , , – (
Right		Brachial		Left 1/3
	Good		Good	× ×
		Common Femoral	G000	1
		High Thigh		0
Δ		Low Thigh	A	
	Good	Popiteal	Good	$\triangle A$
		High Calf		
		Peroneal		
	Good	Anterior Tibial	Good	
	Good	Posterior Tibial	Good	\triangle
. ,		Dorsalis Pedis		
, "		porouno i curo		
		Toe Pressure		
		Post Exercise		
Notes				
* Irregular heart rat *Superficial oedem Abdominal aorta is	R LIMB ARTERIAL DUPLEX Se noted. a throughout the calves. widely patent with good triphacalibre (maximum AP = 1.2 cm	sic waveforms and PS	V 54 cm/s. The abdominal ac focal dilatation or aneurysm	orta

Assessed by

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

Rebecca Patton

RIGHT:

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

EIA: Mild calcified disease, triphasic waveforms PSV 68 cm/s.

1917121

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

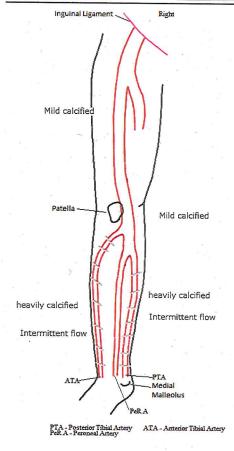
PerA: Not identified

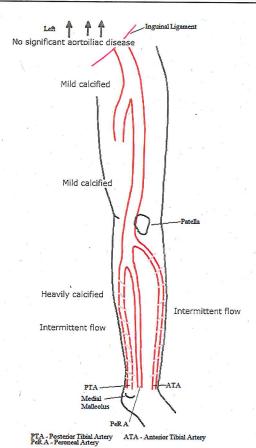
Resting ABPIs not performed due to patient discomfort and positioning of ulcer.

Assessed by

Rebecca Patton

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





1917121

Assessed by

Rebecca Patton

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



Outcome	disease mild, Occlusion, Obs	- Calonica	92 T	
Right	, " ,		V	Left
	, , , , , , , , , , , , , , , , , , ,	Brachial		**
Μ	Good/ turbulent	Common Femoral		
2 .		High Thigh		
·		Low Thigh		
*	Reduced	Popiteal		**
	*	High Calf		2 · · · · · · · · · · · · · · · · · · ·
***		Peroneal	* * * * * * * * * * * * * * * * * * *	
	T = 0 × ×			
~ ~	Reduced	Anterior Tibial		
	* , 1	*		
	Reduced	Posterior Tibial		
	x a	Dorsalis Pedis		180 N E
		Dorsans i cais		
		Toe Pressure		,
N		-		
		Post Exercise		
				* *
Notes	, "*		* · · · · · · · · · · · · · · · · · · ·	
	IMB ARTERIAL DUPLEX SO	CAN		
Abdominal aorta i appears of norma dentified.	s widely patent with good trip I calibre (maximum AP = 1.4	phasic waveforms and PS' cm), with no evidence of	V 85 cm/s. The abdominal focal dilatation or aneurysn	aorta ı
RIGHT:	disease, biphasic waveform	DOV/ 100/-		

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

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

19/7/21

212

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

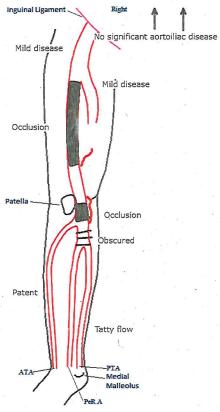
collateral flow identified reforming the distal vessel. TPT is obscured.

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.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery

Reason	Claudication	* ,	16	17121 1/4
Outcome	Bakers cyst, Obscured, Poor Calf vessel disease	r images, patient habitus, P	atient habitus, Stenosis Se	
Right		, 1 + 2 : "x		Left
8 ° 4	140 1.00	Brachial	, ,	т
	Turbulent	Common Femoral	Turbulent	
				<u> </u>
		High Thigh Low Thigh		
	Slightly Reduced	Popiteal	Slightly Reduced	
		· *	<u> </u>	
		High Calf		
		Peroneal		
	, R			ř
	Reduced 115 0.82	Anterior Tibial	Reduced	
	Absent	Posterior Tibial	Absent	
9 2 00		_	· <u> </u>	. ,
		Dorsalis Pedis		
			1.	
		Toe Pressure		
	* *	- Post Exercise	*	ĭ
				* , *,
Notes				
BILATERAL LOWI	ER LIMB ARTERIAL DUPLE essment of the lower limbs dimited assessment of the aorified	lue to small calibre vesse	els and poor tissue resolu atient body habitus.	ition.
RIGHT: CIA: Not identified				

Rebecca Patton

Assessed by

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

EIA: Only distal vessel visualised with turbulent raised velocities PSV 110-652 cm/s indicating a severe \6/7/2\ stenosis.

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.

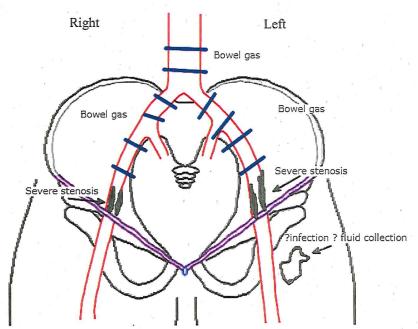
ATA: Calcified but patent along length, monophasic waveforms PSV 82-80 cm/s

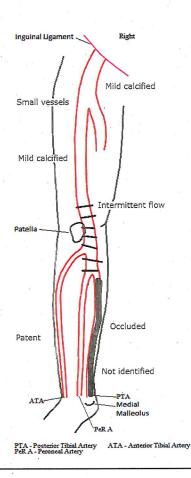
PTA: Occluded
PerA: Not identified

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

- SUGGEST ALTERNATIVE IMAGING OF AORTOILIAC SEGMENT

ASS	sessea	рy	

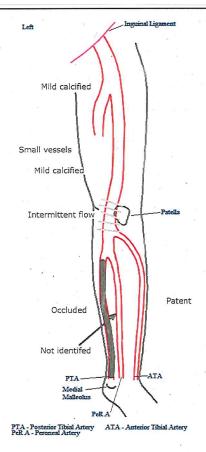




Assessed by

Rebecca Patton

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



16/7121

Reason Outcome	Claudication disease mild, Occlusion, Calf ves	ssel disease	1517121	112
Right	130 1.00	Brachial		Left
		Common Femoral	Good	
Y Y 200		High Thigh		
		Popiteal	Reduced/ absent	
, j		High Calf		A
		Peroneal	Absent	
	165 1.27	Anterior Tibial	Weak 80 0.62	
		Posterior Tibial	Absent	
		Dorsalis Pedis		
		Toe Pressure		
		Post Exercise		·
Notes				
	B ARTERIAL DUPLEX SCAN			
	widely patent with good triphas calibre (maximum AP = 1.7 cm			orta
LEFT: CIA: Mild calcified	disease, biphasic waveforms P	SV 73 cm/s		

Assessed by

Printed on 15/07/2021 at 2:53 pm

Rebecca Patton

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

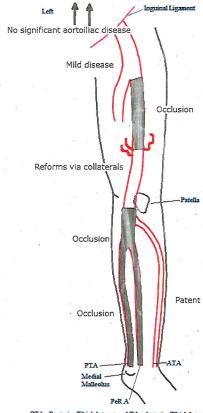
POPA: Proximal vessel appears patent, monophasic waveforms PSV 35 cm/s. Mid-distal vessel appears

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.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery

Right				Left
3		Dunahial		
		Brachial		
Λ Λ	Good	Common Femoral	Good	$\Box \land \land \land$
			*	
		High Thigh		0 0-0
		Low Thigh		
· · · · · ·				
\triangle	Reduced	Popiteal	Good	
				1 J V
	6 6		e	**************************************
		High Calf		
_	Reduced	Peroneal	Slightly Reduced	
		P 2		
			3	
_	Weak/Absent	Anterior Tibial	Reduced	
			9 × 2	
	Absent	Posterior Tibial	Weak/Absent	-
		N .		
		· · · · · · · · · · · · · · · · · · ·	n 1 2 3	
		Dorsalis Pedis		
		Toe Pressure		
			9 1	
		Post Exercise		2
		1 OST EXCIOISE		
		9 v		
Notes				
BILATERAL LOWE	R LIMB ARTERIAL DUPLEX	SCAN		.1
Abdominal aorta is	widely patent with good biph- calibre (maximum AP = 1.3cr	asic waveforms and P	SV 40 cm/s. The abdomin	ial aorta
dentified.	Calibre (maximum AF = 1.50)	ii), with no evidence of	local dilatation of affect y	х ,
a = 2				
RIGHT: CIA: Mild calcified (disease, biphasic waveforms	PSV 116 cm/s		
On the initial calcilled	alocase, bipliasiç wavelollis			= 2

Reason

Claudication

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

15/7/21 2/3

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

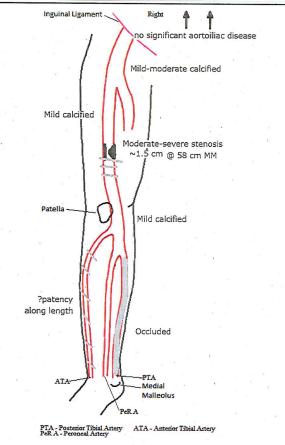
ATA: Heavily calcified with tatty intermittent flow, monophasic waveforms PSV 23 cm/s at the ankle

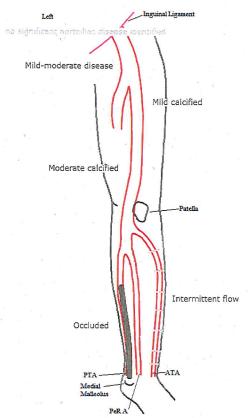
PTA: Heavily calcified in the proximal calf, monophasic waveforms PSV 21 cm/s. Appears occluded in the mid-distal vessel

PerA: Patent along length, monophasic waveforms PSV 50 cm/s at the ankle

Resting ABPIs known to the falsely elevated.

Assessed	by





PTA - Posterior Tibial Artery PeR A - Peroneal Artery ATA - Anterior Tibial Artery

15/7/21

313

Assessed by

Rebecca Patton

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



Reason Outcome	Claudication Occlusion, Calcified		13/7-121 1/	4
Right	150 1.00	Brachial		Left
	Slightly Reduced	Common Femoral	Good	Λ
8		High 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 LOWE	R LIMB ARTERIAL DUPLEX	SCAN		
	noderate calcified disease mor ormal calibre (maximum AP =			
RIGHT: CIA: Appears occlu	uded with no evidence of flow t	using colour or spectral	Doppler	

Rebecca Patton

Assessed by

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

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

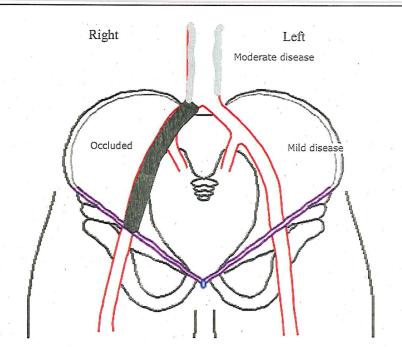
PerA: Calcified disease, monophasic waveforms PSV 82 cm/s at the ankle

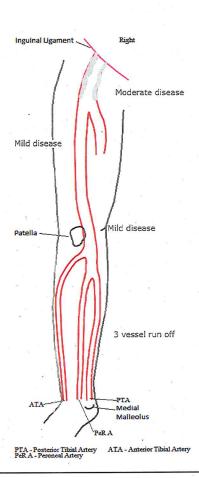
Resting ABPI on the left is within normal limits, unable to perform ABPI on the right due to weakness of pedal pulses.

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Rebecca Patton

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

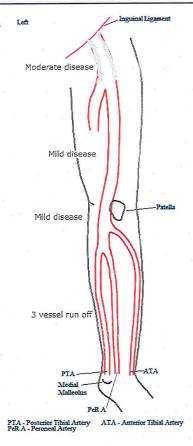




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Rebecca Patton

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



1317121

Reason	Claudication, Ulceration	4		13/7-121	
Outcome	disease mild, Occlusion, Calcified, C	Calf vessel disease			113
Right	*	Brachial			Left
Λ	Good	Common Femoral	Good	(a)	
				e e	
		High Thigh Low Thigh			
	Slightly Reduced	Popiteal	Absent		7 ×
		2	•	* &	
		High Calf			
		Peroneal			
*		ar 			
	Reduced	Anterior Tibial	Absent		
			* *		
	Slightly Reduced	Posterior Tibial	Reduced		
		Dorsalis Pedis	-		,
			y E		
e e e e e e e e e e e e e e e e e e e		Toe Pressure			
		Post Exercise	W W		· · · · · · · · · · · · · · · · · · ·
		Post Exercise			
Notes			 		
BILATERAL LOWE	R LIMB ARTERIAL DUPLEX SCA	AN and			
	widely patent with good triphasic calibre (maximum AP = 1.8 cm), w				orta
RIGHT: CIA: Mild calcified of	disease, biphasic waveforms PSV	139 cm/s	·	* *	¢ .
Assessed by	Rebecca Patton				

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

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

1317121

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

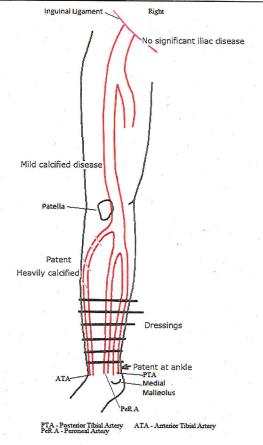
ATA: Appears occluded in the proximal-mid vessel. Unable to assess distal vessel due to ulceration

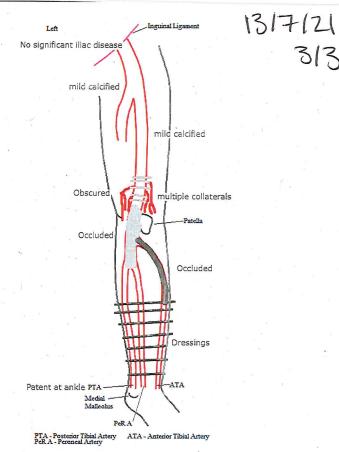
PTA: Patent at the ankle, monophasic waveforms PSV 37 cm/s

PerA: Not identified

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

Assessed by	V	
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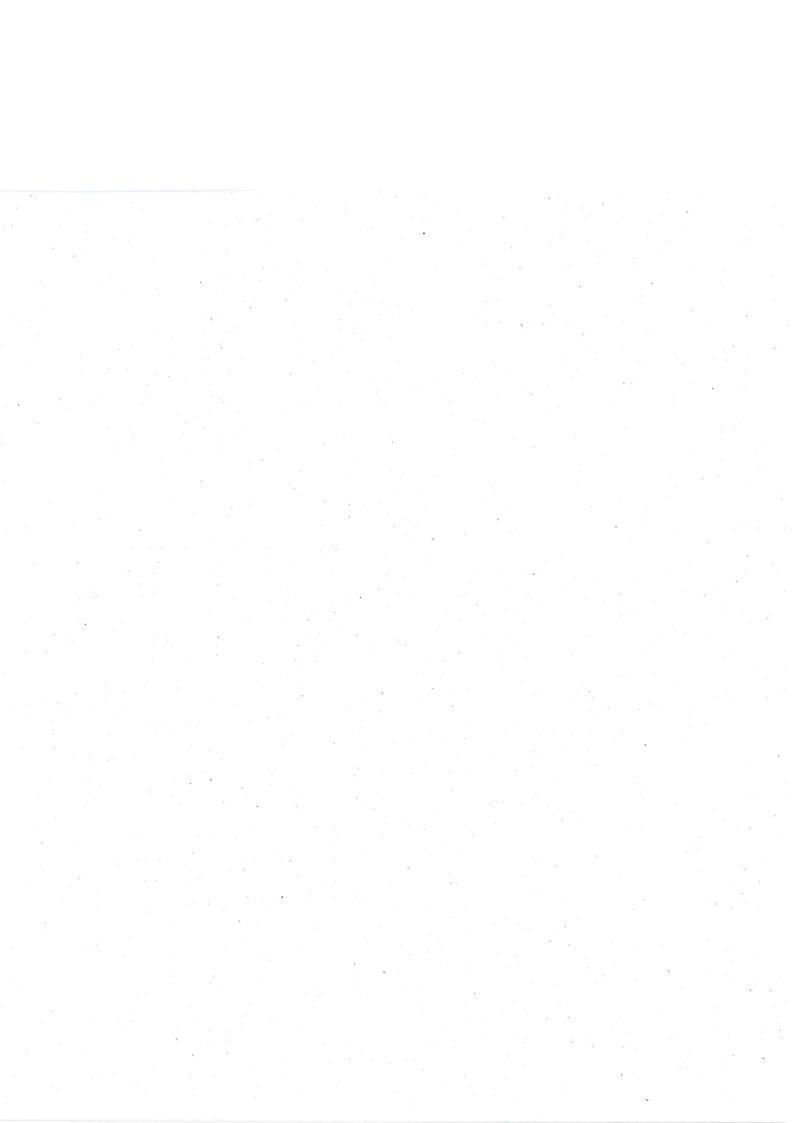




Assessed by

Rebecca Patton

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



Outcome	disease mild, Occlusion, Obsc	ured, Calf vessel disease)	110
Right		Brachial		Left
±* • ' • • • • • • • • • • • • • • • • • •		Common Femoral	Weak	Ŭ
		High Thigh		
		Low Thigh	·	9 0 9
		Popiteal	Weak	
		, , , , , , , , , , , , , , , , , , ,		
		High Calf		
		Peroneal	Weak	
		Anterior Tibial	Absent	
		Posterior Tibial	Absent	
		9	*	
		Dorsalis Pedis		
		Toe Pressure		
1		Post Exercise		
Notes			* ************************************	
LEFT LOWER LIM	B ARTERIAL DUPLEX SCAN sment due to bed scanning an	d patient movement.		
Abdominal aorta is appears of normal identified.	widely patent with monophasi calibre (maximum AP = 2.1 cn	c waveforms and PSV n), with no evidence of	46 cm/s. The abdominal ad focal dilatation or aneurysm	orta 1
LEFT:		* * * * * * * * * * * * * * * * * * *		

Reason

Ischaemia, Rest pain, Ulceration

Rebecca Patton

Assessed by

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

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

7/7/21

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

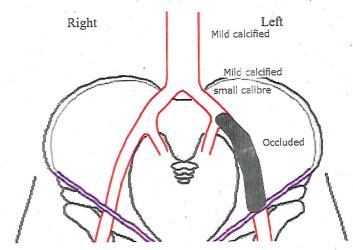
SFA: Difficult to assess origin due to patient movement and clothing. Vessel appears occluded from proximal to distal thigh with no flow detected using colour or spectral Doppler

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



Description of the second of t

PTA - Posterior Tibial Artery PeR A - Peroneal Artery

ATA - Anterior Tibial Artery

Assessed by

Rebecca Patton

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

Checked by

717121 313



Diah4		3	*
Right			Left
	150 1.00	Brachial	
Δ	Good	Common Femoral	
		High Thigh	
		Low Thigh	
Δ_{\sim}	Good	Popiteal	
<u> </u>			· · · · · · · · · · · · · · · · · · ·
		High Calf	
\wedge	Reduced	Peroneal	
	Ж		
	Reduced	Anterior Tibial	
	Reduced	Posterior Tibial	
	80 0.53		75 0.50
		Dorsalis Pedis	
		Toe Pressure	
		· · · · · · · · · · · · · · · · · · ·	
		Post Exercise	
lotes			
	IB ARTERIAL DUPLEX SCA	N	
	widely patent with good tripha calibre (maximum AP = 1.9 cr		SV 85 cm/s. The abdominal aorta focal dilatation or aneurysm
IGHT: IA: Mild calcified o	lisease, triphasic waveforms	PSV 89 cm/s	
			A gas to a

Reason

Ulceration

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

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.

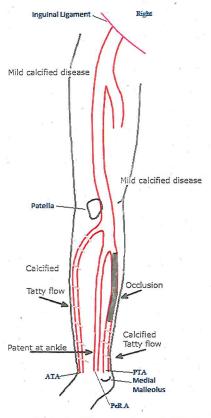
POPA: Mild calcified disease, triphasic waveforms PSV 55-69 cm/s. TPT appears patent with 1 vessel run off identified, mono/triphasic waveforms PSV 70 cm/s

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.



PTA - Posterior Tibial Artery ATA - Anterior Tibial A

disease mild, Occlusion, Calcified, Calf vessel disease			517121 113		
Right				Left	
		Brachial			
* * * * * * * * * * * * * * * * * * *		Common Femoral	Reduced		
1					
8		High Thigh	V.N., 1 * 4 0.0		
n		Low Thigh			
		Popiteal	Weak/Absent]	
				77	
		High Calf			
		Peroneal	Weak]	
* · ·					
		Anterior Tibial	Weak]	
2					
		Posterior Tibial		* **	
		. octonor ribiar		as a	
	1 A		<u></u>		
		Dorsalis Pedis			
s		0.00			
2 0 2		Toe Pressure			
t and the second		Post Exercise			
			•		
Notes LEFT LOWER LIMI	B ARTERIAL DUPLEX SCA	N			
AURIA: Patent, mo	onophasic waveforms PSV 3	39 cm/s			
LEFT: CIA: Appears occlu EIA: Appears occlu					
		*		8 ° 2	

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CFA: Proximal vessel appears to reform via collaterals. Mild calcified disease, monophasic waveforms PSV

517121

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

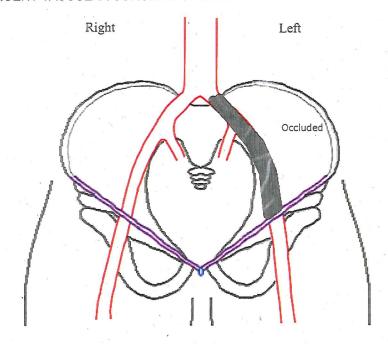
ATA: Patent along length with very weak venous like flow

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.

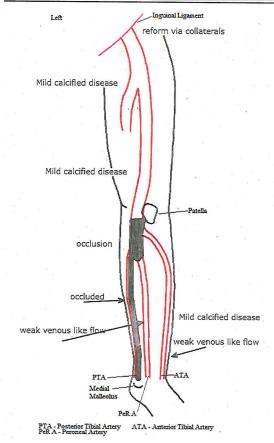
-SUGGEST URGENT VASCULAR SURGICAL OPINION



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517121

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Reason Outcome	Ulceration disease mild, Obscured, Bowel	gas, Calcified, Signfical	nt disease indicated	615121	113
Right		ag the second		Le	ft
e "	s s s s	Brachial		× **	E
M	Good	Common Femoral	Good		M_
		High Thigh Low Thigh		3 3 v	- \
Λ Λ	Good	Popiteal	Weak		
		ropical	* * * * * *		Λ_{\sim}
		High Calf			ş ,
		Peroneal			
· · · · · · · · · · · · · · · · · · ·	Weak	Anterior Tibial	Weak		
				4	
\sim	Weak	Posterior Tibial	Weak		\sim
					
		Dorsalis Pedis			
		Toe Pressure			
	, , , , , , , , , , , , , , , , , , ,		,		9
i.		Post Exercise			
** ***					
Notes					
BILATERAL LOWE	R LIMB ARTERIAL DUPLEX	SCAN			
Aorta appears aneu	urysmal with maximum AP o-to	o-o measurements 3.3	3 cm.		8 -
RIGHT: CIA: Obscured by b EIA: Obscured regi	nowel gas ons, where seen mild calcified	disease, mono/tripha	sic waveforms PSV	323 cm/s	
Assessed by	Rebecca Patton				× =
Assessed by Printed on 05/07/20		Checked	bv		* *** ********************************

615121 213

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

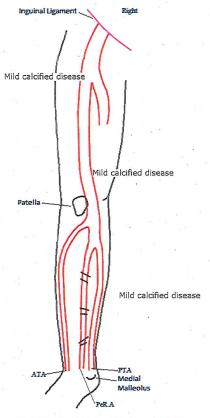
SFA: Mild calcified disease in the proximal vessel, monophasic waveforms PSV 69 cm/s. Vessel becomes more heavily calcified with multiple obscured regions in the mid-distal thigh? full vessel patency. Where seen, monophasic waveforms PSV 108 cm/s

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



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery PeR A - Peroneal Artery

Left Inguinal Ligament mild disease Heavily calcified/ obscured ? patency

PTA - Posterior Tibial Arter PeR A - Peroneal Artery

mild calcified disease

y ATA - Anterior Tibial Artery

Assessed by

Rebecca Patton

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Checked by

615121



Reason Outcome	Routine Widely patent, No significant dise	ase indicated		56/05/2	1 1)	2
Right		2 C S			Left	
3 8 3 92 3 92	125 1.00	Brachial		a d		g a
\wedge	Good	Common Femoral		a a		4
~						
n ell u		High Thigh	÷			
		Low Thigh		e ;	*	
Λ	Good	Popiteal				
		High Calf	Se : 9		or g ,	2 = ,
	Good	Peroneal				
Λ	Good	Anterior Tibial				= 4
Λ	Good	Posterior Tibial				
	135 1.08	Toolerier Tible	- 135	1.08	। 	
s	40 80 6 7	Dorsalis Pedis		**	×	2
				a	1	
		Toe Pressure				* *
		Post Exercise			er e	D.
		r v			6.	
Notes						
	MB ARTERIAL DUPLEX SCAN					
	widely patent with good triphasic calibre (maximum AP = 1.7 cm),					
RIGHT: CIA: Minimal disea	se, triphasic waveforms PSV 119	5 cm/s			* I	g ²

Rebecca Patton

Assessed by

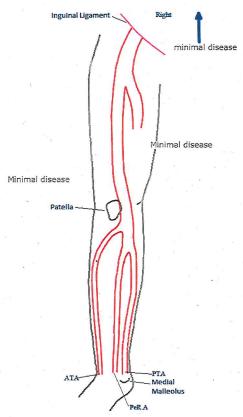
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CFA: Minimal disease, triphasic waveforms PSV 112 cm/s PFA: Minimal disease, triphasic waveforms PSV 94 cm/s SFA: Minimal disease, triphasic waveforms PSV 123-110 cm/s

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.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery

Reason Outcome	Claudication disease mild, Occlusion, Calcified		1015121	112
Right	160 1.00	Brachial	90 0.56	Left
	Good	Common Femoral	Reduced	
		High Thigh		· · · · · · ·
	Good	Popiteal	Reduced	
		High Calf		
	Good	Peroneal		
	Good	Anterior Tibial	Reduced	
	Good	Posterior Tibial	Weak	
		Dorsalis Pedis		
		Toe Pressure		
		Post Exercise		W.)
Nacas		***		
Notes BILATERAL LOWE	R LIMB ARTERIAL DUPLEX SC	AN		
	widely patent with slightly reduce pears of normal calibre (maximu l.			ıor
RIGHT:				

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

EIA: Mild calcified disease.

1015121 212

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

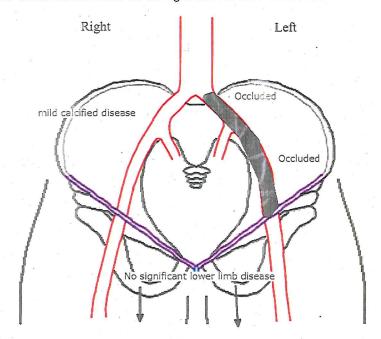
POPA: Mild calcified disease, monophasic waveforms PSV 32-28 cm/s. TPT seen with 2 vessel run off

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



Reason Outcome	Claudication, Rest pain disease mild, Occlusion, Calcified	3 a s	191512	1 112
Right	130 1.00	Brachial		Left
	Good	Common Femoral	Reduced	
		High Thigh Low Thigh Popiteal	Reduced	
		High Calf	Weak	
		Anterior Tibial	Weak	
	Good 1.00	Posterior Tibial	Reduced 70 0.54	
		Dorsalis Pedis		
		Toe Pressure		
	* * .	Post Exercise		
Abdominal aorta is	B ARTERIAL DUPLEX SCAN widely patent with good triphasic calibre (maximum AP = 1.4 cm),			orta
identified. LEFT:	- 1.4 Oll),	Will the evidence of	Total dilutation of differential	

CIA: Appears occluded.

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IIA: Retrograde flow identified

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

19/5/21 2/2

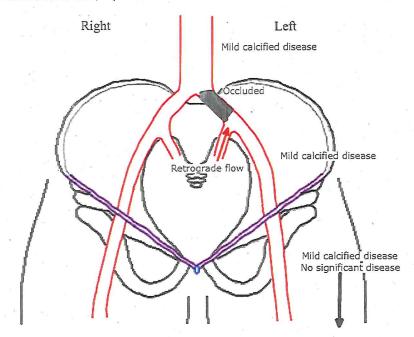
CFA: Mild calcified disease, monophasic waveforms PSV 24 cm/s PFA: Mild calcified disease, monophasic waveforms PSV 18 cm/s SFA: Mild calcified disease, monophasic waveforms PSV 27-21 cm/s

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



Reason Outcome	Claudication disease mild, disease moderate,	Calcified, Signficant disease indicated	19/5/21 1/2
Right	110 1.00	Brachial	Left
	Good	Common Femoral	
		High Thigh Low Thigh	
	Reduced	Popiteal	
	Poduood	High Calf	
	Reduced	Peroneal	
	Good 0.91	Anterior Tibial	
	Reduced/weak	Posterior Tibial Good	1.09
* * * * * * * * * * * * * * * * * * * *		Dorsalis Pedis	
		Toe Pressure	
	Calf Raises 0.73	Post Exercise Calf Raises	1.27
Notes			
Abdominal aorta is		ic waveforms and PSV 96 cm/s. T , with no evidence of focal dilatation	
RIGHT: CIA: Mild calcified of	disease, biphasic waveforms PS	SV 56 cm/s	
Assessed by	Rebecca Patton	, ,	

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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

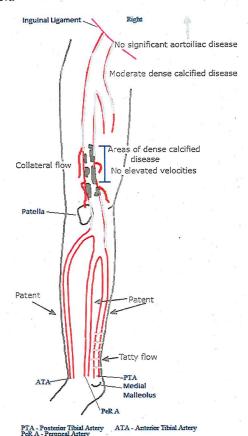
POPA: Mild calcified disease, monophasic waveforms PSV 41 -19 cm/s. TPT appears patent with 2 vessel run off identified

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.



ReasonRest pain, UlcerationOutcomeOcclusion, Obscured, Superficial	oedema, Calcified	2515121	1/2
Right	Brachial		Left
	Common Femoral	Slightly Reduced	
	High Thigh Low Thigh		
	Popiteal	Reduced	
	High Calf		
	Peroneal	Weak	
	Anterior Tibial	Good	
	Posterior Tibial		
	Dorsalis Pedis		
	Toe Pressure		et e
	Post Exercise		
Notes LEFT LOWER LIMB ARTERIAL DUPLEX SCAN			
Abdominal aorta is widely patent with good triphasi appears of normal calibre (maximum AP = 1.3 cm), identified.			aorta
LEFT: CIA: Mild calcified disease, biphasic waveforms PS	SV 138 cm/s		

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Printed on 05/07/2021 at 9:12 am

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

25/5/21 2/2

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.

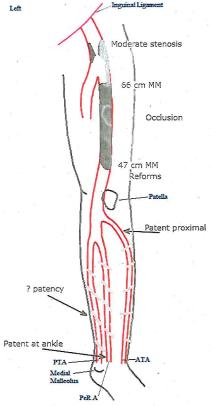
ATA: Patent in the proximal calf, monophasic waveforms PSV 82 cm/s. Very difficult to trace in the

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



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery

Reason Outcome	Ulceration disease mild, Calcified, Calf vess	sel disease	201512	112
Right		Brachial		Left
		Bracillai		
, s		Common Femoral	Good	
		High Thigh		
		Low Thigh	· · · · · · · · · · · · · · · · · · ·	
e e e		Popiteal	Good	
		High Calf		
		Peroneal	Slightly Reduced	
		Anterior Tibial	Good	\triangle
			,	
		Posterior Tibial	Good	<u> </u>
	×	Dorsalis Pedis	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		Dorsans redis		
			4	
		Toe Pressure		
			*	
		Post Exercise		
*			*;	
Notes				
EFT LOWER LIME	BARTERIAL DUPLEX SCAN		y	
Poor views of the accalibre or disease le	orta and left common iliac arter	ry due to bowel gas	and depth, unable to comment	on
LEFT:				
	isease, biphasic waveforms P	SV 141 cm/s		
	Pohoosa Potton		*	

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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

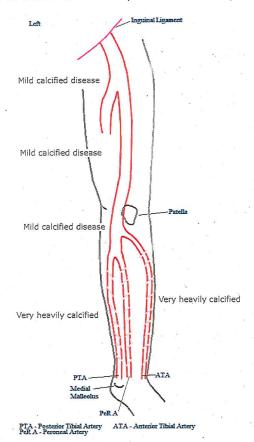
vessel run off

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.



Outcome	disease mild, Calcified, Patent		2515121	1/2
Right		* 0 * 0		Left
f	150 1.00	Brachial		× 0 2
		Common Femoral	Good	Λ
	1			
1 2 0 E		High Thigh	4	* 2 2 2
		Low Thigh		
		Popiteal	Good	V V
				1
		High Calf		3.0
		Peroneal	Slightly Reduced	
				/ \
	Reduced	Anterior Tibial	Good 140 0.93	
			140 0.93	
\bigwedge	Good	Posterior Tibial	Good	
		Dorsalis Pedis		
		Toe Pressure		· · · · · · · · · · · · · · · · · · ·
· .	* %			
	Calf Raises	Post Exercise	Calf Raises	
	135 0.90		145 0.97	
Notes				
LEFT LOWER LIM	B ARTERIAL DUPLEX SCAN			
Abdominal aorta is appears of normal identified.	widely patent with good biphas calibre (maximum AP = 1.8 cm	sic waveforms and PS), with no evidence of	V 55 cm/s. The abdominal a focal dilatation or aneurysm	orta
LEFT: CIA: Obscured by b	powel gas			
Assessed by	Rebecca Patton		- 1	9 V 6

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

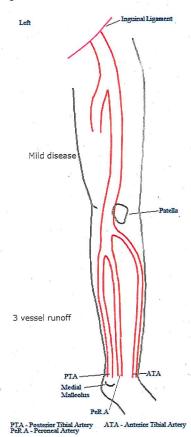
2515/21 212

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



Reason Outcome	Routine disease mild, Occlusion		25/5/21	112
Righ		Brachial	135 1.00	Left
	Good	Common Femoral	Good	
		High Thigh		
	Reduced	Popiteal	Good	
		High Calf Peroneal		
	Reduced	Anterior Tibial	Reduced	
	Reduced 0.48	Posterior Tibial	Good 1.15	
		Dorsalis Pedis		
		Toe Pressure		*
	ER LIMB ARTERIAL WAVEFORI sment requested by A and E. Sign nt performed.			ck
	d disease, triphasic waveforms P cluded ~ 1 cm from the origin at (forms in the distal thigh at 44	cm

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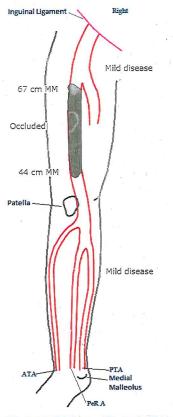
POPA: Mild calcified disease, monophasic waveforms PSV 35 cm/s ATA: Mild calcified disease, monophasic waveforms PSV 26 cm/s PTA: Mild calcified disease, monophasic waveforms PSV 24 cm/s

25/5/21 2/2

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.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery

Reason Outcome	Ulceration disease mild, Patent, Calcified		26/5/21 1/2
Rig	ht	8	Left
9		Brachial	s 2
\mathcal{A}_{\sim}	Good	Common Femoral	
		High Think	
		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	* 1		
	LIMB ARTERIAL DUPLEX SCAN		
Abdominal aorta appears of norm identified.	a is widely patent with good triphas aal calibre (maximum AP = 1.8 cm)	ic waveforms and PSV 7), with no evidence of foc	0 cm/s. The abdominal aorta al dilatation or aneurysm
RIGHT: CIA: Obscured b	by bowel gas, unable to comment o	on disease level	
Assessed by	Rebecca Patton		

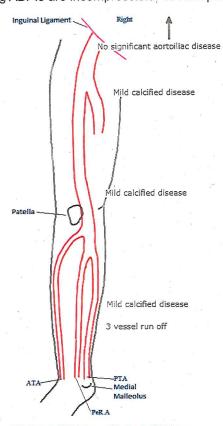
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CFA: Mild calcified disease, triphasic waveforms PSV 123 cm/s PFA: Mild calcified disease, triphasic waveforms PSV 85 cm/s SFA: Mild calcified disease, triphasic waveforms PSV 152-124 cm/s

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



Reason Outcome	Ulceration Aneurysm, disease mild, Calcified	d, Calf vessel disease	716/21	112
Right			* * * * * * * * * * * * * * * * * * * *	Left
		Brachial		
		Common Femoral	Good	1 1
		High Thigh		7
		Low Thigh		
		Popiteal	Reduced	
				
a		High Calf		
		Peroneal	Reduced	
d,		Anterior Tibial	Absent	
		Posterior Tibial	Absent	· · · · · · · · · · · · · · · · · · ·
1				
		Dorsalis Pedis		· · · · · · · · · · · · · · · · · · ·
		Toe Pressure		
		Post Exercise	* **	
		POST EXERCISE		
Notes				
	ARTERIAL DUPLEX SCAN			
Abdominal aorta is w	videly patent with good biphasic alibre (maximum AP = 2.3 cm), v	waveforms and PSV with no evidence of f	/ 42 cm/s. The abdominal acocal dilatation or aneurysm	orta
LEFT: CIA: Mild calcified dis	sease, biphasic waveforms PSV	65 cm/s		

Reason

Assessed by

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

Rebecca Patton

Ulceration

EIA: Mild calcified disease, tortuous vessel, biphasic waveforms PSV 113 cm/s

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

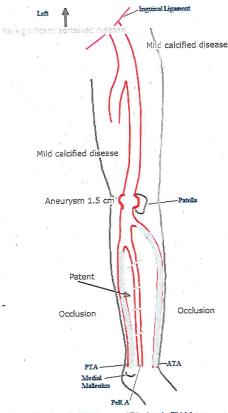
cm LS and TS. TPT is poorly visualised but appears patent with 1 vesse; run off identified.

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.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery

Reason	Ulceration		716121 11	2
Outcome Right	disease mild, disease mo	oderate, Obscured, Bowel gas, Po		el disease Left
		Brachial	x	
	Good			
	Good	Common Femoral	*	
7 0		High Thigh		*
		Low Thigh		
	Good	Popiteal		
			· · · · · · · · · · · · · · · · · · ·	
	* * * * * * * * * * * * * * * * * * *			
		High Calf		р 3 20
		Peroneal		
- A2	*			
	Reduced	Anterior Tibial		8 2
	F			
1 00	Absent 220	Posterior Tibial		
			1	e a
· n	,	Dorsalis Pedis		
		Toe Pressure		*
3				
		Post Exercise	91 °	
Notes				
RIGHT LOWER LIN	IB ARTERIAL DUPLEX	SCAN		A A
Aorta is obscured b	v bowel gas.			
	· · · · · · · · · · · · · · · · · · ·			
RIGHT: CIA: Obscured by b				EV K
EIA: Where seen pa	atent with mild calcified o	disease, biphasic waveforms P	SV 156 cm/s	
Accepted by	Pohoos Petter		¥ " " " " " " " " " " " " " " " " " " "	
Assessed by Printed on 05/07/20	Rebecca Patton	Checked by		

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

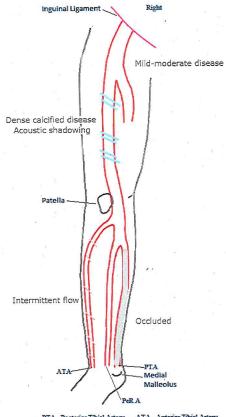
POPA: Mild calcified disease, monophasic waveforms PSV 98-121 cm/s. TPT is obscured

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.



Reason Outcome	Claudication, Routine disease mild, Obscured, Calo	cified, Bowel gas, Poor ima	7-16 ages, Patent	121 1/3
Right	, · ·			Left
	1.00	Brachial		
		Common Femoral	Good	1
		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	
- B		Dorsalis Pedis		
		Toe Pressure		
	- d	Post Exercise		2
Notes				
LEFT LOWER LIMB Previous open AAA	ARTERIAL DUPLEX SCAN repair with known occluded	right graft limb. Left to r	ight fem-fem x over graft.	
AORTA: Poorly visua	alised due to depth and bow	el gas		
_EFT:				
CIA: Poorly visualise	ed due to depth and bowel ga	as		
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EIA: Patent where seen with mild calcified disease, monophasic waveforms PSV 281 cm/s. Left to right 7/6/12\
cross-over graft is noted to be patent along length.

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

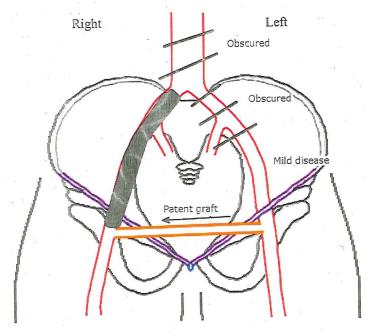
SFA: Patent along length with mild calcified disease, biphasic waveforms PSV 64-76 cm/s

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



Mild disease

Mild disease

Patella

Mild disease

PATA

Medial

Malleolus

Per A

PTA - Posterior Tibial Artery PeR A - Peroneal Artery

ATA - Anterior Tibial Artery

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	disease mild, Obscured, Bowel	gas, Poor Images, Pat	ent	0/21 1/3
Right		- v		Left
		Brachial	* * * * * * * * * * * * * * * * * * *	Lon
		Common Femoral	Good	
		High Thigh	a " " " " " " " " " " " " " " " " " " "	
		Low Thigh	<u> </u>	
		Popiteal	Good	
, X-	· · · · · · · · · · · · · · · · · · ·		* * *	
		High Calf		
		Peroneal		
		Anterior Tibial	Good proximal	- N. V.
		3 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•	
		Posterior Tibial	Good	
т Ф			1 KI	
		Dorsalis Pedis	Good	
		Toe Pressure		,
	<u> </u>	Post Exercise		
tes				
FT LOWER LIMB	ARTERIAL DUPLEX SCAN			
	y depth and bowel gas.	3		
FT:				
: Patent where se	pth and bowel gas. en with mild disease, triphasic v	vaveforms PSV 176	cm/s	
essed by	Rebecca Patton			

Reason

Ulceration

816/21 2/3

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

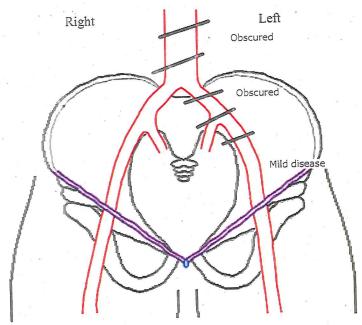
ATA: Patent in the proximal calf, unable to assess mid-distal due to dressings and ulceration

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.



Mild disease

Patella

Patella

Patella

Patella

Patella

Patella

Patella

Patella

ATA

Medial

Malleolus

Per A

PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery PeRA - Peroneal Artery

Assessed by

Rebecca Patton

Printed on 05/07/2021 at 9:03 am

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Reason Outcome	Angioplasty, Post-op, Stent		09 1.6	121 1/2
· ·	disease mild, Patent, Calcified			112
Righ				Left
^	120 1.00	Brachial	8	
\bigwedge_{\sim}	Good	Common Femoral	Good	$\bigcap \bigcap \bigcap$
		High Thigh		
		Low Thigh		
		Popiteal	· · · · · · · · · · · · · · · · · · ·	g * II
		, ~~ .		
		High Calf	. * %	
		Peroneal		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·				
		Anterior Tibial		
*,		*		
E 4	Good	Posterior Tibial	Good	$\neg \Gamma$
	100 0.83		110 0.92	
		Develo D. J.		
		Dorsalis Pedis		
	*			
8 8 9		Toe Pressure		
	· · · · · · · · · · · · · · · · · · ·	Davi S		* *
		Post Exercise		
		*		
otes	NIDI EV COM			
ATERAL ILIAC D ghtly poor views o	due to bowel gas.			
RTA: Widely pate	ent with triphasic waveforms PSV	/ 97 cm/s		
SHT				
: Patent stent, go	ood monophasic waveforms PSV sease, monophasic waveforms F	108 cm/s PSV 136 cm/s. Limite	d views due to howel as	,
sessed by	Rebecca Patton			
nted on 05/07/202		Checked by		
	a course messages	Checked by		×

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

