

Clinical Measurement Services
UNIVERSITY HOSPITALS OF DERBY & BURTON NHS FOUNDATION TRUST
Vascular Ultrasound Report

ARTERIAL STUDY - LOWER LIMB

Name:	Date of Test:	02/07/2021 01:42:06
Hospital Number:	Test Number:	3133009
Date of Birth:	Technician:	HEUGIL
Ordering Doctor:	Miss Greta Saggu	Dept/Ward: Derby OPD

Symptoms and Surgical Procedures

Doppler Pressures

At Rest

Brachial mmHg
Right DP mmHg Left DP mmHg
Right PT mmHg Left PT mmHg

After Exercise

Brachial mmHg
Right DP mmHg Left DP mmHg
Right PT mmHg Left PT mmHg

Arterial Arm Dopplers

Brachial Right : mmHg Left: mmHg
Radial Right: mmHg Left: mmHg
Ulna Right: mmHg Left: mmHg

Clinical presentation: Right leg calf claudication, patient is unsure of distance he can walk without getting this pain, patient rests for 5mins and the pain goes away. Left leg completely asymptomatic. Smoker (7/8 per day). Not diabetic.

Aorto-iliac segment

Poor images due to extensive bowel gas.

Aorta: Poorly visualised due to bowel gas, where seen the proximal vessel appears patent with triphasic waveforms, PSV 0.52m/s. The distal vessel is aneurysmal, measuring **4.4cm in maximum dimensions (LS). This has increased in size by 5mm since previous scan in June 2020.**

The right common iliac and external iliac arteries could not be visualised due to extensive bowel gas.

Left CIA: Only the very proximal vessel was visualised, this is patent with triphasic waveforms, PSV 0.85m/s.

Left EIA: The proximal-mid vessel was not visualised due to extensive bowel gas. The distal vessel is patent with triphasic waveforms, PSV 1.04cm/s.

Right lower limb:

CFA: Patent with mild calcified disease but no significant arterial disease seen, waveforms, PSV triphasic waveforms, PSV 0.93m/s.

PFA: Patent at origin with no significant arterial disease seen proximally, triphasic waveforms, PSV 0.85m/s.

SFA: Patent with no significant arterial disease seen along length. Triphasic waveforms identified in the proximal-mid vessel PSVs: proximal 0.90m/s and mid 0.43m/s. High resistant monophasic waveforms seen in the distal vessel, PSV 0.27m/s. The vessel is patent throughout the adductor canal.

POPA: The very proximal vessel is patent. No significant arterial disease seen high resistant monophasic waveforms, PSV 0.11m/s. **The proximal-distal vessel is occluded with mixed echogenic material, no flow seen using Power, Spectral or Colour Doppler.**

TPT: **Occluded.**

Crural arteries:

PTA: Reforms proximally, patent throughout with no significant disease seen. Damped monophasic waveforms throughout, distal PSV 0.40m/s.

ATA: **Appears to be occluded along length.**

PEROA: Reforms proximally, patent throughout with no significant disease seen. Damped monophasic waveforms throughout, distal PSV 0.20m/s.

Left lower limb:

CFA: Patent with no significant arterial disease seen, triphasic waveforms, PSV 0.60m/s.

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PFA: Patent at origin with no significant arterial disease seen proximally, triphasic waveforms, PSV 0.33m/s.

SFA: Patent. No significant arterial disease seen. Triphasic waveforms throughout, PSVs: proximal 0.90m/s, mid 0.63m/s, distal 0.51m/s. The vessel is patent throughout the adductor canal.

POPA: Patent. No significant arterial disease seen. Triphasic waveforms, PSVs: proximal 0.56m/s, distal 0.52m/s.

Appears of normal and uniform calibre, measuring 0.87cm LS in maximum dimensions.

TPT: Could not be clearly visualised.

Crural arteries

PTA: **Unable to identify vessel origin ?occluded. Retrograde flow seen in the proximal-mid vessel, suggestive of a more proximal occlusion.** Vessel is patent at the ankle but with high resistant monophasic waveforms, PSV 0.27m/s.

ATA: Patent throughout with no significant disease seen. Triphasic waveforms throughout, distal PSV 1.05m/s.

PEROA: **Not visualised ?occluded.**

Summary: Significant increase in AAA size. Right popliteal artery occlusion. Left calf vessel disease.

Reporter: Miss Heulwen Gilbert