

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

ARTERIAL STUDY - LOWER LIMB

Name:	Date of Test:	02/08/2021 04:11:28
Hospital Number:	Test Number:	3170433
Date of Birth:	Technician:	HEUGIL
Ordering Doctor: Mr MK Lingam	Dept/Ward:	Derby OPD

Symptoms and Surgical Procedures

Doppler Pressures

At Rest

Brachial 150 mmHg
Right DP 137 mmHg Left DP 96 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: 100m calf claudication. Not rest pain. Not diabetic. Smoker (20/day).
Medications: Aspirin and inhalers.

Aorto-iliac segment

*Challenging assessment due to bowel gas and patient heavy breathing.

Aorta: Where seen appears patent with no significant stenosis seen, and is of normal and uniform calibre.
Biphasic waveforms, PSV 0.46m/s.
Right and left CIA: Unable to visualise due to bowel gas.
Right EIA: Appears mildly calcified but patent along length with biphasic waveforms, PSV 1.50m/s.
Left EIA: Mildly calcified but patent along length with slightly raised velocity biphasic waveforms, PSV 2.12m/s.

Right lower limb

CFA: Patent with mild calcified disease, no significant arterial disease seen, triphasic waveforms, PSV 1.36m/s.
PFA: Patent at origin with no significant arterial disease seen proximally, triphasic waveforms, PSV 1.28m/s.
SFA: Patent. No significant arterial disease seen. The proximal vessel is patent with biphasic waveforms, PSV 0.74m/s.
There is an area of mixed plaque in the proximal thigh, however this does not appear to form a significant stenosis (velocities increase from PSV 1.36m/s to PSV 2.27m/s). The mid-distal vessel is patent with triphasic waveforms, PSV 1.33m/s (mid) and PSV 1.27m/s (distal). The vessel is patent throughout the adductor canal.

POPA: Patent. No significant arterial disease seen. Triphasic waveforms, PSVs: proximal 0.60m/s, distal 0.61m/s.
TPT: Patent with no significant arterial disease seen. Triphasic waveforms, PSV 0.48m/s.

Crural arteries

PTA: Patent in the distal calf with triphasic waveforms, PSV 0.48m/s. **Vessel appears to be occluded at the ankle.**
ATA: The distal vessel is patent with biphasic waveforms, PSV 0.49m/s.
PEROA: The distal vessel is patent with hyperaemic waveforms, PSV 0.50m/s.

Left lower limb

CFA: Patent with mild calcified disease, no significant arterial disease seen, turbulent triphasic waveforms, PSV 0.81m/s.
PFA: Patent at origin with no significant arterial disease seen proximally, triphasic waveforms, PSV 1.00m/s.
SFA: The proximal vessel is patent with triphasic waveforms, PSV 0.48m/s. **There is a >75% in the mid vessel with velocities increasing from PSV 0.64m/s to PSV 3.20m/s, total length of stenosis is ~1.3cm.** The distal vessel is patent with damped monophasic waveforms, PSV 0.96m/s. **>75% stenosis noted through the adductor canal with velocities increasing from PSV 0.39m/s to PSV 1.87m/s.**

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POPA: Patent. No significant arterial disease seen. Damped monophasic waveforms, PSVs: proximal 0.36m/s, distal 0.33m/s.

TPT: Patent with no significant arterial disease seen. Damped monophasic waveforms, PSV 0.48m/s.

Crural arteries

PTA: **Appears to be occluded distally.**

ATA: The distal vessel is patent with damped monophasic waveforms, PSV 0.23m/s.

PEROA: The distal vessel is patent with damped monophasic waveforms, PSV 0.18m/s.

Right resting ABPI is within normal limits (0.91).

Left resting ABPI is significantly reduced (0.64).

Summary:

Occluded right PTA at ankle. Normal right resting ABPI.

>75% left mid and distal SFA stenosis. Occluded left PTA at ankle. Significantly reduced left resting ABPI.

Reporter: Miss Heulwen Gilbert