25 Arterial scans

06/07/2021	4114622016	LLLA
14/07/2021	1509462430	RLLA
14/07/2021	2810362025	LLLA
14/07/2021	610672398	RLLA
19/07/2021	1510632379	LLLA
19/07/2021	1005622213	BLLA
23/07/2021	606422013	BLLA
23/07/2021	207302200	LLLA
28/07/2021	310432111	RLLA
28/07/2021	1408692139	LLLA
03/08/2021	3005549054	RLLA
04/08/2021	105532495	RLLA
24/08/2021	2810555354	RLLA
01/09/2021	804592071	BLLA
03/09/2021	2812422130	BLLA
04/09/2021	707442079	RLLA
16/09/2021	2102412156	BLLA
16/09/2021	2708462229	RLLA
23/09/2021	1808645596	RLLA
23/09/2021	1808645596	RLLA
30/09/2021	201432218	BLLA

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr Sotiris Makris
Vascular Surgeon
Ward 215

Episode date
06/07/2021

Ward
Outpatient

Patient:
[redacted]

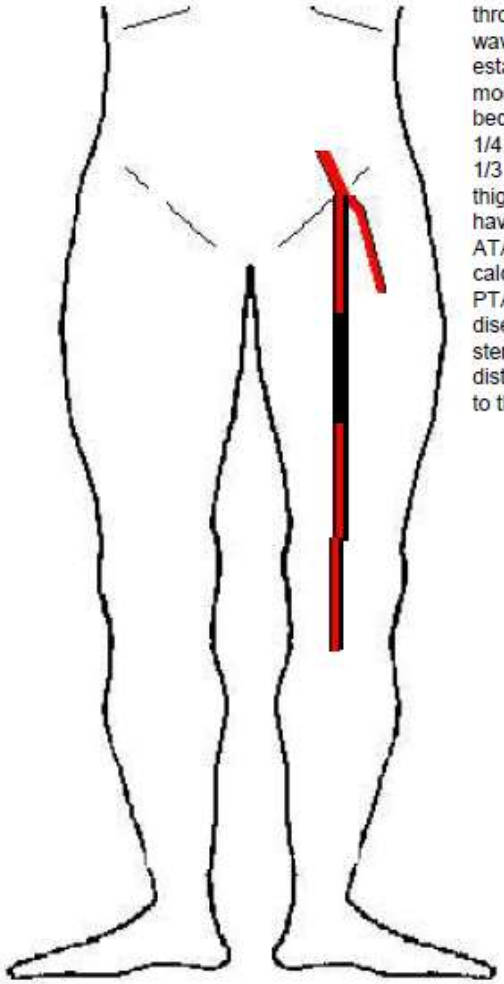
Unit Number
0200102

CHI
0411462016

Tests performed: **Left Leg Arterial Duplex**

Results:

AMP



CFA moderate disease throughout with a biphasic waveform, profunda is well established, proximal SFA moderate disease, which becomes more significant at 1/4 SFA thigh and occludes at 1/3 thigh reconstituting at 2/3 thigh, distal SFA and popliteal have moderate disease.
ATA patent with moderate calcification.
PTA moderate diffused disease with mulitple 50% stenosis and a occlusion distally with colateral going in to the foot.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr M Sharp
Vascular Surgeon
Ward 215 ARI

Episode date
14/07/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
1372177

CHI

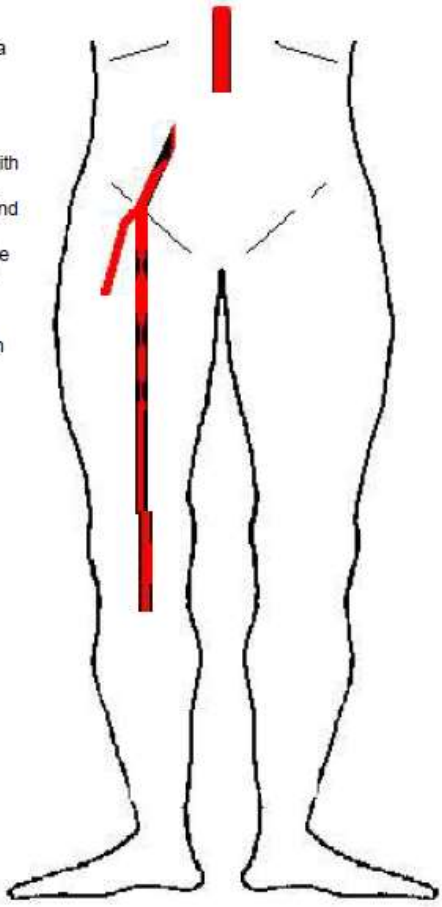
Tests performed: **Right Leg Arterial Duplex**

Results:

Aorta is calcified, CIA not imaged due to BG, EIA has a 50 - 60% stenosis.

CFA mild diffused disease throughout.
SFA mild diffused disease with 3 significant focal srtenosis. The first proximally (50%), and two in the mid segment 1st being a 50% stenosis and the 2nd being 50 - ^)% stenosis popliteal mild disease.

ATA and pTA are patent with calcified disease.



Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

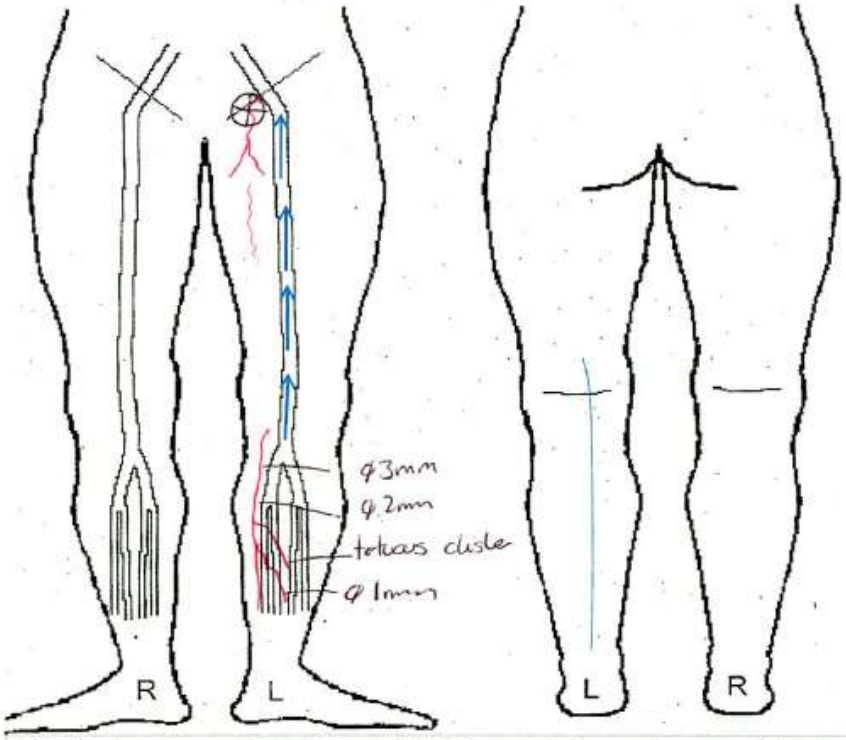
To: Mr Cooper
Specialist Vascular Nurse
Clinic

Date: 15/07/2021

[redacted] **Hosp.No:** 2810362025 **D.O.B** 28/10/1936

Date of Test:

Test: Left lower limb venous and Arterial



LLLV - The deep veisn are patent and competent, The LSV appeares to have previous surgery, (Mrs Webster can't rememeber but her daughter think she had stripping 35 years ago. there is some evidence of re vasculisation however is not seen in the fascia until the knee at this point the vein is patent but incompetent 1 -2 seconds reflux and has a diameter ~ 2 - 3 mm, it feds a cluster of vein in the calf, The Cluster vein are small in calbre ~ 1mm
SSV is patent and competent

LLLA - The fem pop segement has minor diffused disease with a triphasic waveform seen throughout. The calf are slightly calcified and have a sharp biphasic waveform throughout and into the foot.

Heather Lynn

lynnhe 15/07/2021 13:40

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr Sotiris Makris
Vascular Surgeon
Ward 215

Episode date
14/07/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
1243721

CHI
0610672398

Tests performed: Generic Duplex

Right - CFA and profunda artery are patent and well established they both have a triphasic waveform, SFA occludes at the origin reconstitutes in the mid poplteal and then re occludeds in the distal popliteal. The occlusion has a thrombotic appearence. difficult to detected flow in the calf vessel however a very damped monophasic signal was seen in the mid PTA,

CFV partial throbose, SFV thrombosed throughut and extends in to the popliteal. There is a 13mm blow out in the popliteal.

spoke to vas dr

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Locum
Vascular Consultant
Ward 215 ARI

Episode date
19/07/2021

Ward
Outpatient

Patient:
[redacted]

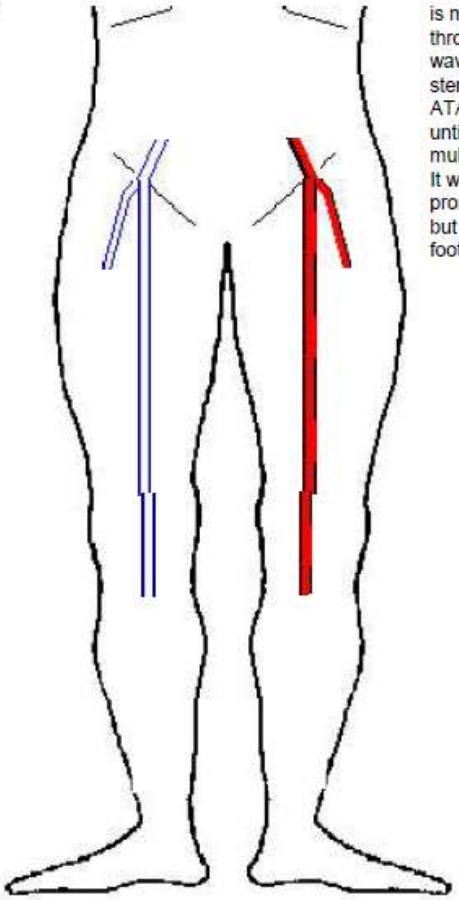
Unit Number
2001835

CHI
1510632379

Tests performed: **Left Leg Arterial Duplex**

Results:

PTA at the foot has a monophasic waveform, DPA sharp biphasic waveform.



CFA - popliteal segment there is mild diffused disease throughout with a triphasic waveform, The PTA has multi stenosis < 50%
ATA has a triphasic waveform until 2/3 calf, distally there is multiple stenosis (x4 and x 2). It was also noted that the proximal DPA could be image but could not follow it into the foot

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr M Sharp
Vascular Surgeon
Ward 215 ARI

Episode date
19/07/2021

Ward
Outpatient

Patient:
[redacted]

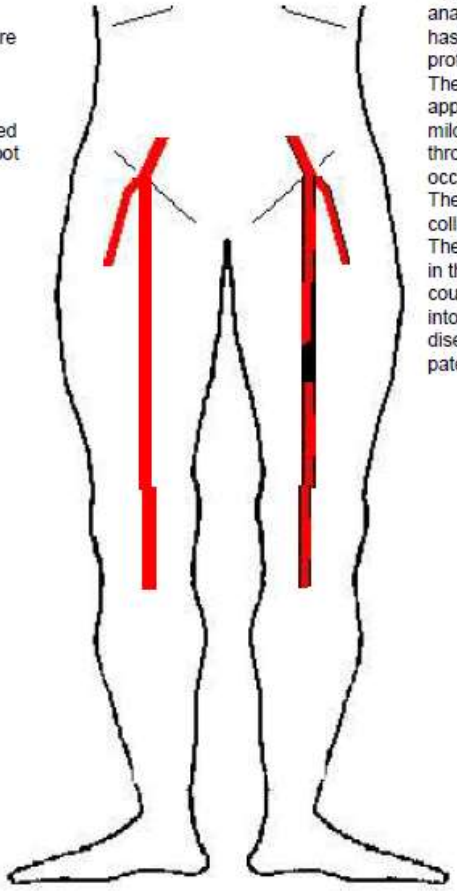
Unit Number
0260720

CHI

Tests performed: **Right Leg Arterial Duplex**

Results:

Right groin has a damped monophasic waveform, the fem - pop arterial segment are patent with mild disease throughout, all 3 calf vessel are patent no significant disease noted. A very damped waveform was seen at the foot with PSV's of less than 20cm/sec.



Left 50 - 60 % stenosis at the anastomosis, the anastomosis has a diameter of 13mm. The profunada is well established. The fem -pop segment appears to be under filling with mild diffused disease throughout and a 2.5cm occlusion in the mid SFA. There is a good network of collaterals seen.
The ATA had multiple stenosis in the mid - distal segment and could not demonstrate flow into the foot. PTA mild disease, appears widely patent.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

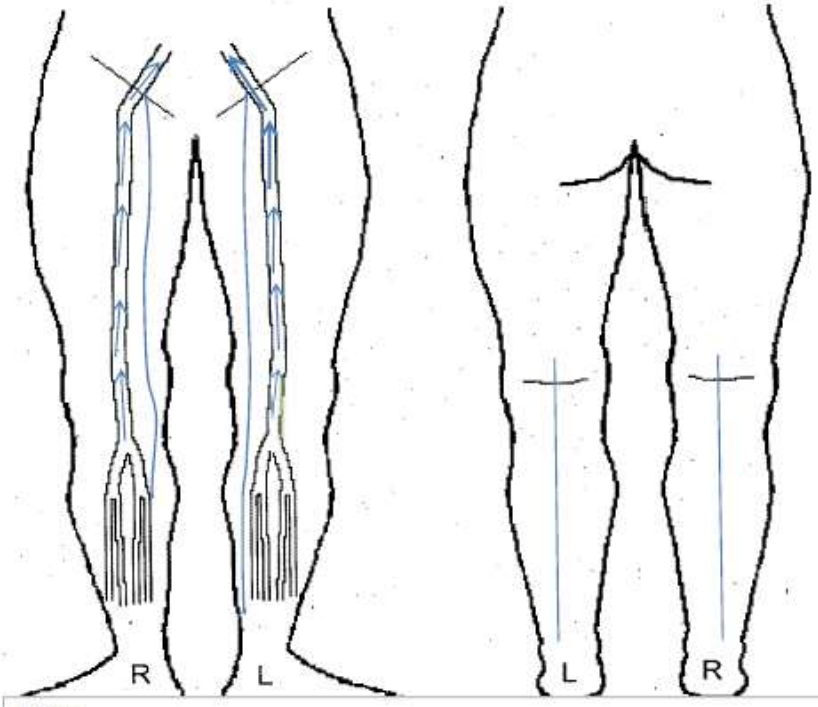
To: Mr Cooper
Consultant Vascular Surgeon
clinic - ARI

Date: 23/07/2021

[redacted] Hosp.No: 606422013 D.O.B: 06/06/1942

Date of Test: 23/07/2021

Test: Bilateral lower limb venous and arterial



Venous
Right deep veins and superficial veins are patent and competent,
Left Deep veins are patent and competent, It was noted that the proximal popliteal was post thrombotic but widely patent. Superficial veins are patent and competent.

Arterial
The aortic /iliac arteries appear to have a normal calibre, minor disease and a triphasic waveform throughout.

Right fem - pop minor disease with a triphaisic waveform throughout, all calf vessel are patent with minor calcified walls. (shape triphasic waveform at the foot in PTA and DPA)

Left - fem - pop minor disease with a triphaisic waveform throughout, all calf vessel are patent with minor calcified walls (shape triphasic waveform at the foot in PTA and DPA)

The Vascular Laboratory
Aberdeen Royal Infirmary

To: Mr Munro
Consultant Vascular Surgeon
clinic - ARI

Date: 18/08/2021

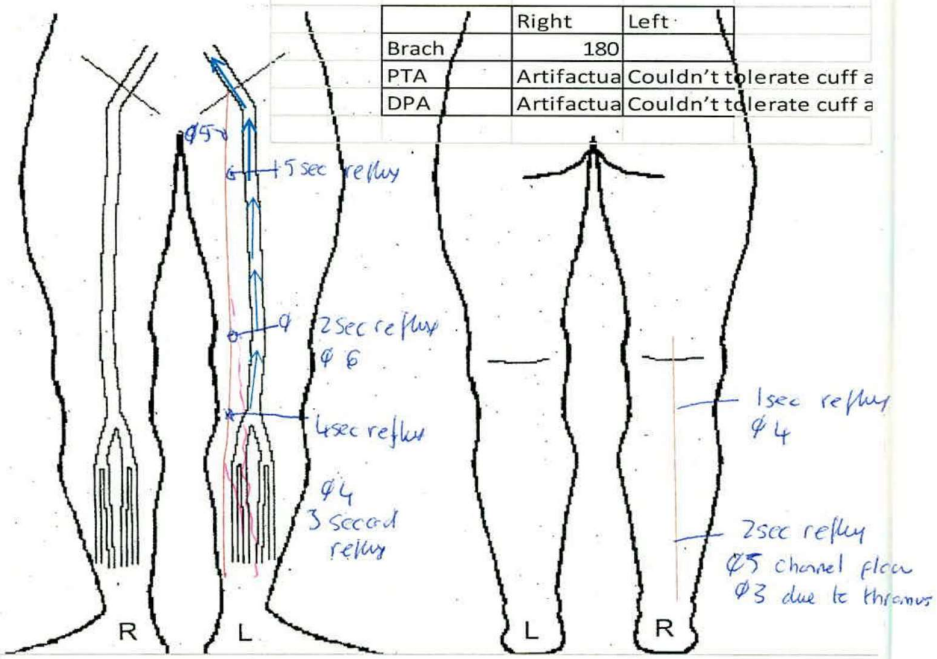
[redacted] **Hosp.No:** 207302200 **D.O.B:** 02/07/2021

Date of Test: 23/07/2021

Test: Left lower limb venous and arterial

ABI's

	Right	Left
Brach	180	
PTA	Artifactua	Couldn't tolerate cuff a
DPA	Artifactua	Couldn't tolerate cuff a



Limitation to scan due mobility

Venous

Left Deep veins are patent and competent, The LSV has 1.5 second reflux in the thigh and 3 -4 seconds reflux in the calf, the LSV remains in the fascia until 1/4 calf and there are tortuous branches seen in the calf. SSV is incompetent with 1 -2 second reflux it also appears post thromboic in the mid to distal segment however there is still a good channel of flow

Arterial

Right - DPA sharp biphaisc at the foot. PTA bipahsic very calcified vessel
Left - Fem - pop segment has mild calcified disease with a triphasic waveform throughout. ATA patent throughout calcified. PTA is narrow calibre ~ 1 - 2 mm and heavily calcified, peroneal artery has mild calcification and patent biphasic waveform seen at the ankle

HWlynn

lynnhe 18/08/2021 12:28

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr Alasdair Wilson
Vascular Surgeon
Ward 215

Episode date
28/07/2021

Ward
Outpatient

Patient: [redacted]

Unit Number
0959309

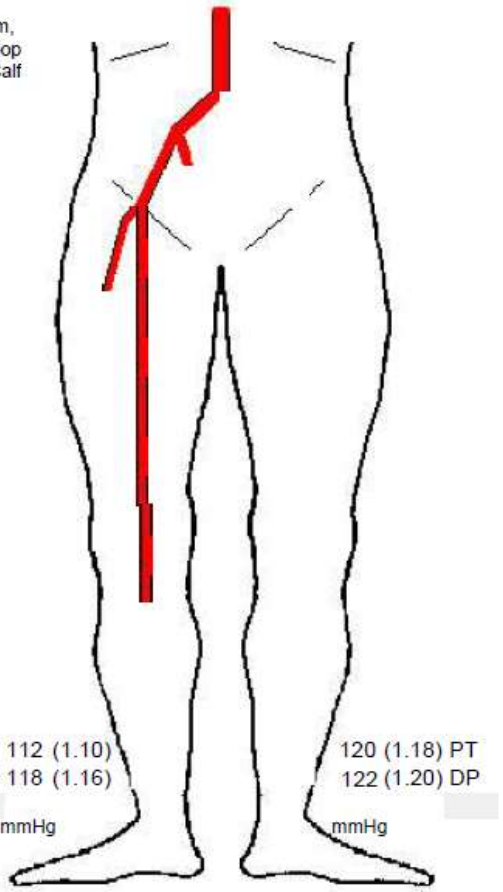
CHI
0310432111

Tests performed: **Ankle Brachial Indices Right Leg Arterial Duplex**

Results:

	Right	Left
Brachial	102	

Aorta is normal size at 18mm, Iliacs minor disease fem - pop minor disease throughout, Calf vessel are patent. with calcified walls. scanned to mid foot with a triphasic waveform seen throughout



Scanned By:- Heather Lynn
Trainee Clinical Scientist

Return

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr B Renwick
Vascular Surgeon
Ward 215

Episode date
28/07/2021

Ward
Outpatient

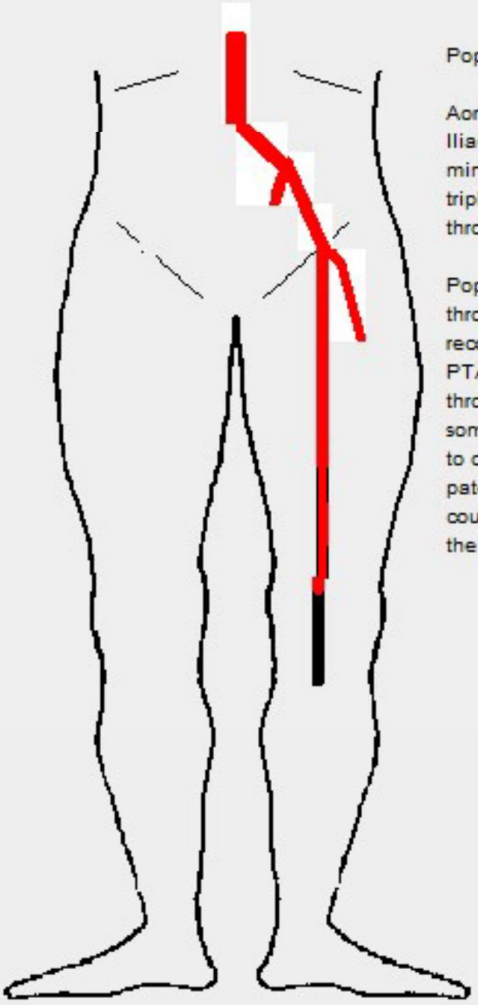
Patient: [redacted]

Unit Number
2006240

CHI
1408692139

Tests performed: **Left Leg Arterial Duplex**

Results:



Popliteal occlusion

Aorta has normal calibre. Iliac, CFA and SFA have minimal disease with a triphasic waveform throughout

Popliteal occlusion with a thrombose appearence reconstitutes at PT trunk, PTA widely patent throughout, ATA patent with some underfiling in the mid to distal segment. Peroneal patent proximally however could not see in continuity to the ankle. ?underfilling

The Vascular Laboratory
Aberdeen Royal Infirmary

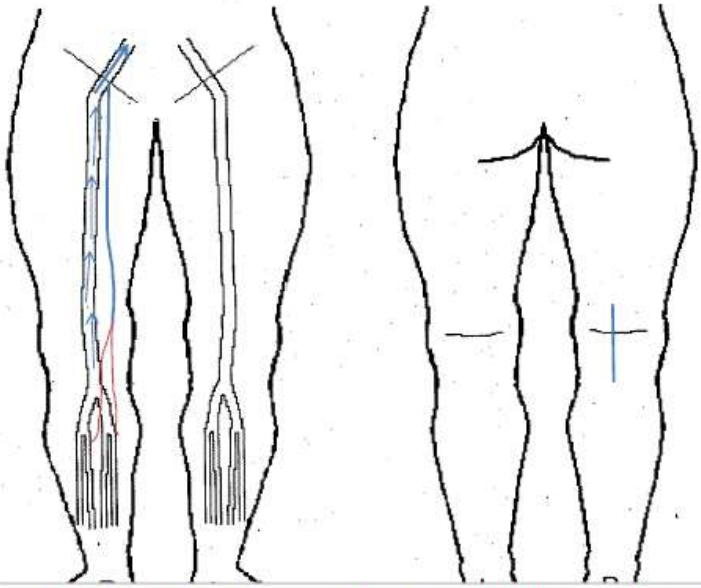
To: Mr Sharp
Consultant Vascular Surgeon
clinic - ARI

Date: 24/08/2021

[redacted] Hosp.No: 2810555354 D.O.B: 28/10/1955

Date of Test:

Test: Right lower limb venous and arterial



Right - deep veins are patent and competent, LSV is patent until 2/3 thigh were is connects with a incompetent branch and then becomes incompetent with 1 seconds reflux and a diameter of ~ 5mm, the branch is tortuous and runs down the calf. calf difficult to assess due to painful leg and wounds.

Arterial -difficult scan due to body habitus and mobility
CFA is patent with mild calcified disease and a triphaisc waveform. The proximal SFA has moderate diffused disease with a 50% stenosis, at 1/4 thigh there is a 2cm occlusion/servere disease the SFA reconstitutes and then reoccludes/severe disease at mid thigh for 4cm. The distal SFA and popliteal are patent with significant calcified disease noted throughout. PT trunk could not be imaged today. There is a very damped monophaisc waveform seen in the DPA with PSV's of 8cm/sec. PTA not detected
Heather Lynn/LS

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Ben Cooper
VSN
Ward 215 ARI

Episode date
01/09/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
080459

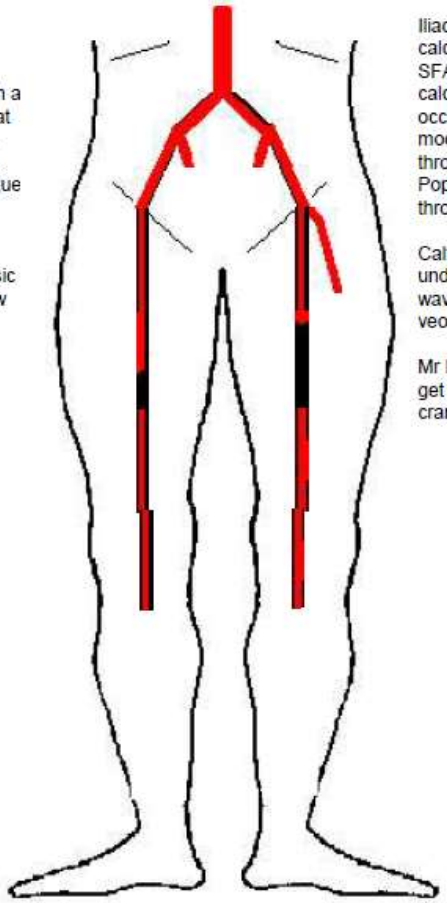
CHI
0804592071

Tests performed: **Bilateral Arterial Legs Duplex**

Results:

Aorta/iliac mild diffused calcified disease.
CFA 60% stenosis distally,
SFA - moderate disease with a short occlusion (2cm long) at mid thigh and a 9x stenosis. distally mild calcified plaque.
Popliteal - mild calcified plaque throughout

Calf vessel are calcified underfilling with a monophasic waveform at the foot with low veocities 20cm/sec



Iliac and CFA mild diffused calcified disease.
SFA moderate diffused calcified disease with a 10cm occlusion in mid thigh, distally moderate diffused disease throughout
Popliteal mild calcified disease throughout.

Calf vessel are calcified underfilling with a monophasic waveform at the foot with low veocities 20cm/sec

Mr Ruddiman said he has to get up at night due to leg cramps

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Ben Cooper
VSN
Ward 215 ARI

Episode date
02/09/2021

Ward
Outpatient

Patient: [redacted]

Unit Number
0811972

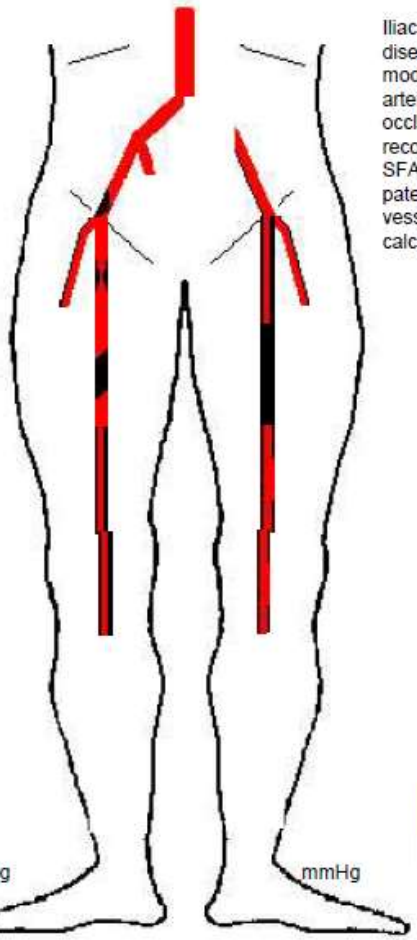
CHI
2812422130

Tests performed: Ankle Brachial Indices Bilateral Arterial Legs Duplex

Results:

	Right	Left
Brachial		

Aorta and iliac minor mild diffused disease throughout. CFA moderate calcification with a 50 -60 % stenosis distally
SFA - ¼ thigh has a > 90% stenosis and at mid-thigh 3cm near occlusion (very calcified) distally SFA and popliteal mild calcified disease. high take off of calf vessel they are all patent with calcified walls



Iliac minor mild diffused disease throughout, CFA moderate plaque, profunda artery is patent SFA essential occluded from ¼ thigh and reconstitutes at ¾ thigh distal SFA and popliteal widely patent with mild disease. Calf vessel patent however heavily calcified

	Right	Left
PT		
DP		
	mmHg	mmHg

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Ben Cooper
VSN
Ward 215 ARI

Episode date
03/09/2021

Ward
Outpatient

Patient: [redacted]

Unit Number
070744

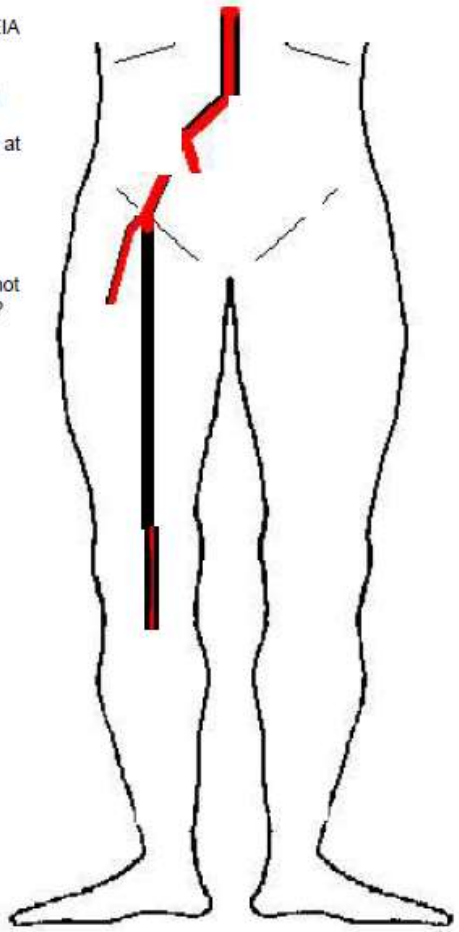
CHI
0707442079

Tests performed: **Right Leg Arterial Duplex**

Results:

AAA 3cm, CIA not imaged EIA mild disease.
CFA moderate calcified disease throughout, profund amatent withmild disease.
SFA occluded reconstituting at popilteal.
Calf vessel appear patent howeve significant calcified disease

difficult scan due to patient not able to lie down or stay still ? rest pain



Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Locum
Vascular Consultant
Ward 215 ARI

Episode date
04/08/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
0840739

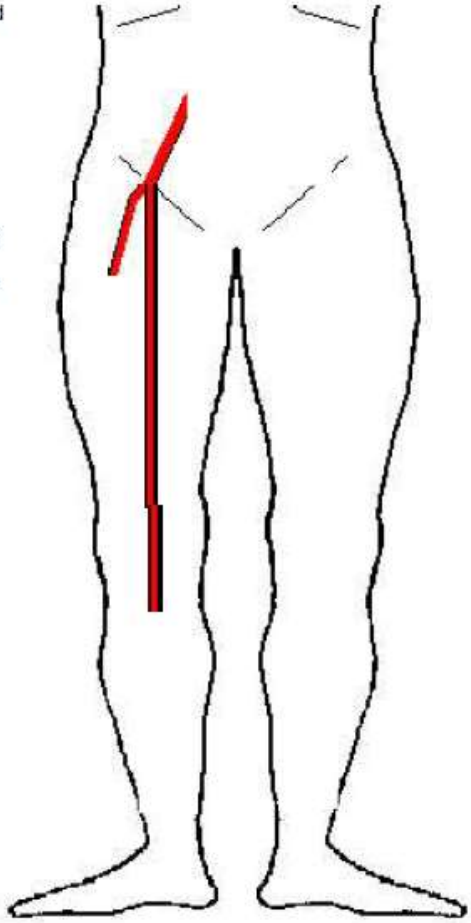
CHI
0105532495

Tests performed: **Right Leg Arterial Duplex**

Results:

CFA minor disease with a triphasic waveform, SFA and popliteal moderate calcified disease throughout no significant stenosis noted a biphasic waveform seen throughout.

PTA and AT moderate calcified disease with a monophasic wavefrom seen throughout.
Peroneal moderate disease appears narrow in calibre.



Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:	Mr M Sharp Vascular Surgeon Ward 215 ARI	Episode date 04/08/2021	Ward Outpatient
Patient: [redacted]		Unit Number **300554**	CHI **3005549054**

Tests performed: **Generic Duplex**

Right - There was no obvious signs of a DVT, all deep vein patent and good vaslava seen in the CFV.

Right arterial - There was no significant disease noted in the fem - pop segment, there was some mild calcifcation seen in the walls and a triphasic wavefrm seen throughout. The PTA is patent with calcified walls triphasic waveform seen throughout , ATA appears widely patent with moderate calcified disease throughout.

Scanned By:- Heather Lynn/LS
Trainee Clinical Scientist

Return

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr M Sharp
Vascular Surgeon
Ward 215 ARI

Episode date
14/09/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
0020875

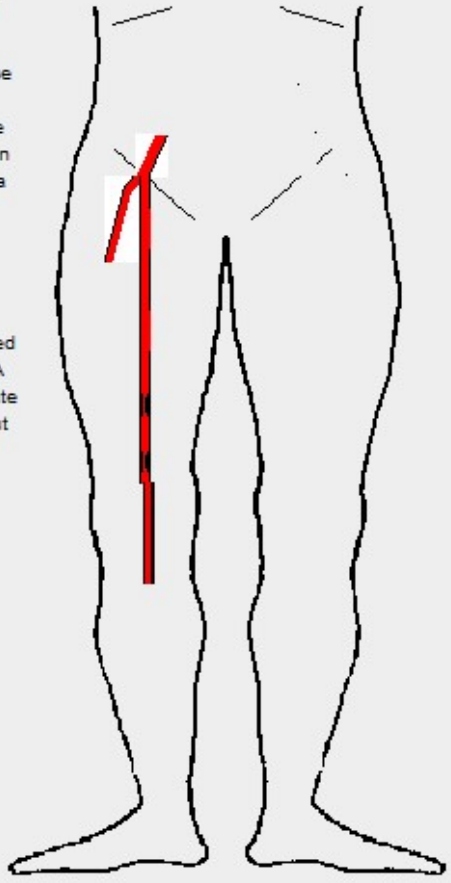
CHI
2708462229

Tests performed: Right Leg Arterial Duplex

Results:

CFA and profunda - minor calcified disease with a triphasic waveform,
SFA - mild calcified disease in the prox to 2/3 thigh segment, at 2/3 thigh there is a >75% stenosis and then 5cm distal to this, there is a 50% stenosis.
Popliteal is patent with diffused mild disease throughout

The PTA is heavily calcified difficult to assess. The ATA is patent with mild/moderate calcifed disease throughout



Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:	Ben Cooper VSN Ward 215 ARI	Episode date 16/09/2021	Ward Outpatient
Patient:	[redacted]	Unit Number 0379269	CHI

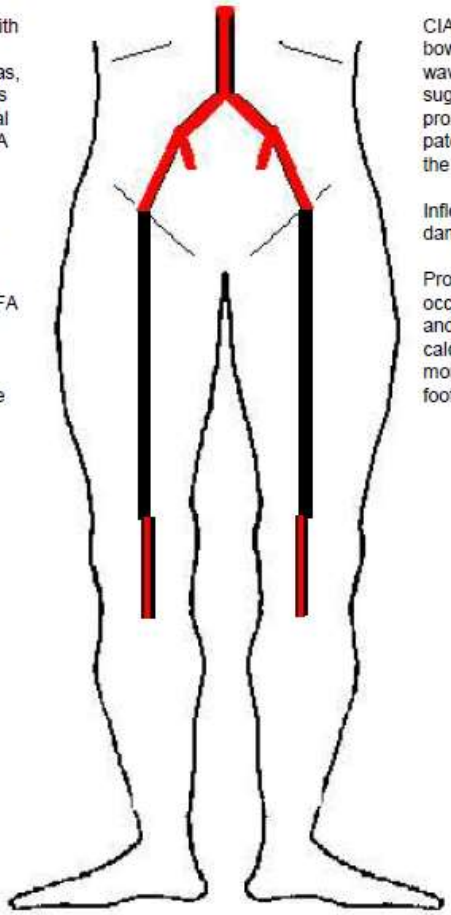
Tests performed: **Bilateral Arterial Legs Duplex**

Results:

Aorta ~2.6cm in diameter with moderate disease CIA not seen cllearly due to bowel gas, a monophasic waveform was obtained suggestion proximal severe proximal disease, EIA is patent however sit away from the EIV.

Inflow in the CFA is slightly damped monophasic

Profunda appears patent, SFA occluded, popliteal appears patent, calf vessel heavily calcified with a damped monophasic waveform at the foot



CIA not seen cllearly due to bowel gas, a monophasic waveform was obtained suggestion proximal severe proximal disease, EIA is patent however sit away from the EIV.

Inflow in the CFA is slightly damped monophasic

Profunda appears patent, SFA occluded, popliteal diseased and calf vessel heavily calcified with a damped monophasic waveform at the foot

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
23/09/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
1467171

CHI
1808645596

Tests performed: Ankle Brachial Indices Great Toe Pressures Right Leg Arterial Duplex

Results:

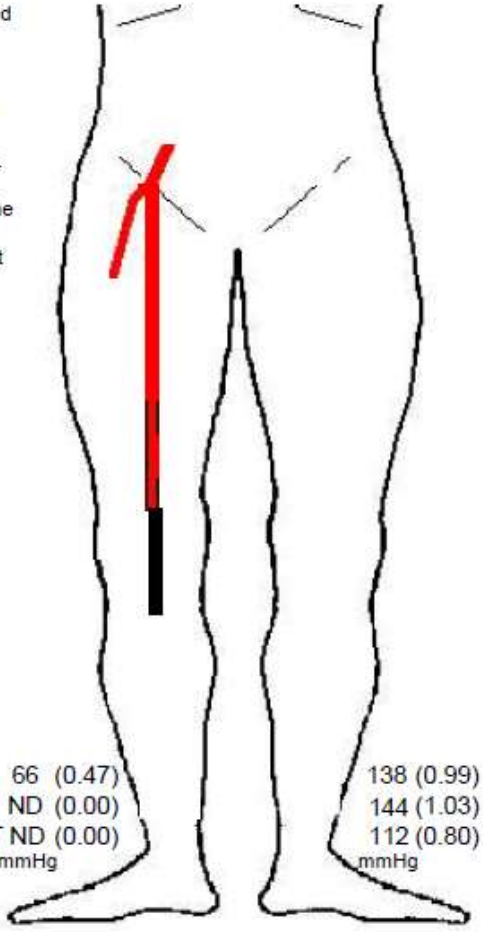
	Right	Left
Brachial	140	

The CFA and SFA is patent with a triphasic wavefrom and minor disease.

Popliteal is occluded and extenting into the PT trunk.

ATA not detected at the foot.

PT seen in mid calf and at the foot with a monophasic waveform PSV's 7 cm/sec at the foot



Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr Sotiris Makris
Vascular Surgeon
Ward 215

Episode date
30/09/2021

Ward
Outpatient

Patient:
[redacted]

Unit Number
0477504

CHI
0201432218

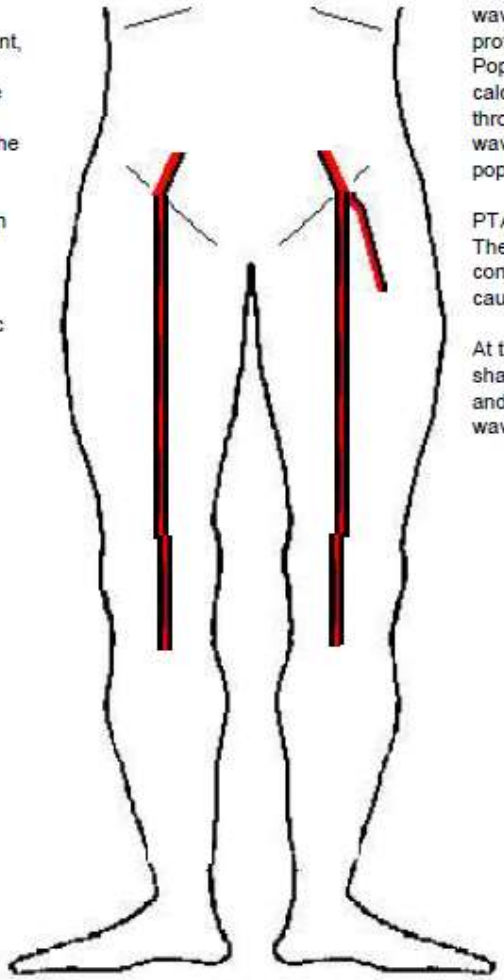
Tests performed: Bilateral Arterial Legs Duplex

Results:

CFA is calcified with a triphaisic wavefrom seen throughout. profunda is patent, SFA and Popliteal there is significant calcification of the walls throughout with a biphasic waveform seen in the distal popliteal,

All calf vessel are patent with significant calcification throughout.

At the ankle there is biphasic waveforms in the PTA and distal ATA



CFA is calcified with a biphasic wavefrom seen throughout. profunda is patent, SFA and Popliteal there is significant calcification of the walls throughout with a biphasic waveform seen in the distal popliteal,

PTA is patent but calcified, The ATA could not be seen in continuity due to shadowing caused by calcified walls

At the Ankle the PTA has a sharp monophasic waveform and the ATA has a biphasic waveform.

Scanned By:- Heather Lynn
Trainee Clinical Scientist