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| Patient: |  | |
| Date of Birth: |  | |
| District Number: |  | |
| Date of Scan: |  | |
| Referring Doctor: |  | |
| Indications: | Arteriopath Prev angioplasty and found to have femoral occlusion. Photos indicate swollen legs - likely rest pain with posterior calf ulcer. Smoker | |
|  |
| **Bilateral Lower Extremity Arterial Duplex** | | |
| M 118  M 9  O  M 14  M 14  O  O  O  O  M 11  M 9  O  O  O  M 61  M 60  M 53  M 42  O  O  O  O  O  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | | |
| Comments: | Suboptimal images due to patient limited mobility, inability to lie supine, and rest pain. | |
| Aortoiliac Segment: | Obscured with bowel gas. | |
|  | **Right** | **Left** |
| Common Femoral Artery: | Occluded | Patent |
| Proximal Profunda Femoris: | Occluded at origin | Patent at origin |
| Superficial Femoral Artery: | Occluded | Occluded |
| Popliteal Artery: | Reformed mid segment with trickle flow | Reformed mid segment. TPT could not be visualized due to limited mobility |
| Calf: | No flow detectable within prox ATA. Prox PTA and PERO A patent with trickle flow. Mid-distal calf could not be assessed due to bandaging | Two vessel run off. No flow detected in PERO A. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist | |