|  |  |
| --- | --- |
| Patient: |  |
| Date of Birth: |  |
| District Number: |  |
| Date of Scan: |  |
| Ward/Dept. |  |
| Referring Doctor: |  |
| Indications: | Patient admitted with sudden onset of cold pulseless left leg, noted on admission to be in fast AF ? acute issue as a result of this.  Palpable femoral but nil below on left side, right leg pulses palpable.  Poor doppler signals made more difficult due to fast AF I think ABPI reading would be unreliable. Please scan to review ? thrombus. |
|  |
| **Left Lower Extremity Arterial Duplex** | |
| M 21  O  O  M 14  O  O  O  O  O  T 57  T 45  T 75  T 68  Patent  T 60  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
| Comments: | Suboptimal scan due to patient limited mobility. |
| Aortoiliac Segment: | Patent and of normal caliber |
| Common Femoral Artery: | Patent |
| Proximal Profunda Femoris: | Patent at origin |
| Superficial Femoral Artery: | Occluded proximally to POP A with homogenous lightly echogenic thrombus. |
| Popliteal Artery: | Occluded. TPT not visualsied due to limited mobility |
| Calf: | No flow detectable within PTA and PERO A. ATA patent. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist |