|  |  |
| --- | --- |
| Patient: |  |
| Date of Birth: |  |
| District Number: |  |
| Date of Scan: |  |
| Ward/Dept. |  |
| Referring Doctor: |  |
| Indications: | patient with previously identified arterial disease at Bedford hospital, attended podiatry with Peterborough area as has now moved, requires duplex scan to assess arteries ? requires intervention due to left hallux ulceration |
|  |
| **Left Lower Extremity Arterial Duplex** | |
| 150/43  151/43  220/89  B 89  228/89  205/89  B 50  O  B 43  B 65  B 62  B 118  B 118  B 80  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
|  |  |
| Comments: | Diffusely atheromatous and calcified |
| Aortoiliac Segment: | Suboptimal views due to excessive bowel gas |
| Common Femoral Artery: | Patent |
| Proximal Profunda Femoris: | Patent at origin |
| Superficial Femoral Artery: | 3 x 50-74% stenosis, first just after origin, second proximal, and third mid thigh. |
| Popliteal Artery: | Patent |
| Calf: | PTA x 2 50-74% stenosis. PERO A patent. ATA occluded mid-distal. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist |