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| Patient: |  | |
| Date of Birth: |  | |
| District Number: |  | |
| Date of Scan: |  | |
| Referring Doctor: |  | |
| Indications: | ex smoker. Sensation changes and painful lower limbs and colour change in feet. Intermittent and not clearly claudication. Has been reviewed by neurology who feel that this is less likely to be neurological in cause and suggested duplex. | |
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| **Bilateral Lower Extremity Arterial Duplex**  T 68  T 53  T 54  T 105  T 100  T 49  T 44  T 47  T 46  T 64  T 90  T 37  T 53  T 66  T 92  T 50  T 72  T 66  T 62  T 43  T 44  T 58  T 66 | | |
| T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | | |
| Comments: | Diffuse calcification | |
| Aortoiliac Segment: | Aorta patent and of normal caliber. Unable to visualize iliac vessels due to bowel gas, however, distal waveforms triphasic suggestive of no proximal significant pathology. | |
|  | **Right** | **Left** |
| Common Femoral Artery: | Patent | Patent |
| Proximal Profunda Femoris: | Patent at origin | Patent at origin |
| Superficial Femoral Artery: | Patent | Patent |
| Popliteal Artery: | Patent | Patent |
| Calf: | ATA and PERO A patent. PTA short occlusion distally, reformed via PERO A with triphasic waveforms to ankle. | 3 vessel run off. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist | |