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| --- | --- |
| Patient: |  |
| Date of Birth: |  |
| District Number: |  |
| Date of Scan |  |
| Ward/Dept: |  |
| Referring Doctor |  |
| Indications: | right leg ulceration. recent sfa angioplasty at ADH. No improvement after 8 weeks ? restnosed.  home o2 for copd. |
|  |
| **Right Lower Extremity Arterial Duplex** | |
| Patent  M 145  M 106  173/47  105/47  M 52  M 39  M 81  M 48  M 68  M 72  T 127  T 94  T 116  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
|  |  |
| Comments: | Suboptimal and limited views due to diffuse dense calcification and ultrasound limitations. |
| Aortoiliac Segment: | No colour Doppler or spectral waveforms detected in abdominal aorta due to calcification, however, is of normal caliber. Segmental views of R CIA and EIA due to bowel gas |
| Common Femoral Artery: | Patent |
| Proximal Profunda Femoris: | Obscured by plaque at origin, patent distal to origin |
| Superficial Femoral Artery: | Patent throughout. ~5cm segment 50-74% stenosis at origin, |
| Popliteal Artery: | Proximal POP A obscured by calcification, Patent mid-distal with no waveform change. |
| Calf: | Segmental views, three vessel run off. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist |