|  |  |
| --- | --- |
| Patient: |  |
| Date of Birth: |  |
| District Number: |  |
| Date of Scan: |  |
| Ward/Dept. |  |
| Referring Doctor: |  |
| Indications: | 60M, previously requested US duplex due to infected left diabetic foot ulcer, he has had 3 debridements and 2 toe amputations, vascular team are concerned about blood flow to lower limb and would like this scan to further inform their next steps in the management of this patient and whether he needs further surgery |
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| **Left Lower Extremity Arterial Duplex** | |
| 148/40  O  M 83  O  T 58  O  T 42  T 34  T 81  T 67  T 56  T 74  T 105  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
|  |  |
| Comments: | Diffuse heavy calcification throughout with segmental views. |
| Common Femoral Artery: | Patent |
| Proximal Profunda Femoris: | Patent at origin |
| Superficial Femoral Artery: | Patent |
| Popliteal Artery: | Distal POP A PSVR suggestive of >75% stenosis, visually 50-74%. |
| Calf: | PERO A main calf vessel. PTA and ATA occluded. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist |