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| Patient: |  |
| Date of Birth: |  |
| District Number: |  |
| Date of Scan: |  |
| Referring Doctor: |  |
| Indications: | left leg ? popliteal entrapment with release in 2018 elsewhere. ? status of vessels ? recurrent entrapment. |
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| **Left Lower Extremity Arterial Duplex** | |
| T 65  T 56  B 17  T 76  B 35  T 59  T 87  T 70  T 80  T 90  T 82  T 131  T 78  T……...Triphasic  B……....Biphasic M….Monophasic  O…..…Occluded  Arterial velocities in cm/s | |
| Plaque Type: | Homogenous Heterogenous Calcific Smooth Surface Irregular Surface | |
| Comments: | No evidence of popliteal artery entrapment syndrome. The Popliteal artery was patent with triphasic waveforms, and no increased velocities/occlusions in supine, standing, dorsi-flex, and plantar flex. Patient stated she exhibited most symptoms upon kneeing, good triphasic waveforms noted in PTA when kneeling. |
| Common Femoral Artery: | Patent |
| Proximal Profunda Femoris: | Patent at origin |
| Superficial Femoral Artery: | Patent |
| Popliteal Artery: | Patent |
| Calf: | Three vessel run off. ATA was noted to be atrophic throughout 0.09-0.17cm diameter. |
| Scanned by: | Alwin Yeung - Clinical Vascular Scientist |