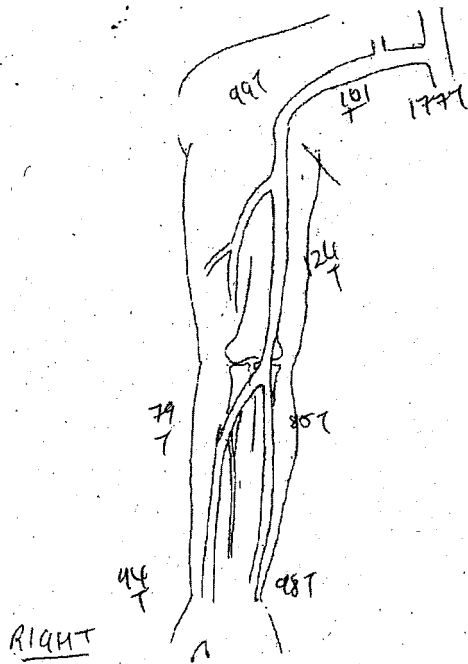


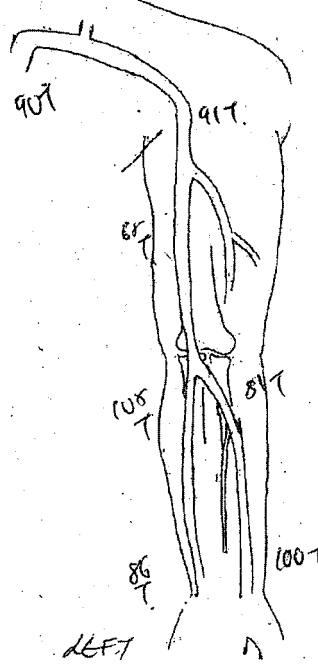
Date: 28/10/21

Consultant: WGT



RIGHT

Normal triphasic flow at rest



LEFT

Normal triphasic flow at rest

Right		Left
101	Neutral	127
124	Abducted 90°+ externally rotated	195
836 (50%)	Raised 180°	? occluded
occluded	Adsons	occluded
DYNAMIC >400 (>50%)	Costoclavicular	occluded

The subclavian artery is visibly narrowed distal to the clavicle bilaterally, suggestive of POSITIVE TOS

Atadley

Clinical Vascular Scientist

Date: 22/11/2021

Consultant: FAB.

Op Date: 19/11/21

Graft: Cook

Day 3 post op EVAR -

Proximal Aorta (cm)	—
Max AP (cm)	5.5
Max T (cm)	5.3
Previous max diameter	Bowel

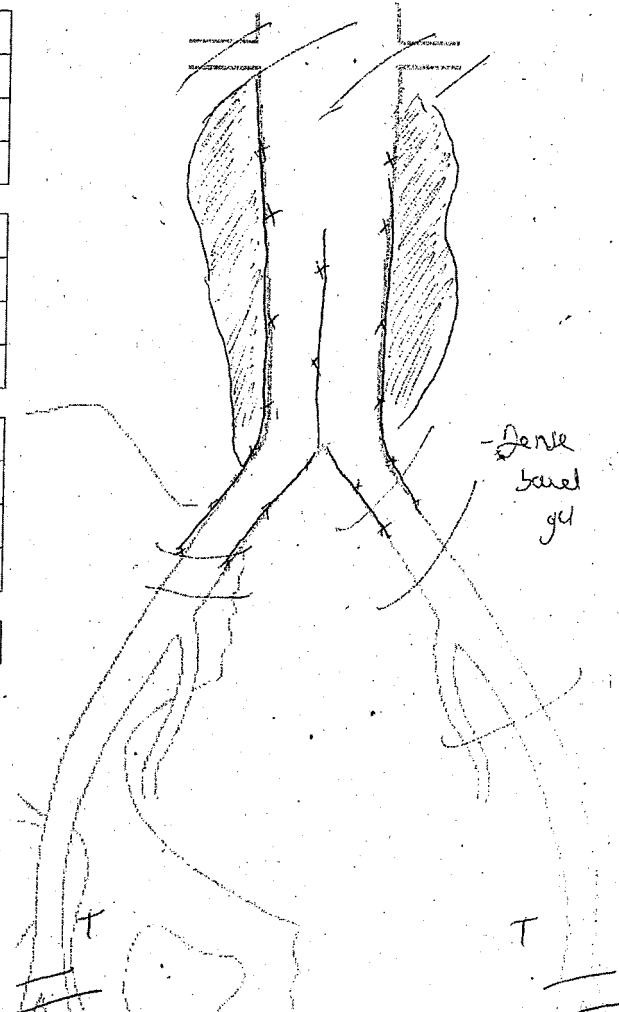
Right	
CIA (cm)	1.6
EIA PSV (cm/s)	154 T
Acceleration Time (S)	0.09

Left	
CIA (cm)	—
EIA PSV (cm/s)	101 B / T
Acceleration Time (S)	0.09

Endoleak	Y / N
----------	-------

Comments

No obvious endoleak on
ultras scan
Proximal EVAR - left
limb not seen clearly due
to bowel gas
Good biphasic flow seen
distal EIA.



Clinical Vascular Scientist

R. Haddad

Consultant: SLK

Date: 04/10/21

Aorta

patent proximally,
flow not seen distal to R
SMA

?2 occluded distal Aorta
ectatic - 2.7 x 2.8 cm

?CT to confirm

RIGHT

NO flow seen in CIA + EIA

?2 occluded

CFA - patent with monophasic
flow

PEA

SFA

PopA

ATA

PTA

very low monophasic
flow

LEFT

CIA - no flow seen ? occluded

?large collateral filling EIA
or ?reverse IIA

EIA

CFA

PEA

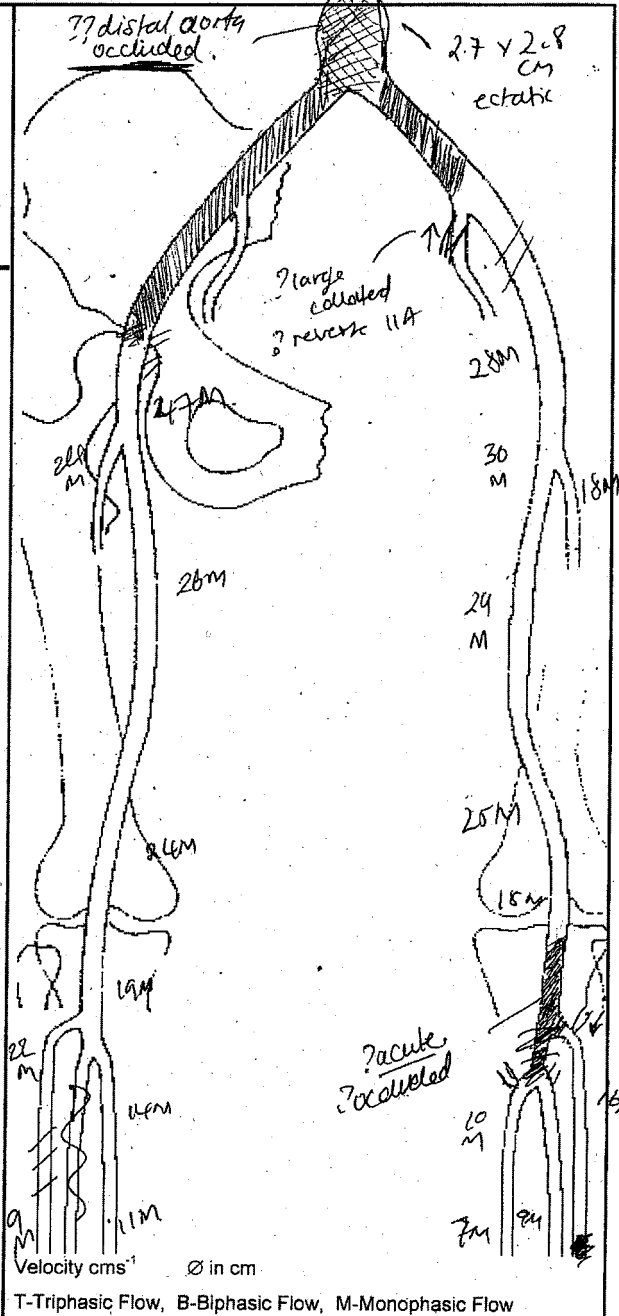
SFA

very low monophasic
flow

PopA - no flow seen distal
popliteal A

ATA - proximal occluded

?distally occluded
PTA - monophasic flow



R Hadley

Date: 06/10/2021

Ao - distally normal calibre

CAA - tri/ephase flow

CFA - calcified plaque
distally - shadowed by
plaque - difficult to obtain
velocities approx 80%.

PFA - origin not feces, but sublingual
mucophoric flow distal to
the origin.

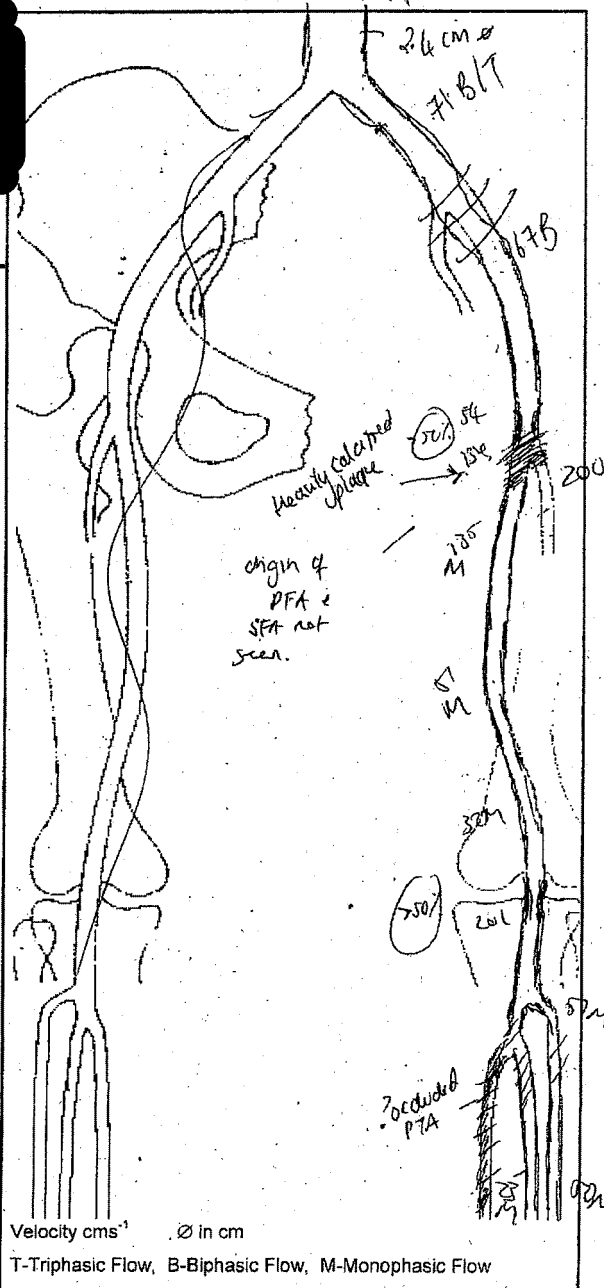
SFA - presumably not seen
heavily catarried plaque.

PcpA - Patient mergepost.
250% and stenosis

ATA - patient monophasic flow

P7A - ? occluded.

Period - appears anaphase distally



Radley

Date: 04/11/2021

RIGHT

Distal FIA - Biphasic flow
with slight delayed upstroke (0.16)

STA } Triphasic
PCPA }
PIA } no significant JHNO

A7A - 25% mid.

LEFT

Elevated velocities noted
at 100m as vessel appears
forward. Velocities suggest 0.1
? due to tortuosity.

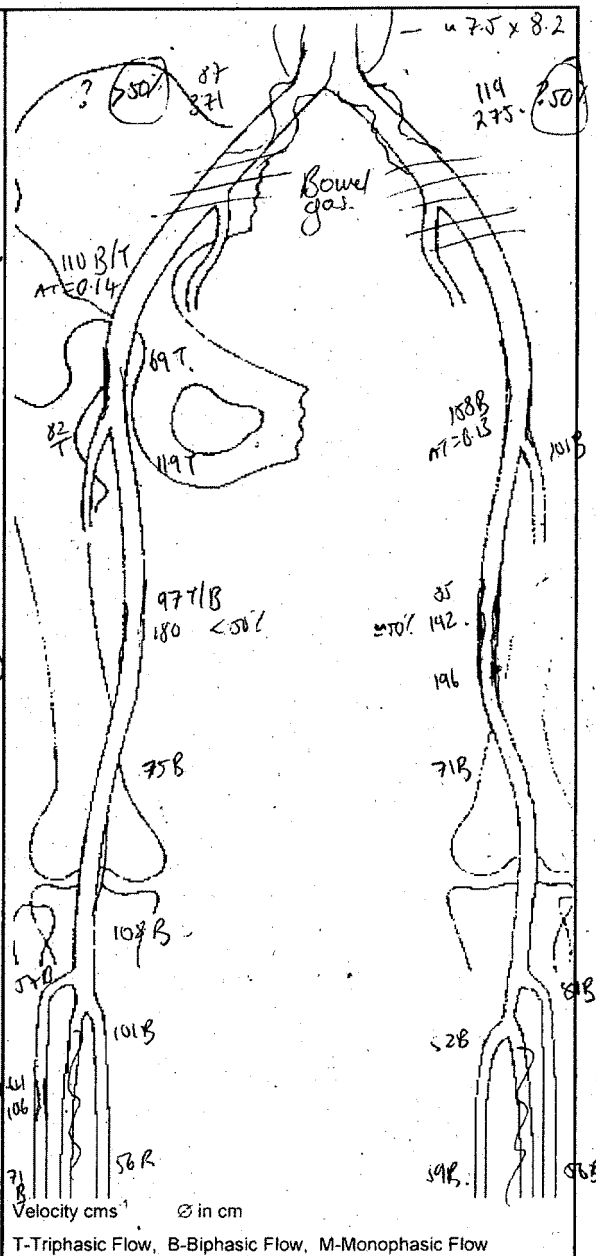
Flow is biphasic & slightly delayed upstroke distal to the AS.

CFA 7 biphenyl

P1A

5m - biphasic - 50% mid diffuse disease.

РФ
А-А
Р-А] Встреча на



Rhoades.

Consultant: *SLR*

Date: *21/09/21*

Classification L > R

Right

Minor plaque throughout
No significant stenosis seen
Triphasic / Biphasic flow

Left

CFA] Minor plaque
BFA] biphase

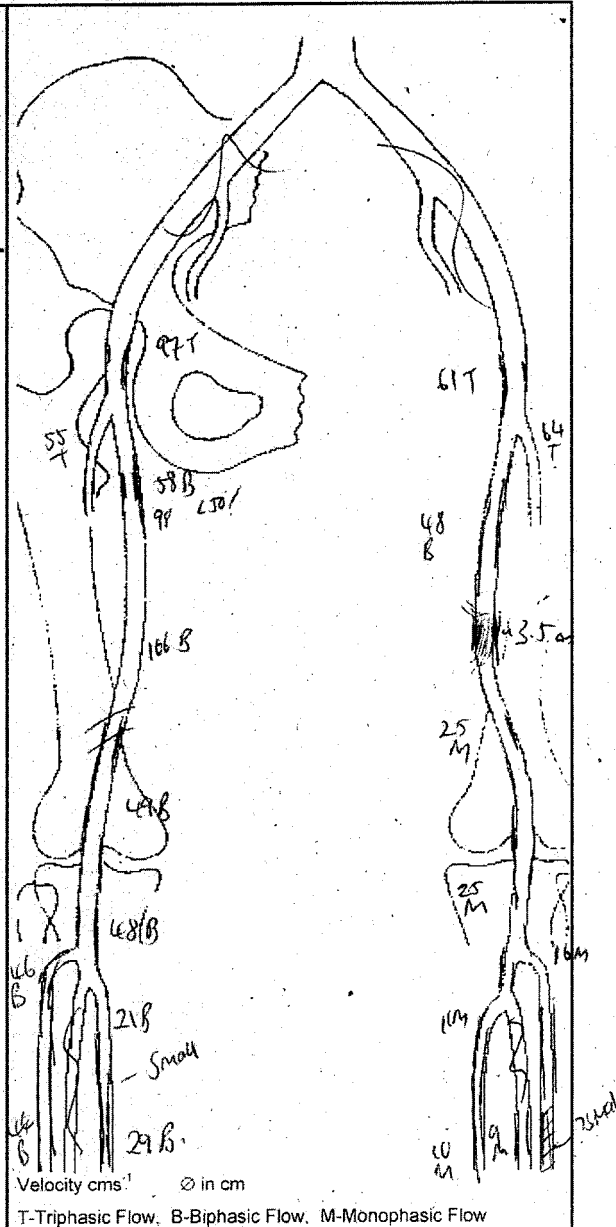
STA - Short occlusion
mid/distal

PFA - monophasic

ATA - ? small distally
Difficult to hear

STA - monophasic

R. Wade



Consultant: 08/10/21

Date: TAB

Right leg arterial

The RIGHT limb of the
EVAR graft appears
occluded

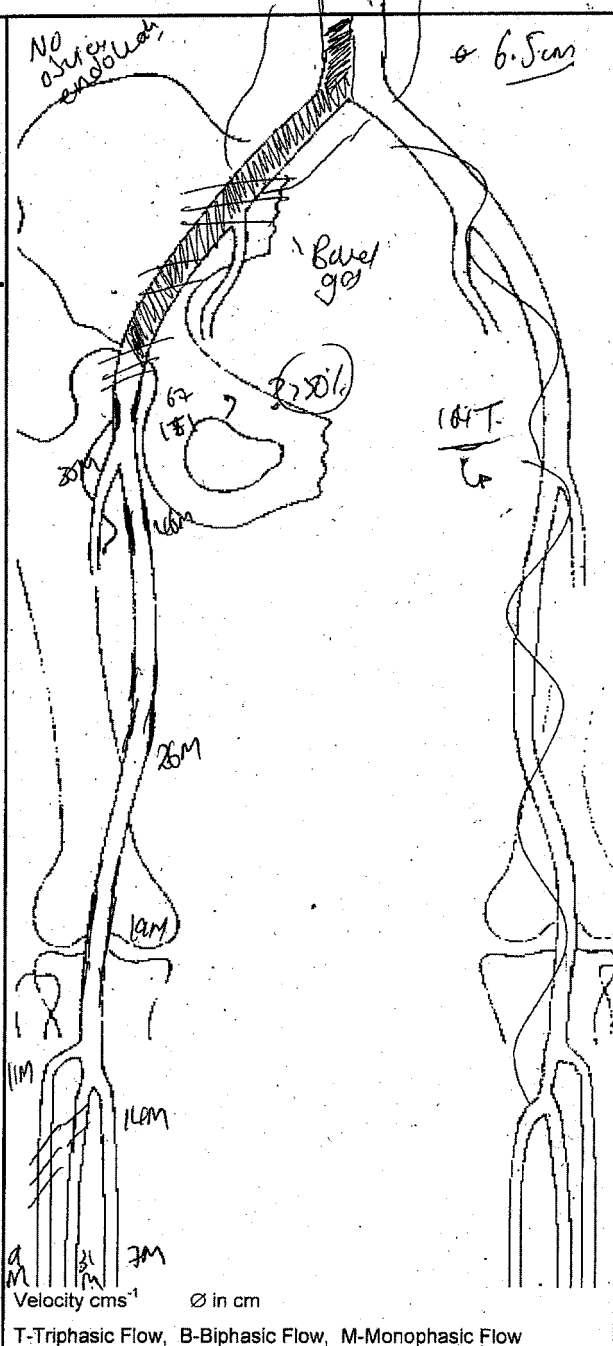
EIA also appears to be
occluded where seen
(bared gear)

CFA - Difficult to image due
to low flow - appears
patent with low monophasic
flow. ?? 80% stenosis
chronic plaque seen.

SEA } Monophasic flow
PCA }

ATA } very low monophasic
PTA } flow

Plade



Consultant: MKS

Date: 09/11/21

Right Leg arterial
Bypass surveillance

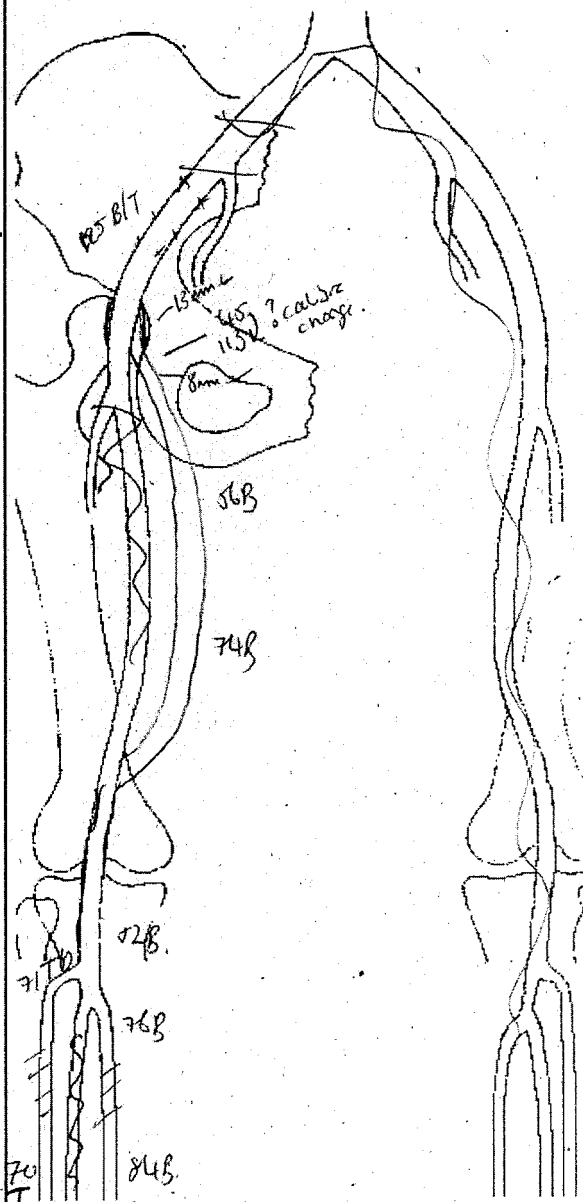
EIA - good S/triphasic flow
Bypass is patent throughout
with good S/triphasic flow
Velocity increases at proximal
anastomosis, no stenosis
seen, likely due to calibre
change from patch to
ven (ca 12mm \rightarrow 8mm+)
Clear distal anastomosis

Pop - good S/triphasic flow

ATA - S/triphasic

PTA - S/triphasic

RHale



Velocity cm s^{-1} \varnothing in cm

T-Triphasic Flow, B-Biphase Flow, M-Monophasic Flow

Consultant: STM

Date: 10/11/2021

Right leg arterial

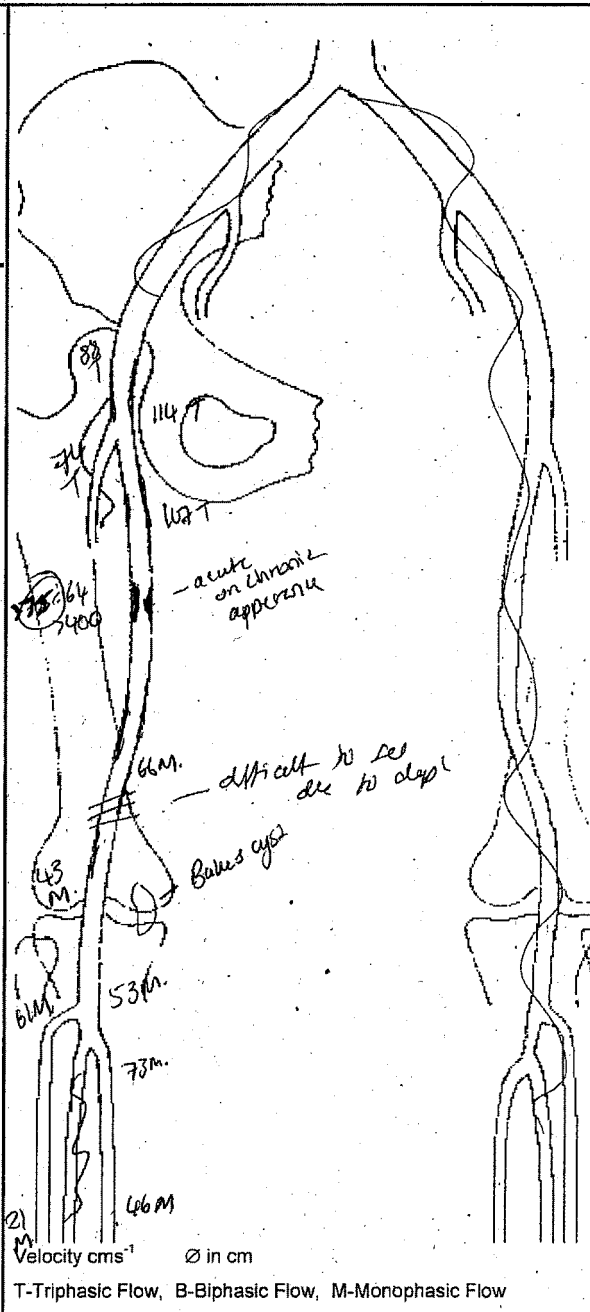
has not scanned due to pt habitus and previous CT scan.

CFA } minor plaque
PTA } biphasic

SFA - 77% stenosis
mid thigh
acute on chronic appearance
as low echogenic plaque
with calcified areas also.

Pop
ATA } low monophasic flow
FCA }

PAH adls



Consultant: AOD

Date: 23/11/2021

Left leg arterial - short distance claudication

CFA - mild-moderate plaque
Does not double in velocities
45% stenosis
Triphasic flow

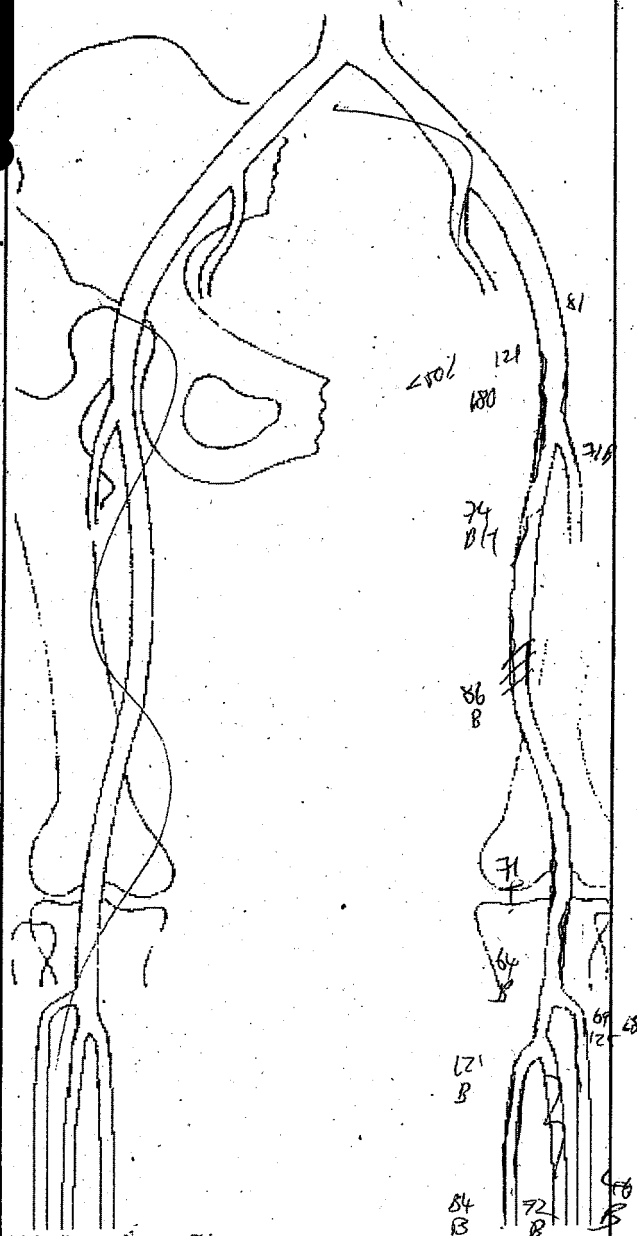
PFA - Sphasic

SFA } Tri/biphasic
PopA } segments of calcified
 } plaque
 } No significant
 } stenosis

ATA - 40% stenosis
 } proximally
 } Biphasic flow

PTA - Biphasic flow

Peroneal - Biphasic at ankle



G Hadley

Consultant:

Date: 06/12/21

Right leg arterial

CFA - mild plaque
 <50% stenosis

PTA - monophasic

SPM - no significant stenosis
 seen.

mild plaque

monophasic to hyperemic flow
distally there is evidence
of large collaterals however
SPM remains patent &
velocities suggest <50% stenosis

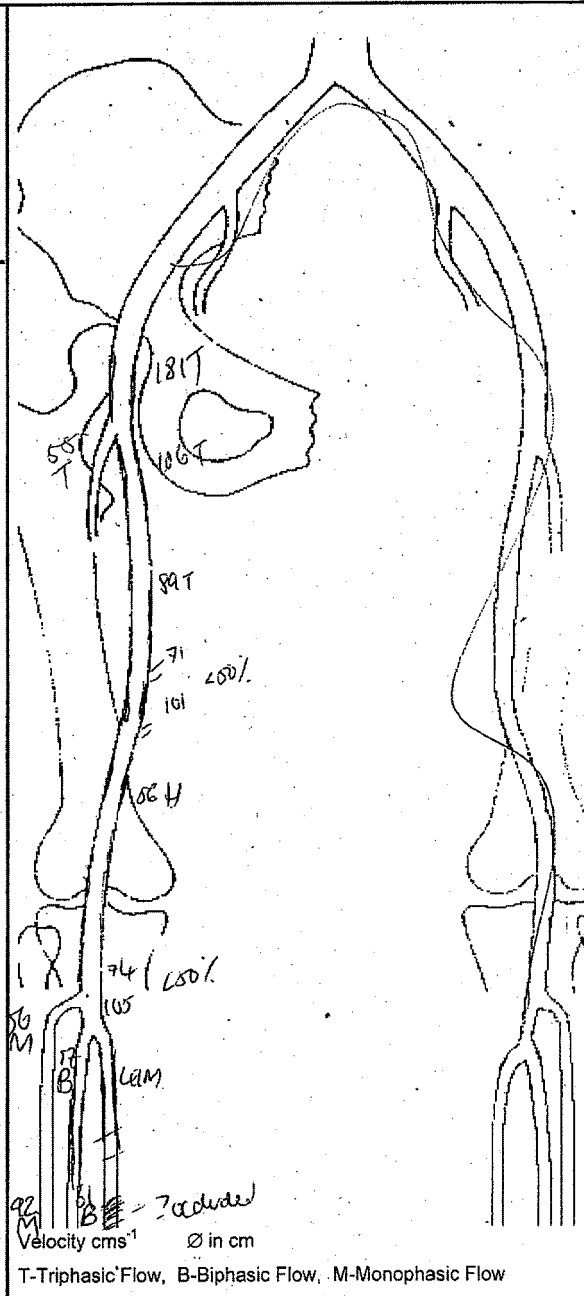
PopA - hyperemic flow
 <50% stenosis

PTA - small
 ? occluded distally

ATA - monophasic
 but okay PSV

Peroneal - biphasic
 small

RMaddy



Consultant: A00

Date: 28/10/21

Right leg arterial

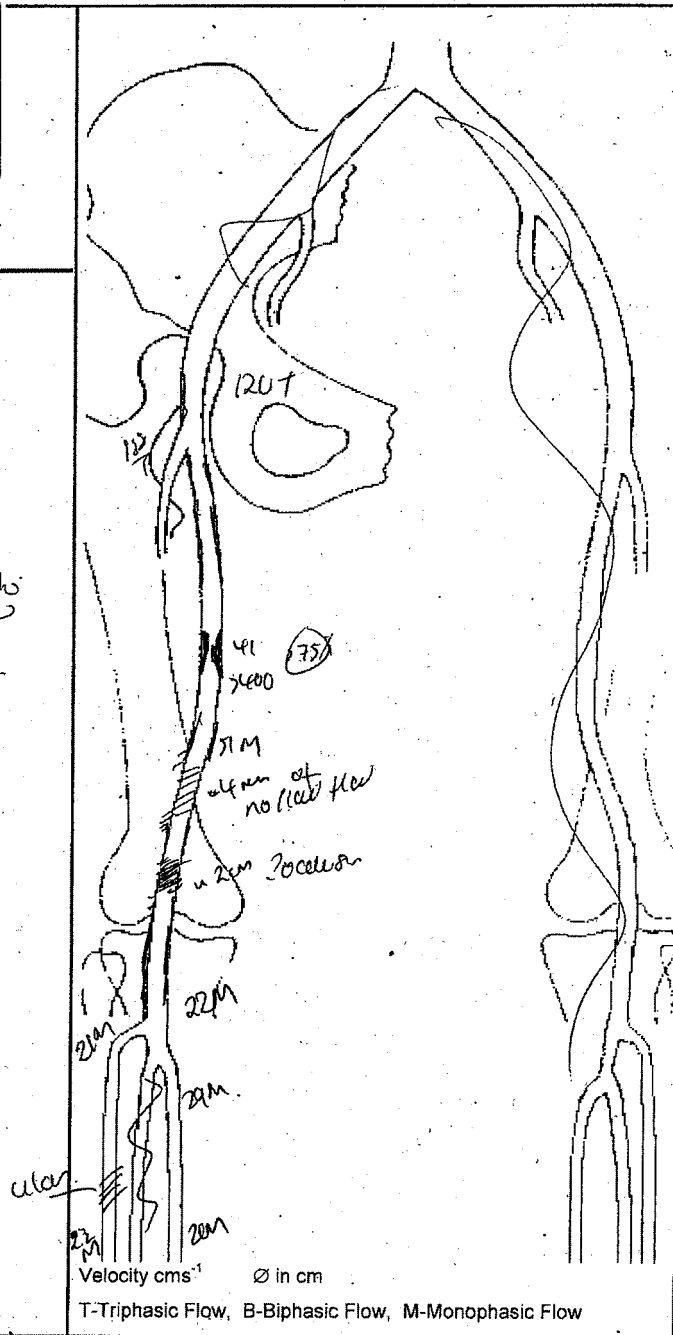
CFA } triphasic flow
PTA } minor plaque

OPN - >75% stenosis

Pop. proc - when difficult to
demonstrate flow
occluded
masked by a short
segment of patent
vessel & anechoic
2cm occluded.

Pop distal - patent low
monophasic flow

A7A } low monophasic
PTA } flow



Consultant: STM

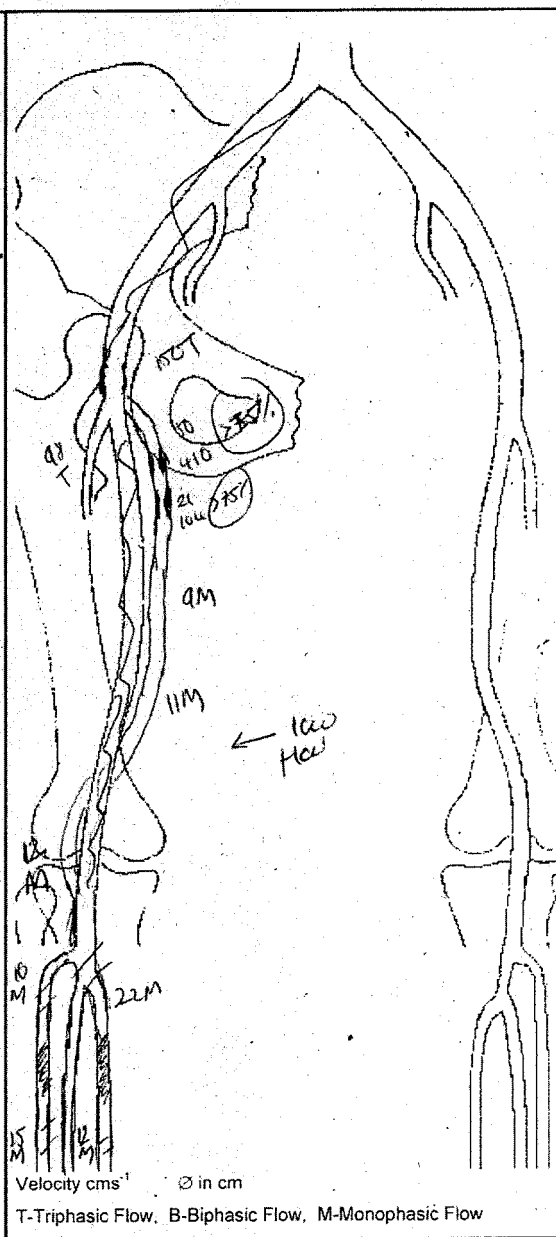
Date: 22/09/21

Right leg arterial
? patent bypass

CFA J hip have flow
PFA

Bypass is patent however
2x > 75% stenosis
flow is damped monophasic
distal to this, remains
patent.

A7A } heavy calcified
P7A } occluded segments
monophasic flow



R Hadley

Consultant: JLR

Date: 21/09/21

Claudication L & R

Right

CEA - biphasic
PTA - biphasic

SFA - 50% stenosis

PopA - biphasic
minor plaque

ATA - stenosed
? mild occlusion

PTA - stenosed
? partial distal
Patent

Peroneal - monophasic

Left

CEA - biphasic
PTA - biphasic

SFA - 250% stenosis

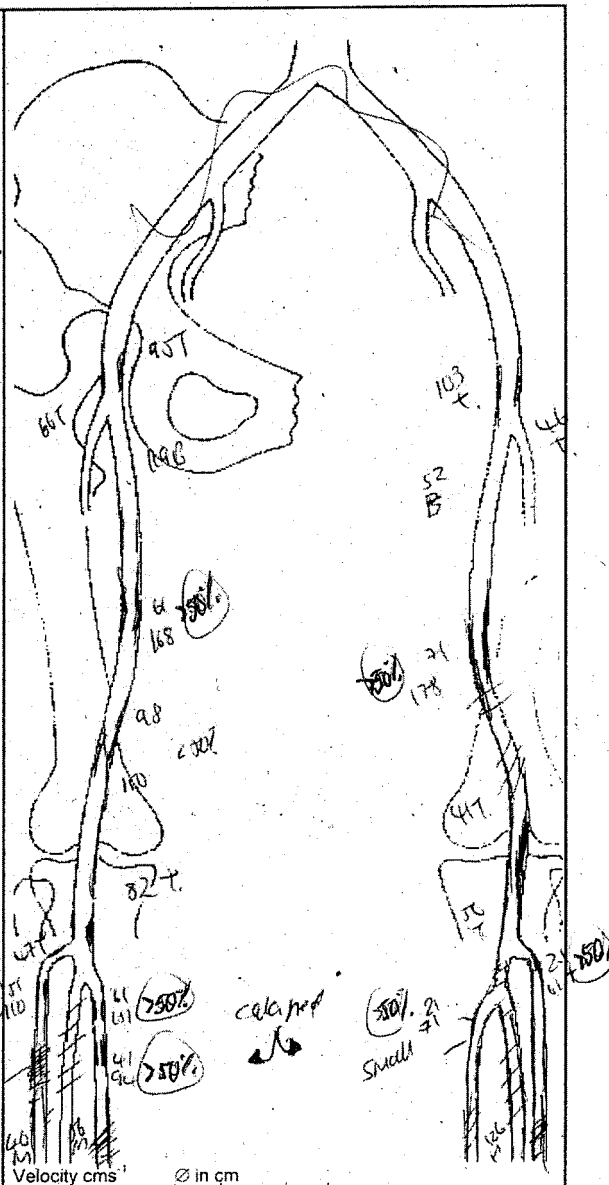
Pop - biphasic

ATA - stenosis prox
? occludes distally

PTA - small, monophasic

Peroneal - patent

RHaddy



Date: 11/11/2021

Bilateral a-kid - short distance coordination

40 - not given due to patient habits.

RIGHT

- Trophic flow in oceans where
feels although inverted view
due to p. Kestis
biological velocities brought
EIA - ? significant stresses
flow is then to phase.

CFA - biphasic

PTA ~ 50% mid / dist red

SFA - $\approx 50\%$ water for
PopA -osphate flow

ATA Jbi/nephrologist flow

LEFT

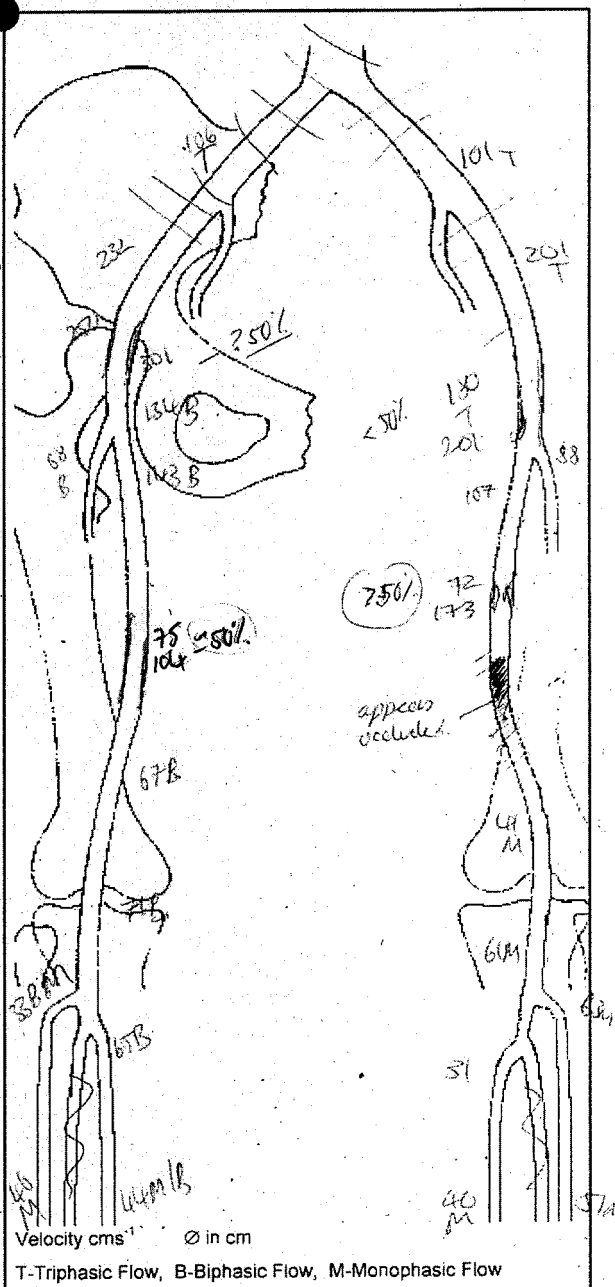
Net:
- Tropic flow in areas where sea
although limited views due to
pt housing

CPA 250% STENCUS

SFA - SSV mid
appears to occlude distally

Prob - flow reforms
monophase flow

ATA y, macrophagic flow
P/A



R. L. Hall

Consultant: [REDACTED]

Date: 11/11/2021

Bilateral Arterial

Arteries normal calibre distally

RIGHT

Was difficult to image due to
lower gas - mild plaque
in phase flow

CFA - moderate plaque

PFA - collaterals

SFA - occluded prox - mid
mixed echogenic plaque
small stump of flow proximally
Reforms w/ monophasic flow

PopA - <50% stenosis

ATA - occluded

PTA - monophasic

PED - only seen distally with monophasic flow

LEFT

Was difficult to image
<50% stenosis CIA, in phase/hyperechoic flow

CFA - mild plaque, collaterals

PFA - elevated velocities suggest
>75% stenosis although difficult
to view in B-mode.

SFA - appears occluded proximally
than reforms with narrow
channel - short occlusion
? >50% stenosis or ? collateral
site.

PopA - monophasic flow

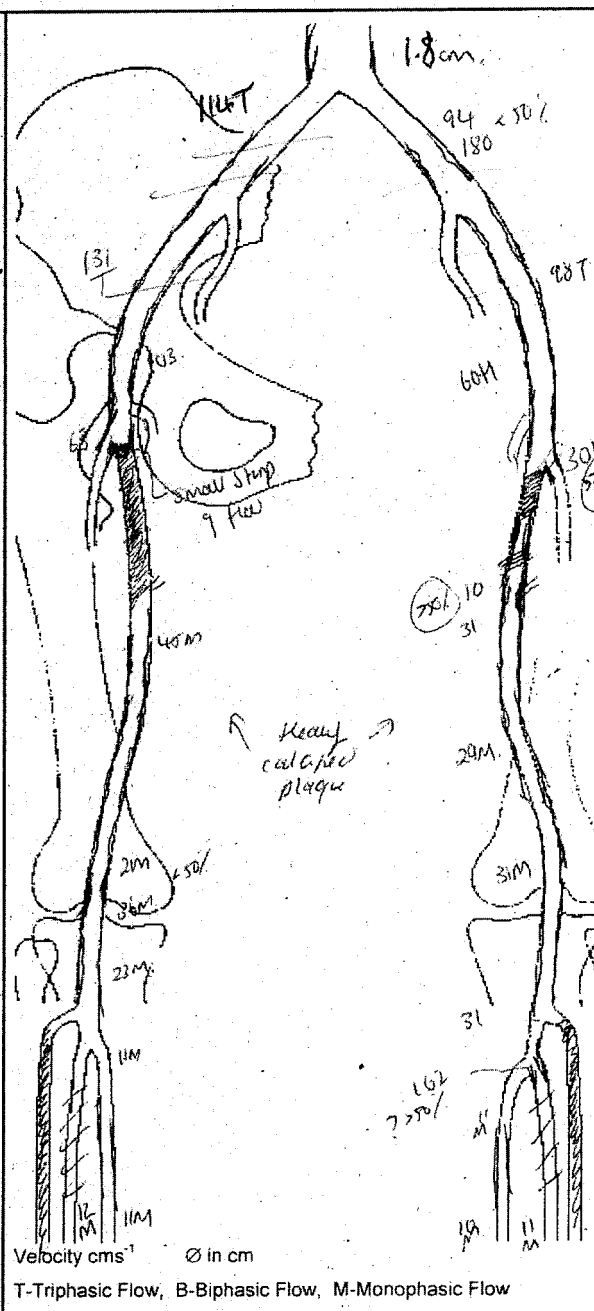
TPT/peroneal - >50% stenosis

ATA - occluded

PTA - monophasic flow

- LSV previously measured -

GRADLE



Consultant: CML

Date: 23/11/2021

~~Right~~

AO - 2.7cm & ectatic

RIGHT

CIA - collapsed
EIA - monophasic/biphasic flow

CFA - minor plaque
SFA - aneurysmal pulsatility
then occludes

PopA - reflux mid/distal
minor plaque, low flow

ATA - appears occluded
Peroneal - monophasic flow

LEFT

CIA - tri/biphasic flow wave
EIA - see

CFA - minor plaque, biphasic
flow

SFA - occluded
flow reforms distal thigh

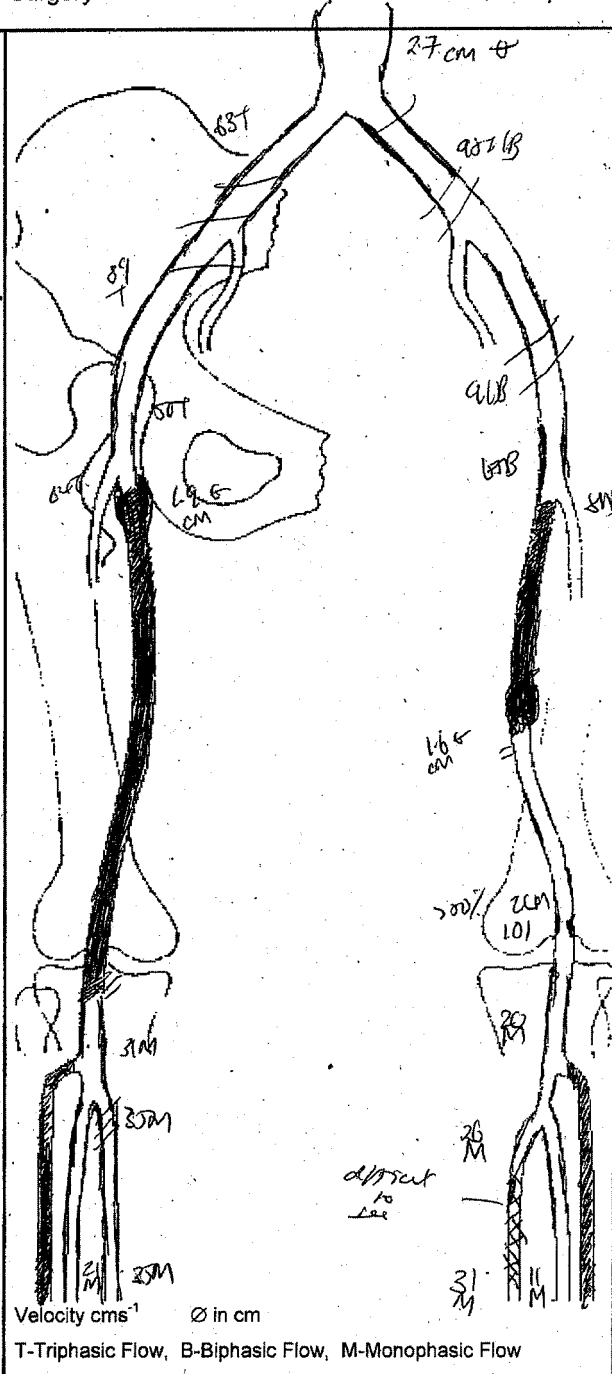
Pop - >50% stenosis prox

ATA - appears occluded

PTA - mostly patent, monophasic
caliber

Peroneal - patent monophasic

No significant change from
previous scan



RHadd

Consultant: *MCS*

Date: *17/11/21*

Left leg arterial

CFA } minor disease
PTA } monophasic flow

SFA - dilatated walls
x50% stenosis
mid/distal
flow remains monophasic

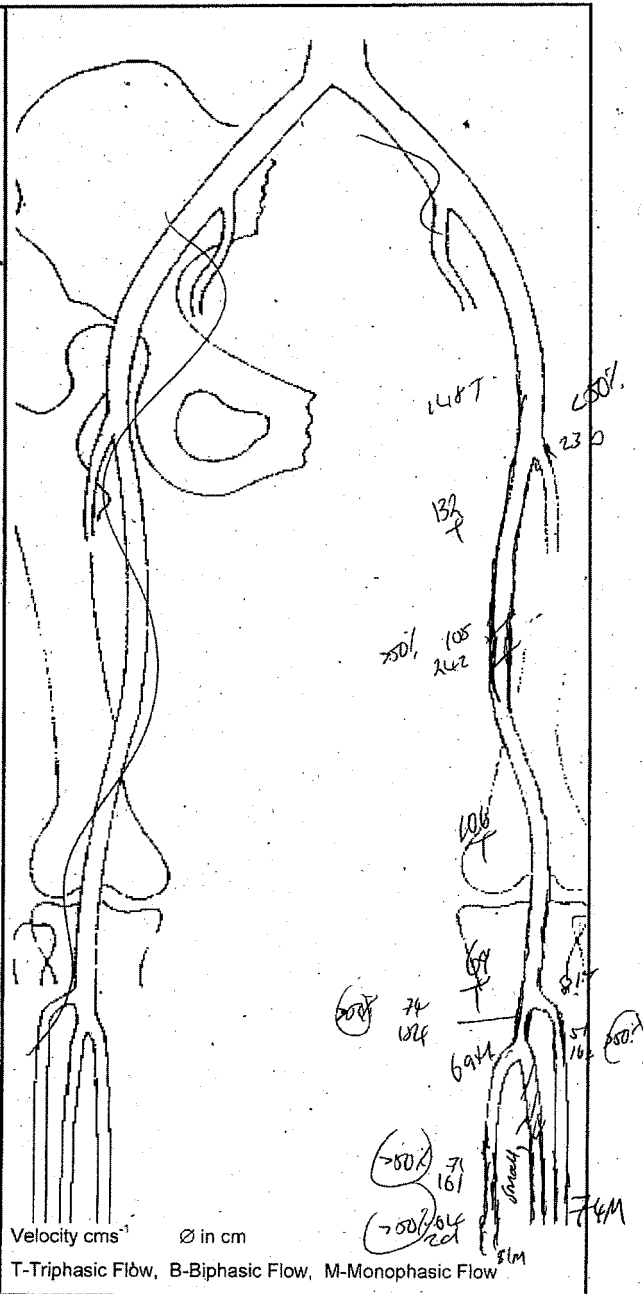
PopA - monophasic flow

TPT - >50% stenosis

ATA - >50% stenosis proximal
then monophasic flow

PTA - 2x >50% stenosis
monophasic

Peroneal - 2 small
calves
not seen well.



Atkins

Consultant: WAT

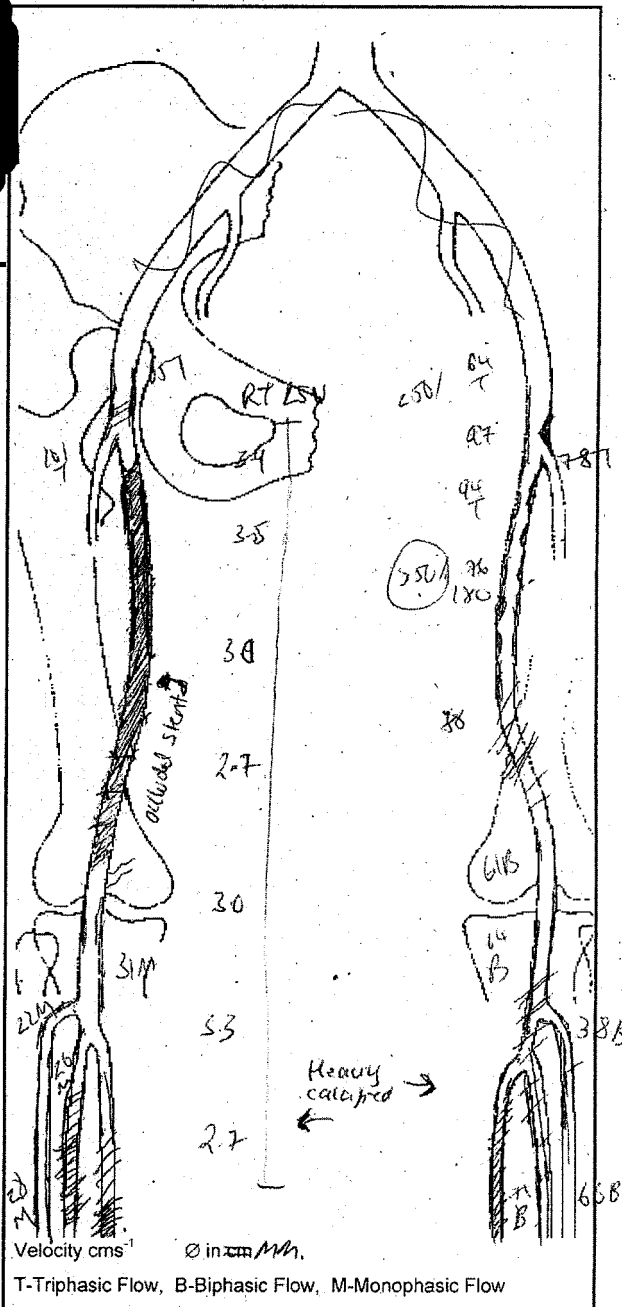
Date: 07/10/21

Right

CFA - Triphasic
lumen shadowed distally
due to calcified plaque
PTA - triphasic
SFA - mostly occluded
(stump of flow)
PopA - reforms mid vessel
monophasic flow
ATA - patent, monophasic
PFA - ? occluded distally
Peroneal A - difficult to image
? patency distally.
ASV 2.7 - 3.9 mm

Left

CFA - triphasic flow
calcified plaque not
causing doubling of
velocity: 50% stenosis
PTA - triphasic
ATA - calcified plaque in right
50% stenosis proximally.
PopA - biphasic flow
when feet
ATA - patent, biphasic flow
PFA - ? occluded.
Peroneal - biphasic distally
difficult to see
(calcified)



R Hadley

Consultant: WGT

Date: 18/10/21

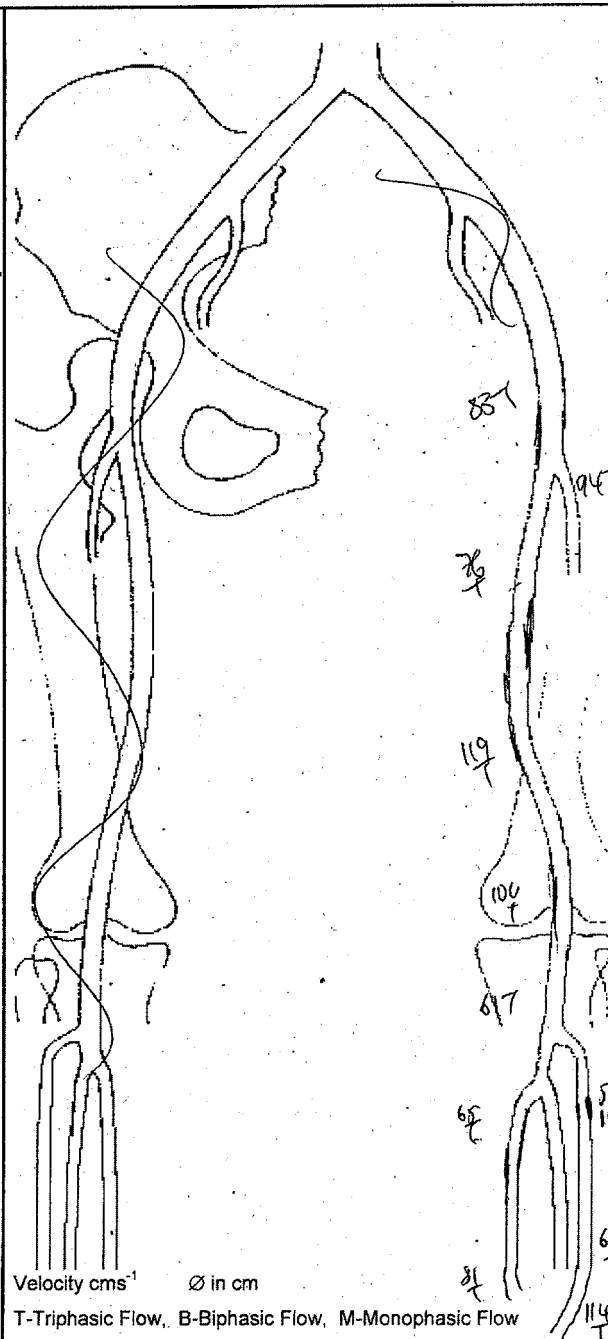
Left leg arterial

CFA
PFA
SFA
PopA
PTA

} good triphasic flow
No significant
stenosis

ATA - 50% stenosis
calculated
Good triphasic flow
remains throughout
into pop

Pradley

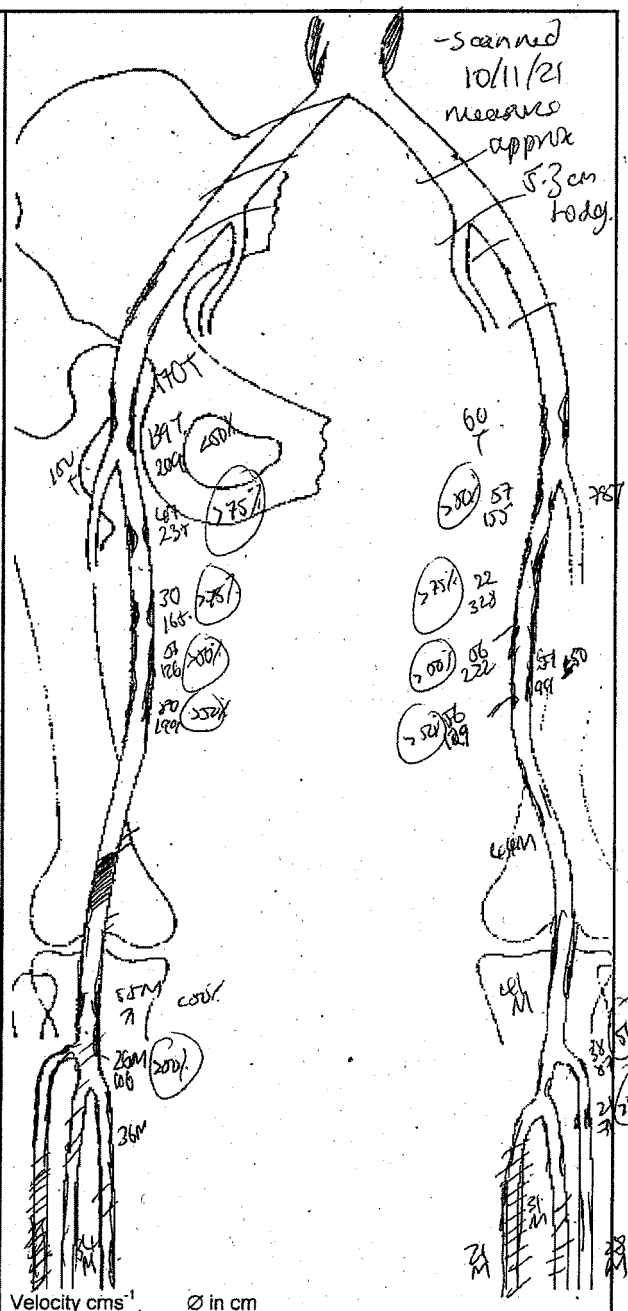


Consultant: CML
Date: 26/11/2021

Right
CFA - triphasic flow, minor plaque
PTA - monophasic
SFA - mixed echogenic multiple
plaques, flow monophasic
PopA - prox occluded
ATA - not seen distally? occluded
Peroneal
PTA - monophasic flow
calculated.

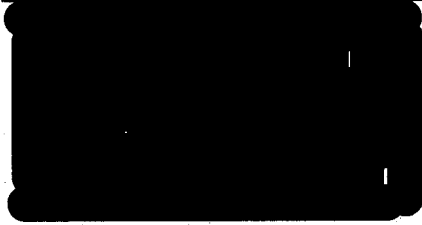
Left
CFA - mild-mod plaque
PTA - triphasic flow
- SFA - multiple stenoses
mixed echogenic plaque
PopA - monophasic flow
ATA - 2 x >50% stenosis
monophasic
PTA - calcified
? occluded segments
Peroneal - patent prox - mid
? patent distal

R Kadlo

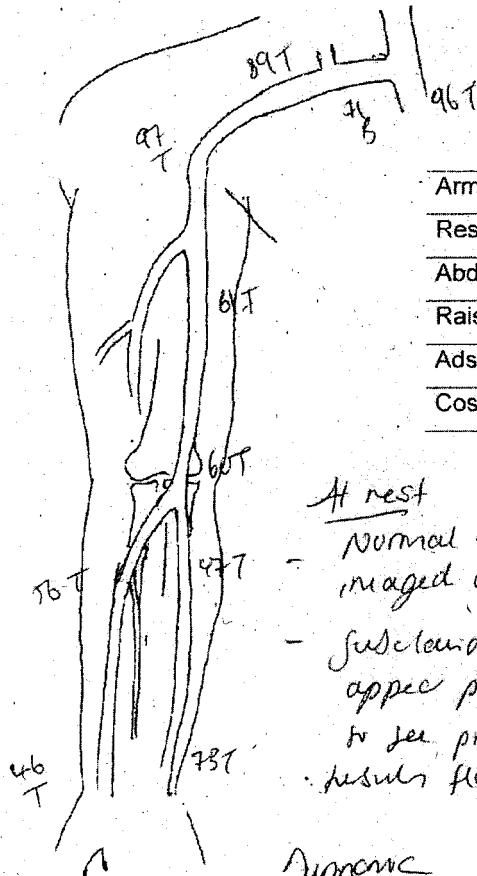


Date: 05/10/2021

Consultant: AOO



3 Right TOS



Arm position	Subclavian PSV cm/s
Resting	89
Abducted to 90°	71
Raised ~180°	86
Adson's	78
Costoclavicular	112 150%

At rest

- Normal bi/triphasic flow in all vessels imaged with no significant stenosis seen
- Subclavian, axillary & brachial veins appear patent with phasic flow. Difficult to see proximal subclavian has slight turbulent flow but no obvious narrowing/AVT seen

Dynamic

- No significant change in ~~ax~~ subclavian artery velocities or calibre seen

RHadd

Clinical Vascular Scientist

Consultant: WAT

Date: 04/10/21

Aorta - 2.6cm

RIGHT

CIA - patent

EIA - plaque proximal EIA
appears to cause a 50%
stenosis.

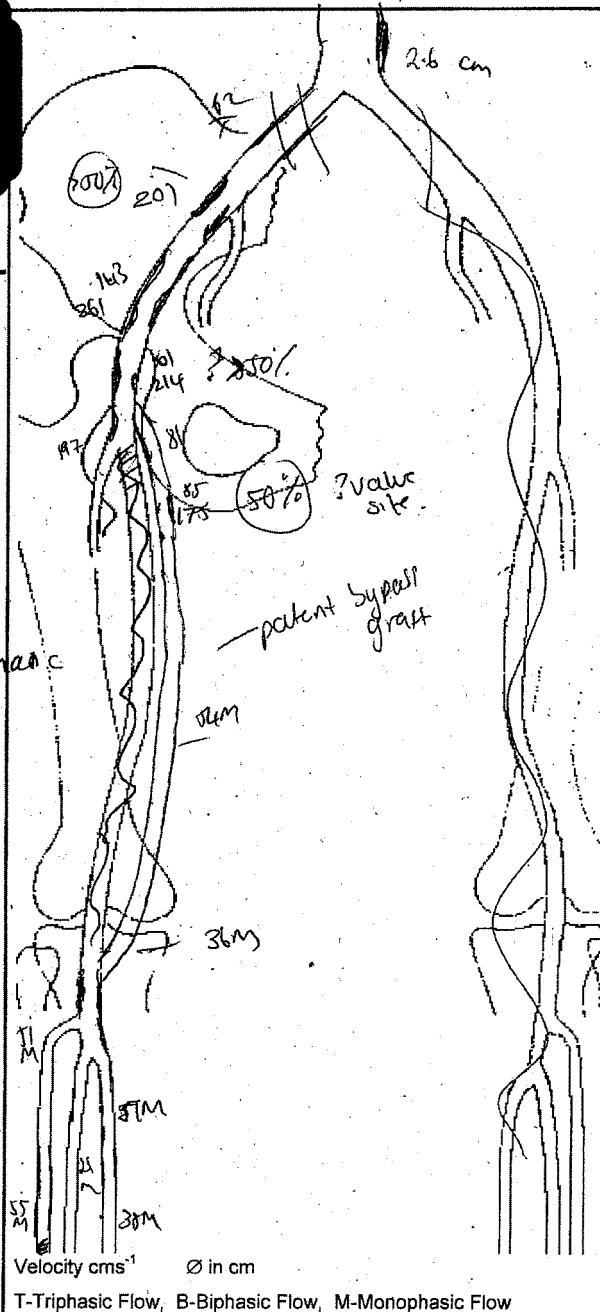
irregular plaque mid vessel
with turbulent flow
flow becomes hyperechoic/monophasic

CFA - plaque noted before
bypass anastomosis start
velocity increase suggests
50% stenosis

Bypass - patent with
monophasic flow with
good upstroke ($AT=0.08s$)
50% stenosis proximally
? due to valve site.

PTA - monophasic
per

ATA - appears occluded at
anastomosis.



RHaddy

Consultant: SDC

Date: 04/10/21

Right leg arterial

CFA - mild plaque noted
biphasic flow

DFA - triphasic

SFA - triphasic
50% stenosis
distally

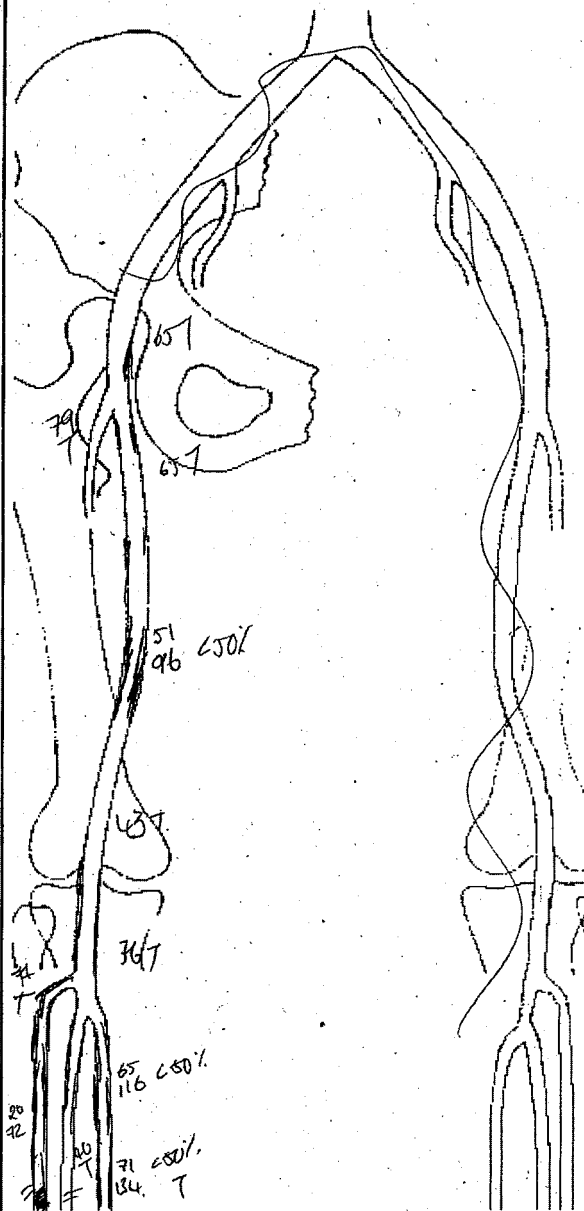
PopA - triphasic

ATA - 75% mid/distal
appears to occlude
distally

PTA - heavily calcified
No significant stenosis
seen
biphasic flow.

Peroneal - triphasic flow
heavily calcified

RHadi



Velocity cm s^{-1} \varnothing in cm

T-Triphasic Flow, B-Biphasic Flow, M-Monophasic Flow

left leg arterial

A0 - distally appears normal calibre (poor views)

EA - parent triphase flow

CTA - triphasic flow
collateral plaque
75% stenosis

PFA - triphasic

STA - triphasic, patent

Pop - appears mostly acclimated
cannot demonstrate
flex ? acute or chronic

ATA - reverse flow collected
into proximal ATA.
reverse flow prox back
into TAT.
then flow is monophasic

PTA - morpho 2 flw

