

Indications:

Bilateral foot ulcers.

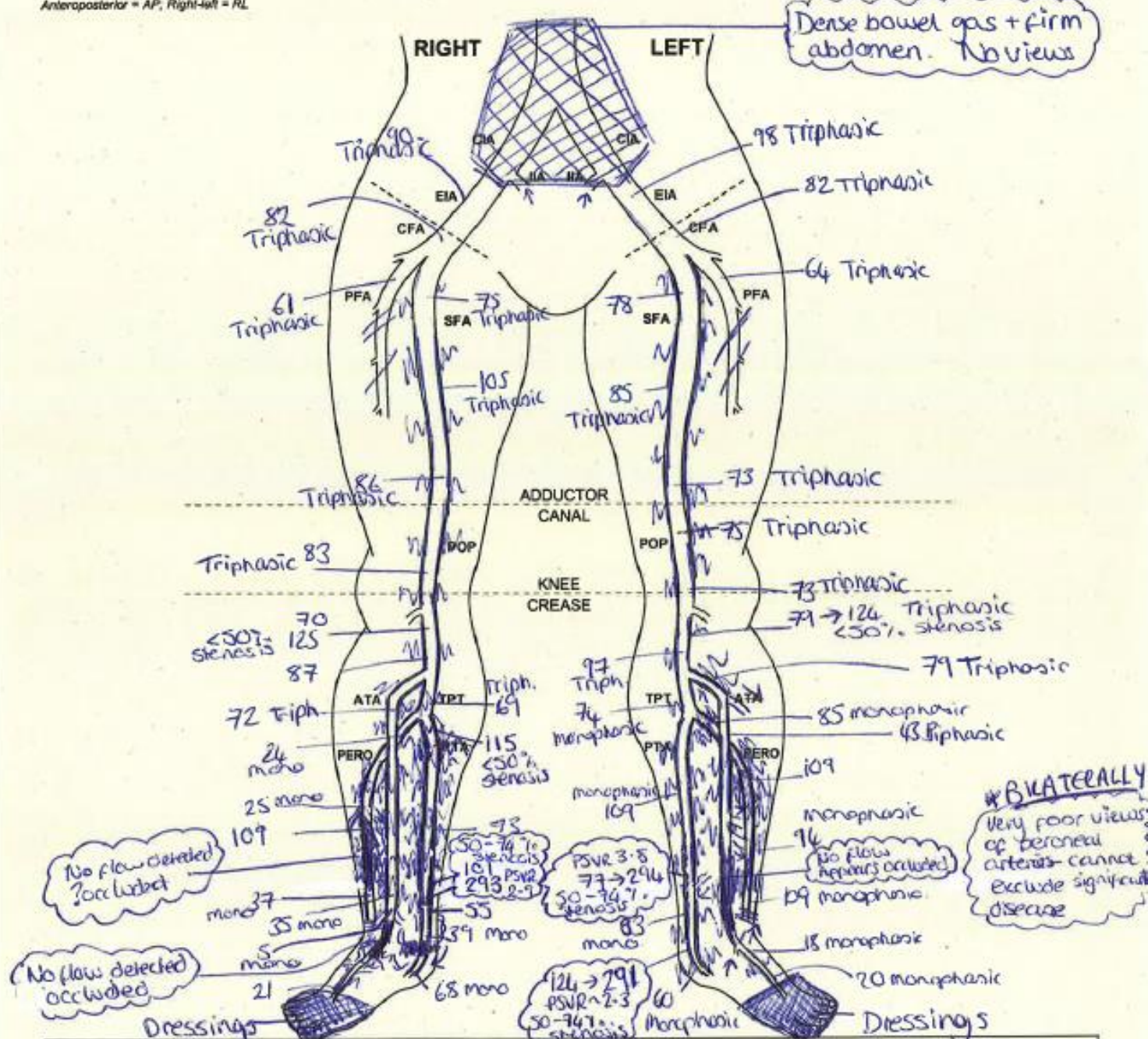
Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: *Topfer*

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibiopopliteal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL

Anteroposterior = AP, Right-left = RL



Summary:

Summary: Heavily calcified crural vessels bilaterally

⑨ leg: ATA - occluded segment distally. Peroneal A - No flow detected in mid segment
PTA - 50-74% stenosis 2 occluded.

④ leg: ATA - occluded segment distally. Pero A - patent where seen.
PTA - 2x 50-74% stenoses

Clinical Vascular Scientist (CVS): Jodie Weston MA

AVS: ~~क्रमांक~~ (No) Date: 29/04/2022

VAS-DE-17 V1.2 Page 1 of 1

CVS second opinion

N/A

AVS: Yes NO Date:

• *1994* *Journal of the American Medical Association* 271:1033-1037

Department of Vascular Ultrasound



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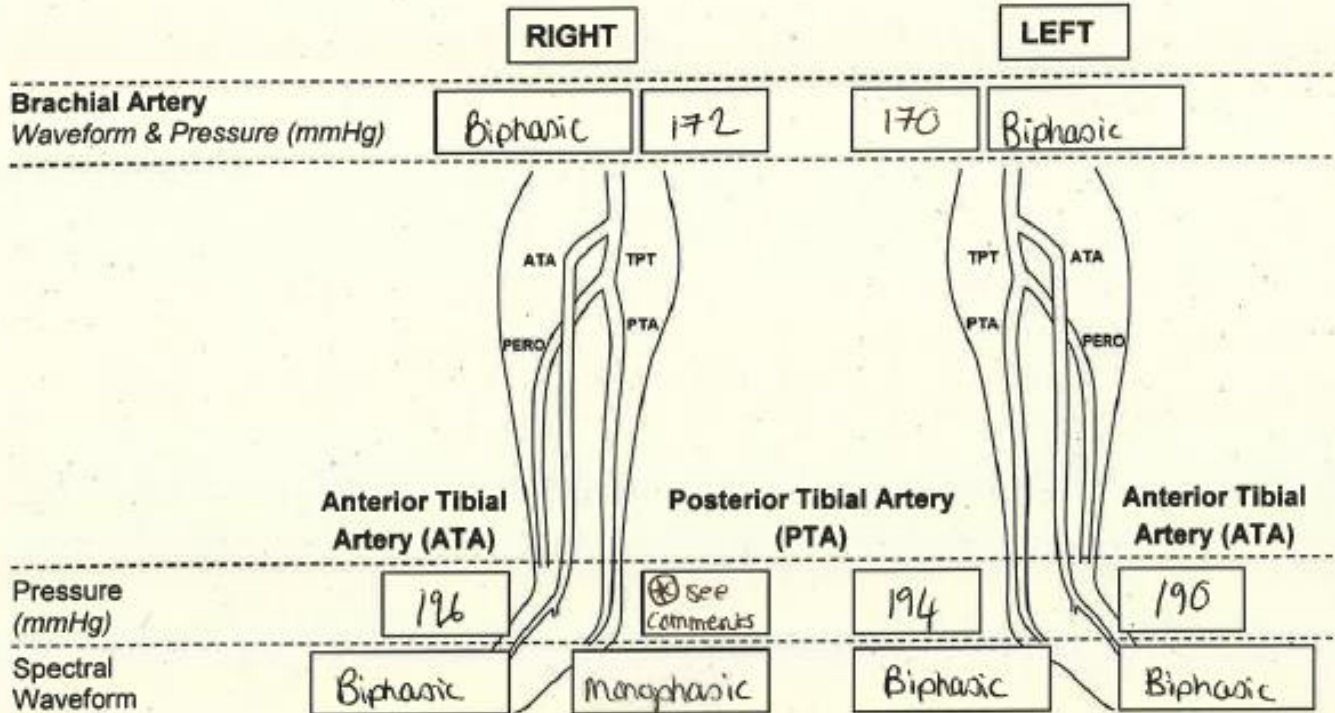
NHS Trust

Indications: Bilateral leg swelling + burning/hot sensation at night (L) = (R)

Ankle Brachial Pressure Index (ABPI)

Peak systolic velocity (PSV) = cm/s

Consultant: Jaffer



	Right		Left	
	ATA	PTA	PTA	ATA
Resting ABPI	1.14	—	1.13	1.10

Summary:

- No reduction in resting ABPI bilaterally. Exercise ABPI not indicated
- ⊗ Note very low, monophasic flow (6cm/s) in distal PTA. Unable to accurately assess pressure due to faint signal

Clinical Vascular Scientist (CVS): Jodie Weston JAS AVS: Yes (No) Date: 29/04/2022

VAS-DF-3 V1.2 Page 1 of 1 CVS second opinion: AVS: Yes / No Date:

Department of Vascular Ultrasound



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Indications: AAA surveillance

Duplex Ultrasound: AAA ± Popliteal Arteries

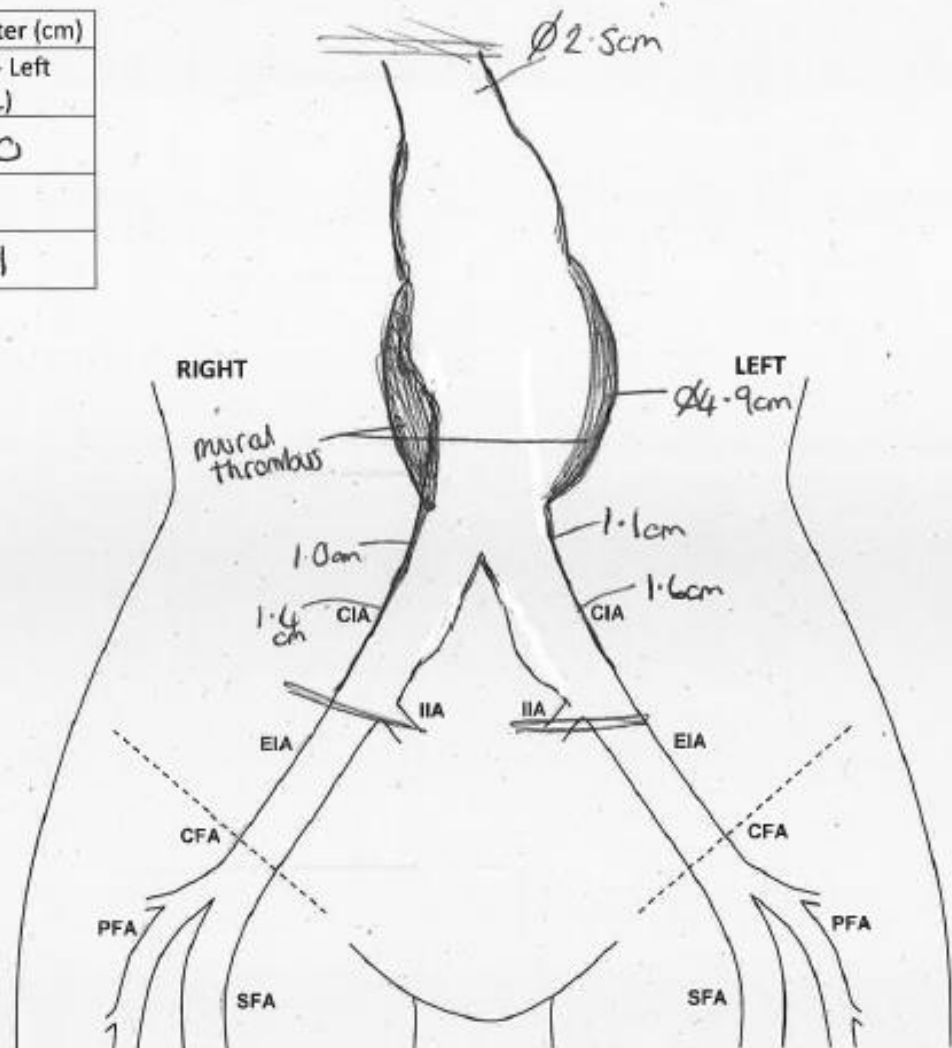
Consultant: Shalhoub

Peak systolic velocity = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA

Cross-sectional image:

Maximum External Aorta Diameter (cm)		
	Anteroposterior (AP)	Right - Left (RL)
1.	4.9	5.0
2.	4.9	5.1
3.	3.0	5.1



Maximum External Popliteal Artery Diameter (cm)	
Right	Left
/	/

Summary:

Max aorta \varnothing 5.0cm x 3.1cm

(R) CIA = 1.4cm

(L) CIA = 1.6cm

Clinical Vascular Scientist (CVS): Josie Weston

AVS: Yes/No Date: 27/04/2022

VAS-DF-31 V1.1 Page 1 of 1 CVS second opinion: N/A

AVS: Yes/No Date:

Department of Vascular Ultrasound



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Indications: Foot + calf pain at rest.
Reduced ABPI. Diabetic.

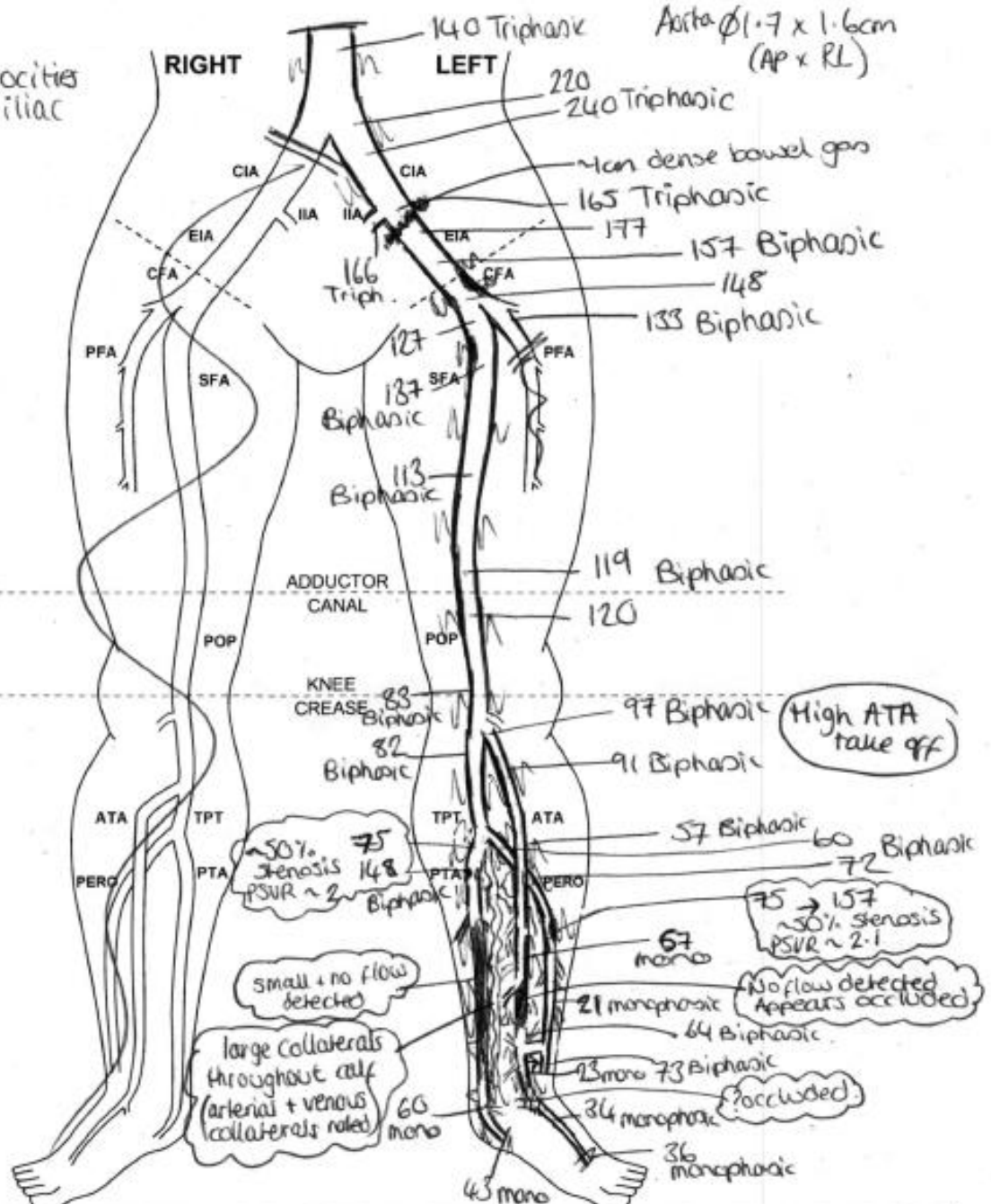
Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Davies.

Peak systolic velocity (PSV) = cm/s; Out to out measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperooneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL

Generalised raised velocities noted throughout L iliac arteries



Summary: Aorta → popliteal artery patent. Bi/triphasic waveforms. Diffuse wall calcification
L leg: Difficult assessment of crural vessels - native vessels (PTA/ATA/pero A) appear small + calcified. Many large collaterals noted.
PTA: ~50% stenosis + ? occluded segment Pero A: ~50% stenosis.
ATA: likely occluded segment + ? occluded very distally/prox DPA

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 27/4/2022

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NHS Trust

Indications:

AAA

Duplex Ultrasound: AAA ± Popliteal Arteries

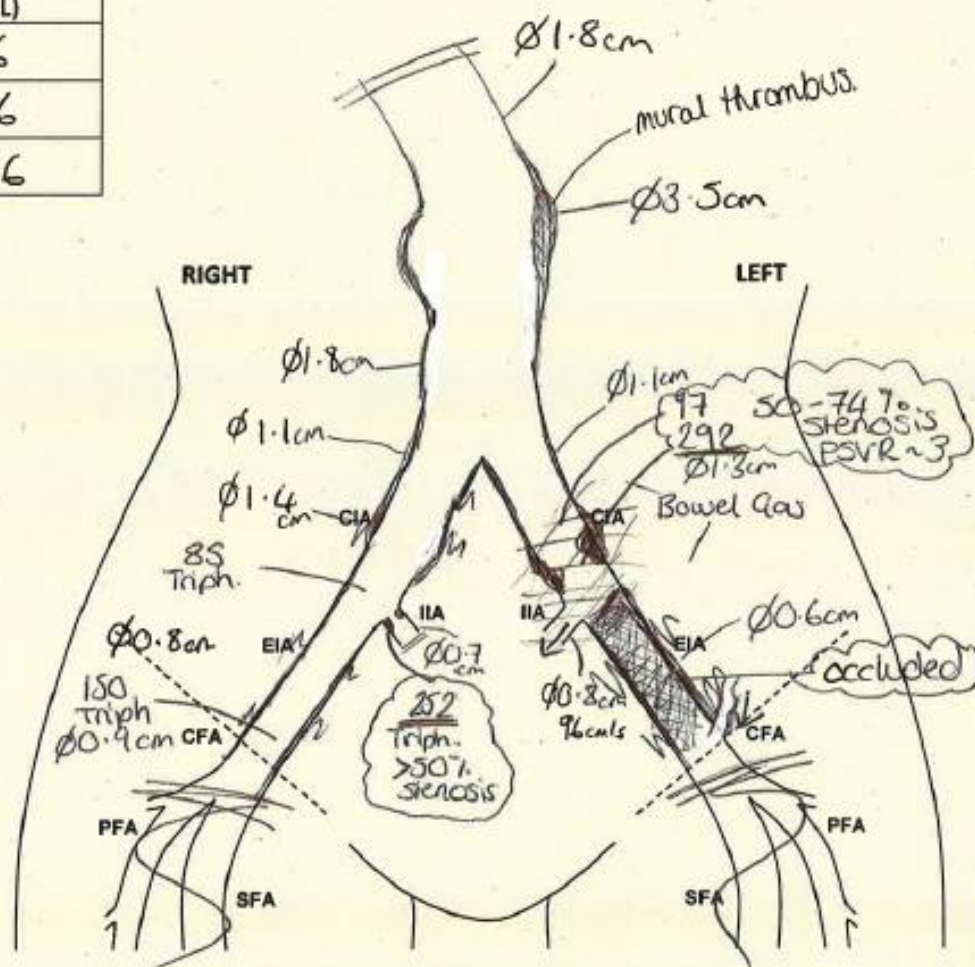
Consultant: Davies

Peak systolic velocity = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA

Cross-sectional image:

Maximum External Aorta Diameter (cm)		
	Anteroposterior (AP)	Right - Left (RL)
1.	3.5	3.6
2.	3.5	3.6
3.	3.5	3.6



* Note proximal
R pop artery
occluded.

Maximum External Popliteal Artery Diameter (cm)	
Right	Left
0.6	0.7

Summary:

- * Max AAA ϕ 3.5 x 3.6 cm (AP x RL)
- * R CIA = 1.4 cm
- * L CIA = 1.3 cm
- * No popliteal aneurysm.

Full arterial assessment not performed however incidental findings:

- * L CIA 50-74% stenosis
- * R IIA >50% stenosis
- * L EIA occluded
- * R prox pop occluded

} Patient in chair - unable to assess for claudication
No rest pain

Clinical Vascular Scientist (CVS): Julie Weston

AVS: Yes (No) Date: 21/04/22

Indications:

② CFA endarterectomy 03/03/22

Duplex Ultrasound: Aorto-Iliac Arteries

Consultant: Riger

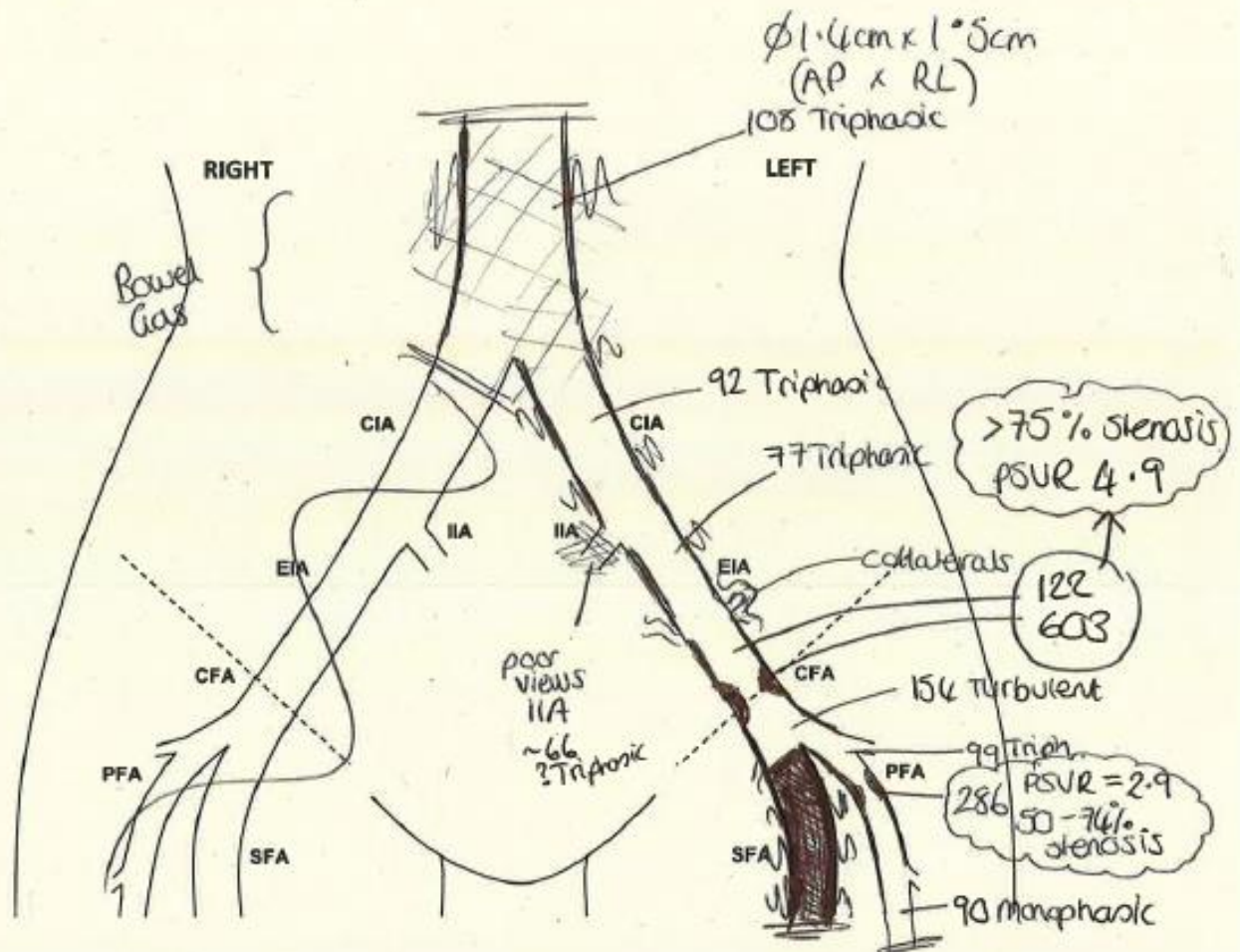
Peak systolic velocity = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA;

Superficial femoral artery = SFA

AP = antero-posterior

RL = right - left



Summary:

- * Calcified vessels noted
- * > 75% stenosis at distal EIA/prox CFA
- * SFA occluded in its proximal segment
- * 50-74% PFA stenosis

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 20/04/22

VAS-DF-4 V1.2 Page 1 of 1 CVS second opinion: N/A

AVS: Yes/No Date:

Department of Vascular Ultrasound



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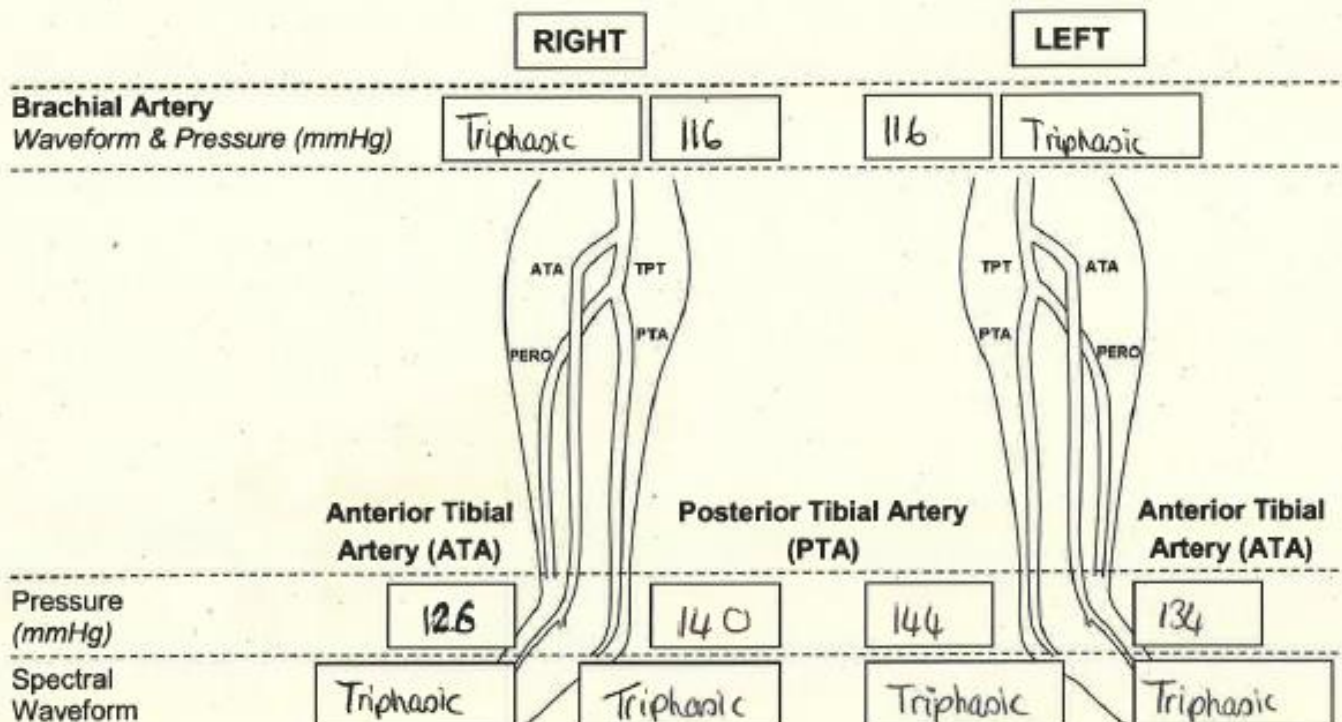
NHS Trust

Indications: Symptomatic @ leg vv's.
Leg pain / aching. No symptoms of claudication

Ankle Brachial Pressure Index (ABPI)

Peak systolic velocity (PSV) = cm/s

Consultant: Jaffer



	<u>Right</u>		<u>Left</u>	
	ATA	PTA	PTA	ATA
Resting ABPI	1.09	1.21	1.24	1.16

Summary:

- No reduction in resting ABPI's bilaterally
- Exercise ABPI not indicated.

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes (No) Date: 19/04/2007

VAS-DF-3 V1.2 Page 1 of 1 CVS second opinion:

AVS: Yes / No Date:

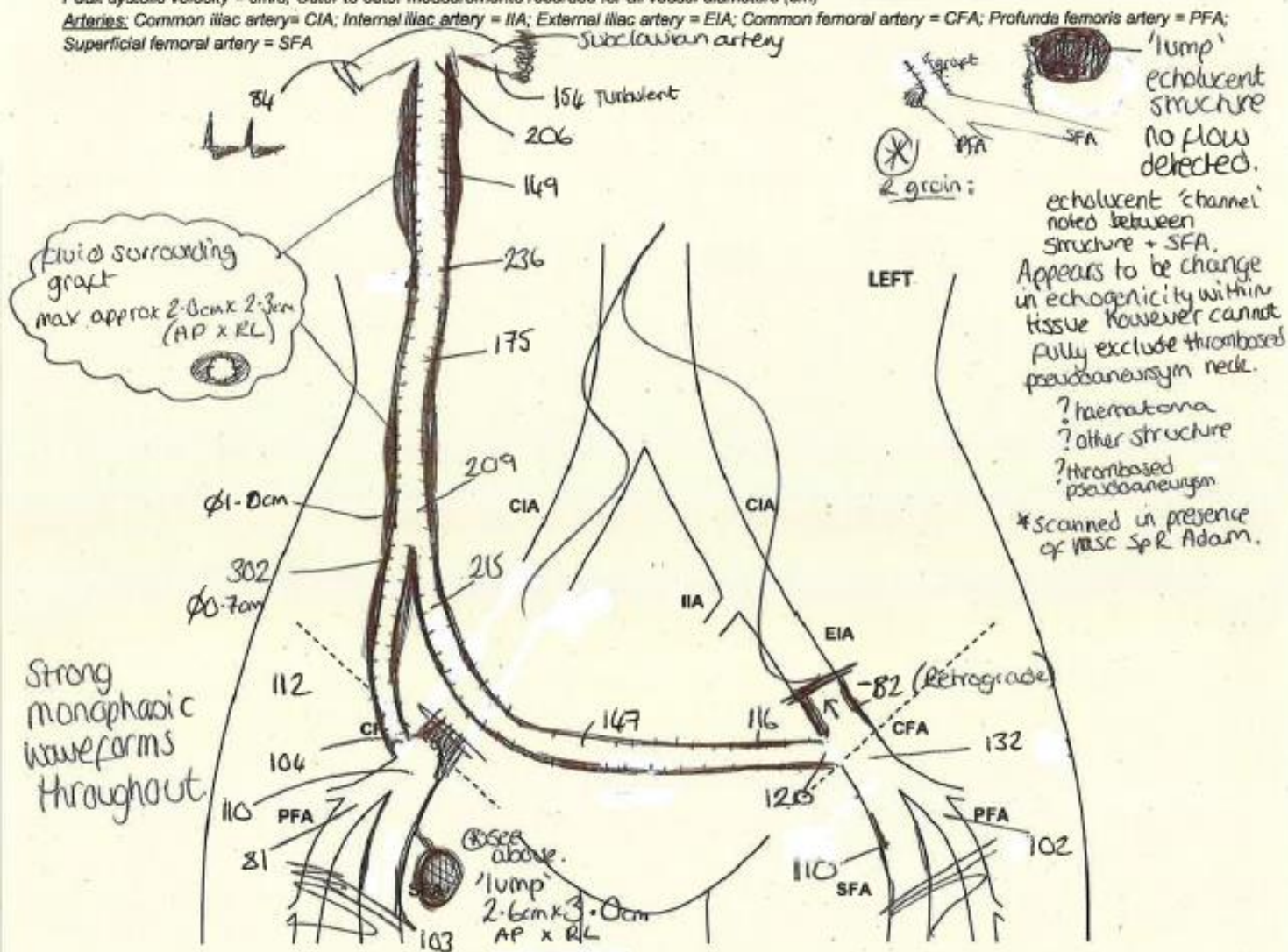
Indications: Ax - bipart graft revision + Humeralbeckomy
feb 2022.

Duplex Ultrasound: Aorto-Iliac Arteries

Peak systolic velocity = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA

Consultant: Dawies



Summary:

- * Axillo-bifem graft patent with strong monophasic waveforms throughout
- * Echolucent structure noted in region of right groin 'lump' reported by patient.
 - ? haematoma
 - ? other structure
 - ? thrombosed pseudoaneurysm — cannot exclude due to appearances described above

Clinical Vascular Scientist (CVS): Jodie Weston AVS: Yes/No Date: 14/04/2022

VAS:DF-4 V1.2 Page 1 of 1 CVS second opinion: NA AVS: Yes / No Date: _____

Indications: Worsening claudication post (R) angioplasty

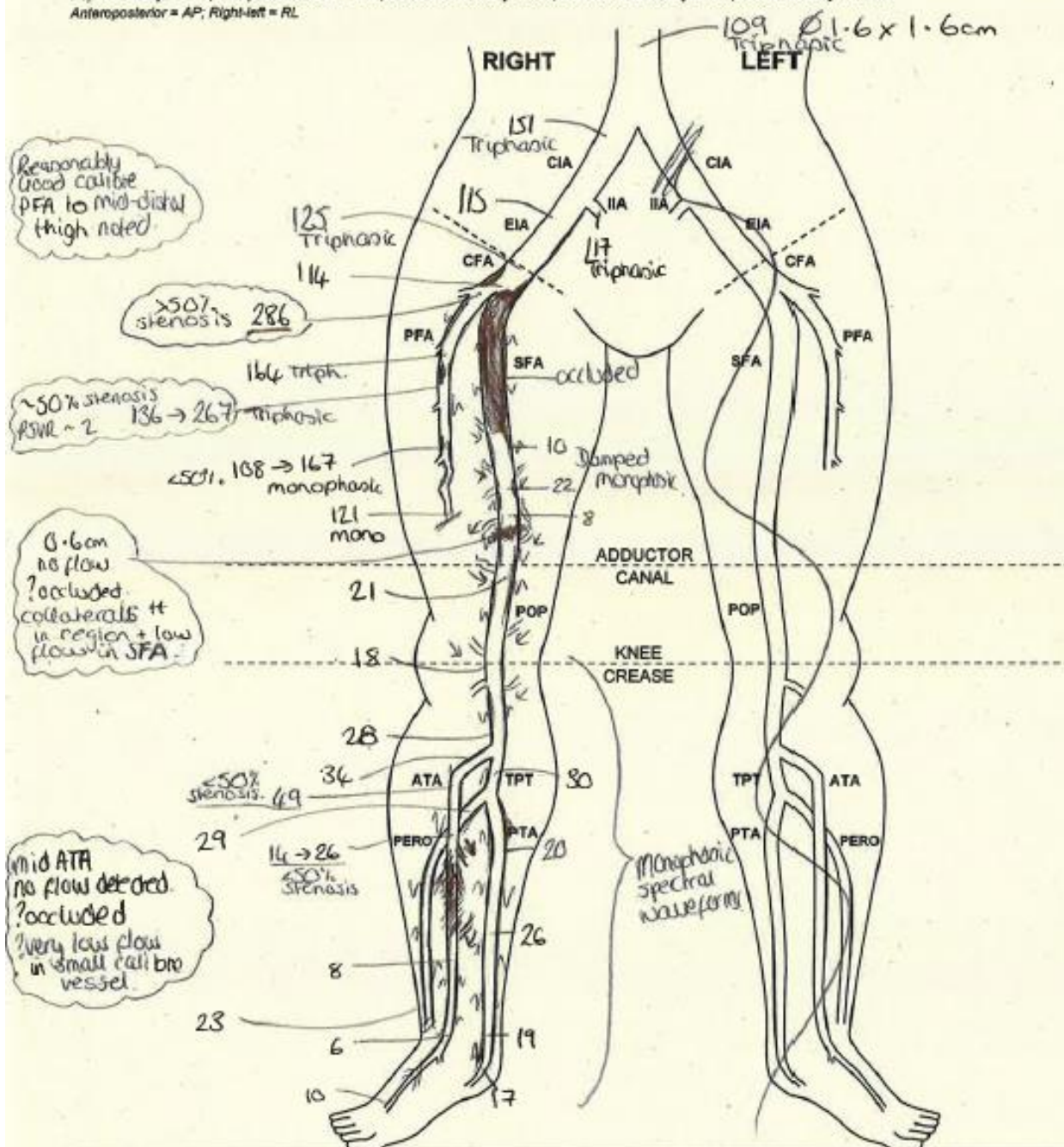
Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Natt

Peak systolic velocity (PSV) = cm/s: Outer to outer measurements recorded for all vessel diameters (cm)

Abbreviations: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibiopopliteal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL

Anteroposterior = AP; Right-left = RL



Summary: Right leg:

- * SFA occluded proximally. ? short occlusion distally - difficult to assess due to low flow + collaterals.
- * PFA >50% stenosis at origin + ~50% stenosis proximally
- * mid ATA - no flows detected ? occluded
- * Collaterals ++ noted ? very low flow in small calibre vessel

Clinical Vascular Scientist (CVS): Debbie Weston *[Signature]* AVS: Yes ☒ No ☐ Date: 14/04/2023

VAS-DF-17 V1.2 Page 1 of 1

CVS second opinion: *N/A*

AVS: Yes / No Date:

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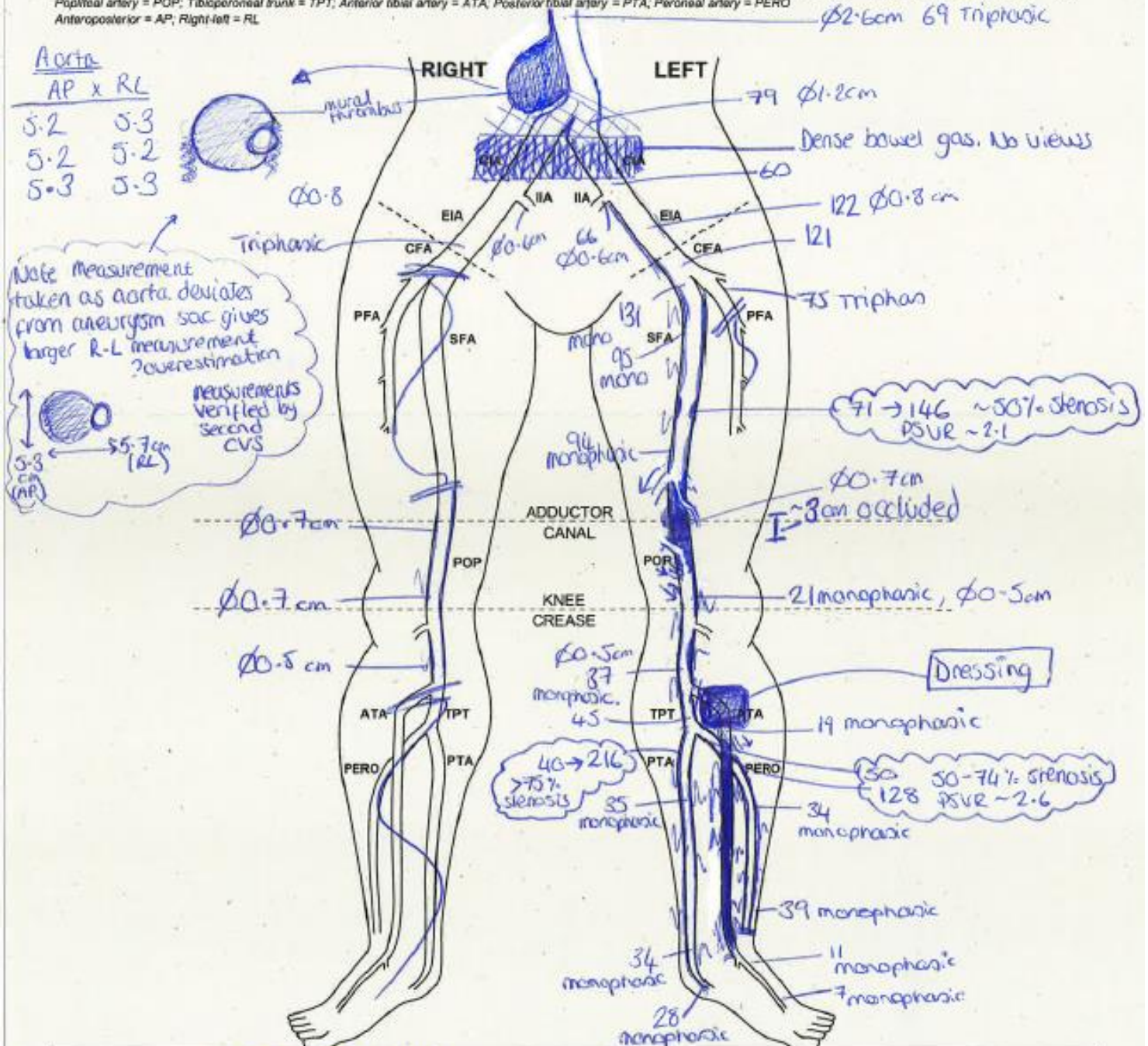
Indications: Left leg pain + discoloration
ATA? thrombus identified during DVT scan. No pedal pulses
NOTE ERROR in notes stating @ leg. Correct leg verified + referring Dr informed

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Mr Anwar

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoineal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL



Summary:
~50% SFA stenosis
Left leg: ~3 cm occlusion prox popliteal artery
>75% PTA stenosis
50-74% PERO artery stenosis
ATA occlusion

Incidental finding AAA measuring max 5.3 cm x 5.3 cm (AP x RL) - ventral shape noted, see comments above

Clinical Vascular Scientist (CVS): Jodie Weston AVS: Yes (No) Date: 13/04/2022
VAS-DF-47 V1.2 Page 1 of 1 CVS second opinion: Natasha Steens AVS: Yes (No) Date: 13/04/22
AAA check

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Indications: Known PAD. No change in symptoms reported by patient except new sharp pains around heels sometimes at night.

Duplex Ultrasound: Lower Limb Arterial Assessment

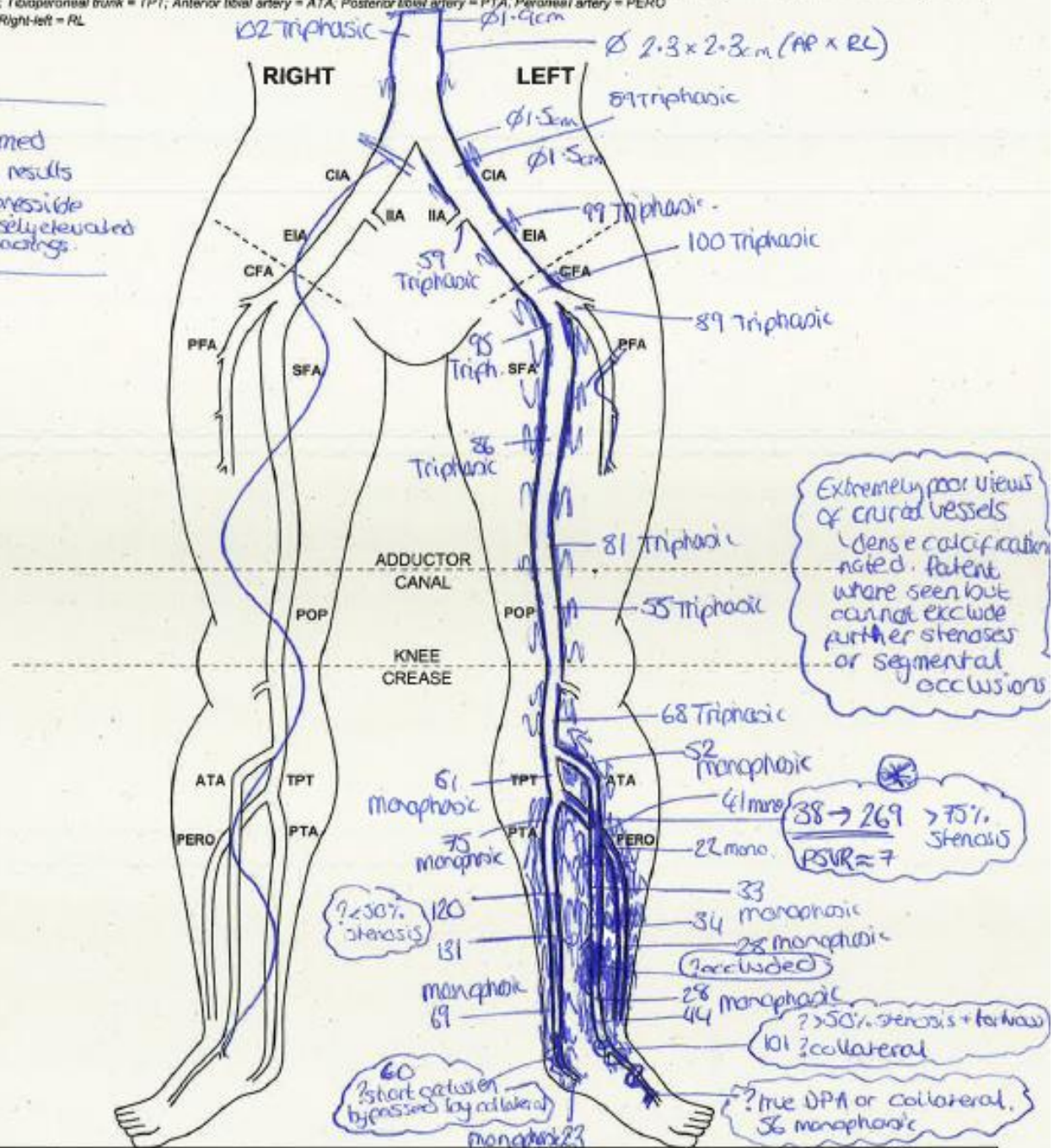
Consultant: *Shalhoub*

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoineal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroineal artery = PERO

Anteroposterior = AP; Right-left = RL

ABPI not performed
→ previous ABPI results showed incompressible vessels + ? falsely elevated readings.



Summary:

- * Significant diffuse calcification throughout.
- * Very poor views of crural vessels - stenoses + ? segmental occlusions as shown. Cannot rule out further disease

Clinical Vascular Scientist (CVS): *Joelle Weston*

AVS: Yes ☒ No ☐ Date: 13/04/2022

Indications:

- Bilaterally 50 year claudication distance (L) ~ (R)
- Reduced ABPT

Duplex Ultrasound: Lower Limb Arterial Assessment

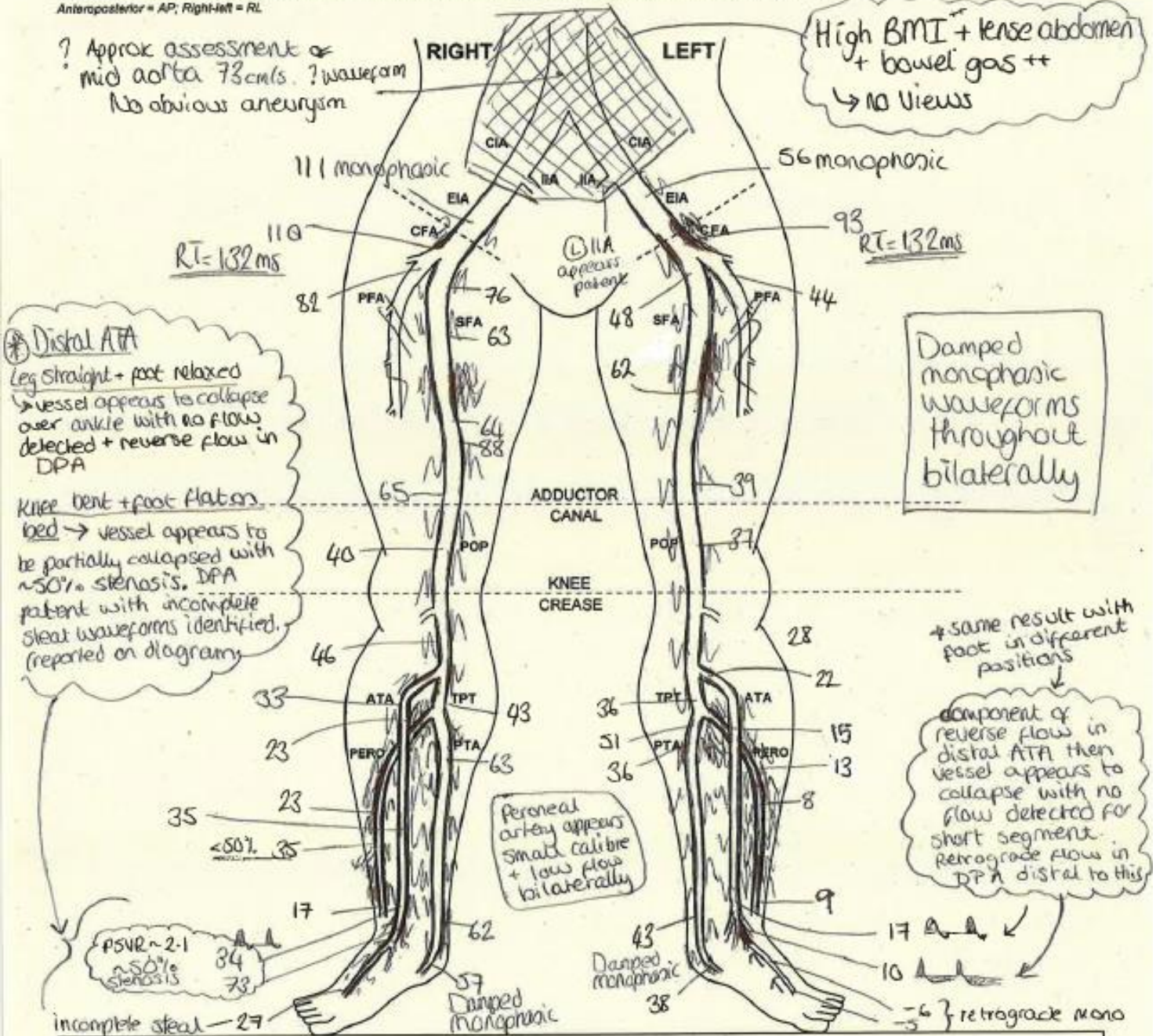
Consultant: **MUSSA**

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoaneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL

? Approx assessment of mid aorta 73cm/s. ? waveform
No obvious aneurysm

High BMI + tense abdomen + bowel gas ++
→ NO Views



Summary:

Results strongly suggestive of significant aortoiliac disease bilaterally however unable to visualise abdominal vessels due to vessel depth (high BMI + tense abdomen) and dense bowel gas - ?alternative imaging required.

Bilaterally diffuse calcification throughout with damped monophasic waveforms + very distal ATA pathology as described above on diagram

Clinical Vascular Scientist (CVS): **Jodie Weston**

AVS: Yes/No Date: **12/04/2021**

Department of Vascular Ultrasound



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NHS Trust

Indications: L 1st & 3rd toe necrosis

Duplex Ultrasound: Lower Limb Arterial Assessment

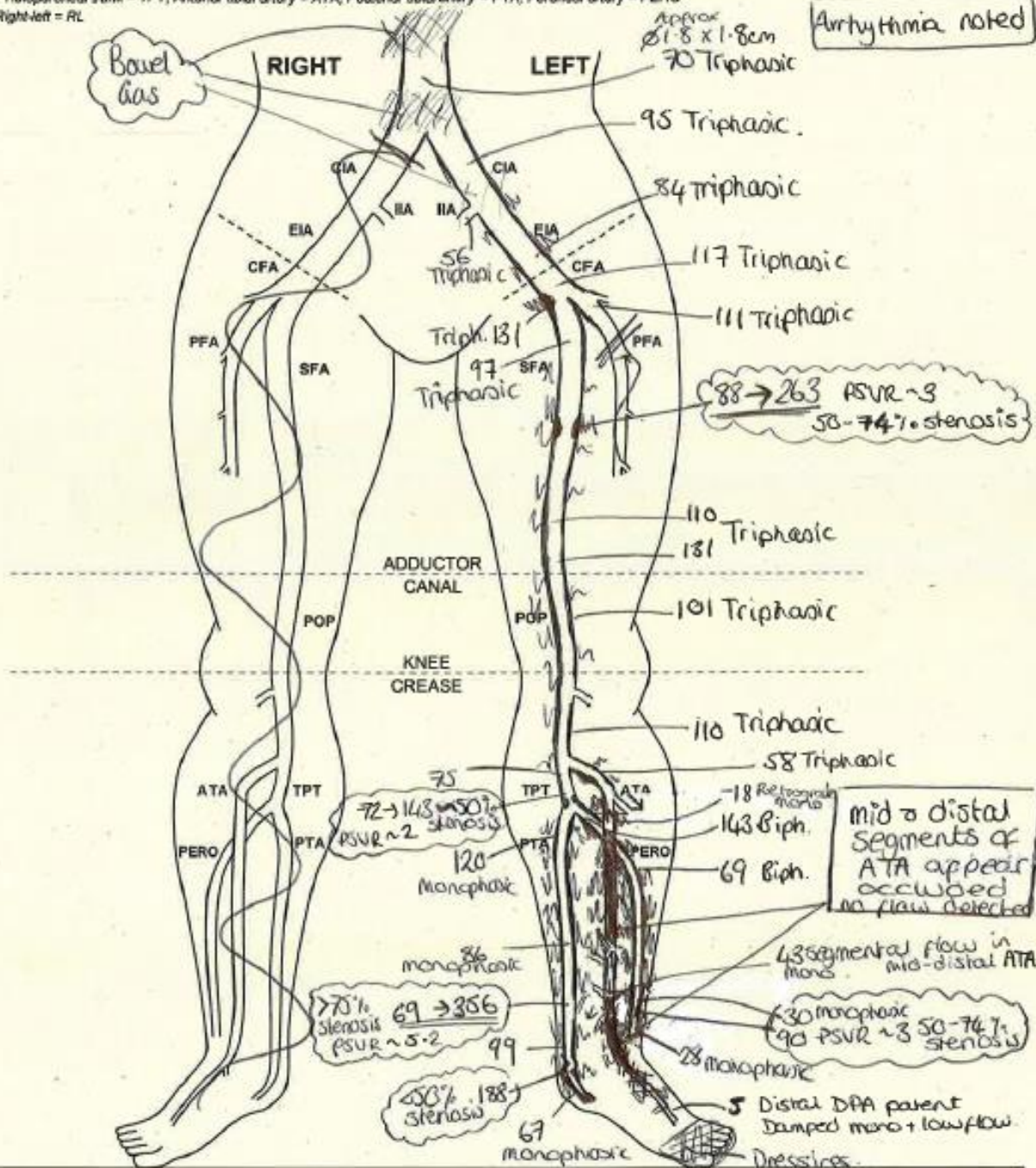
Consultant: Jaffer

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA;

Popliteal artery = POP; Tibioperoneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO

Anteroposterior = AP; Right-left = RL



Summary: Diffuse calcification throughout. Densely calcified crural vessels.

SFA: 50-74% stenosis

TPT: ~50% stenosis

ATA: No flow detected in mid + distal segments - appear occluded. Segments of retrograde flow noted.

PTA: >75% stenosis

PERO A: 50-74% stenosis

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes (No) Date: 12/04/2022

VAS-DF-17 V1.2 Page 1 of 1

CVS second opinion: Maria Brunakova

AVS: Yes (No) Date: 12-4-22

Interoperator audit: AHA checked

Indications: \angle foot abcess

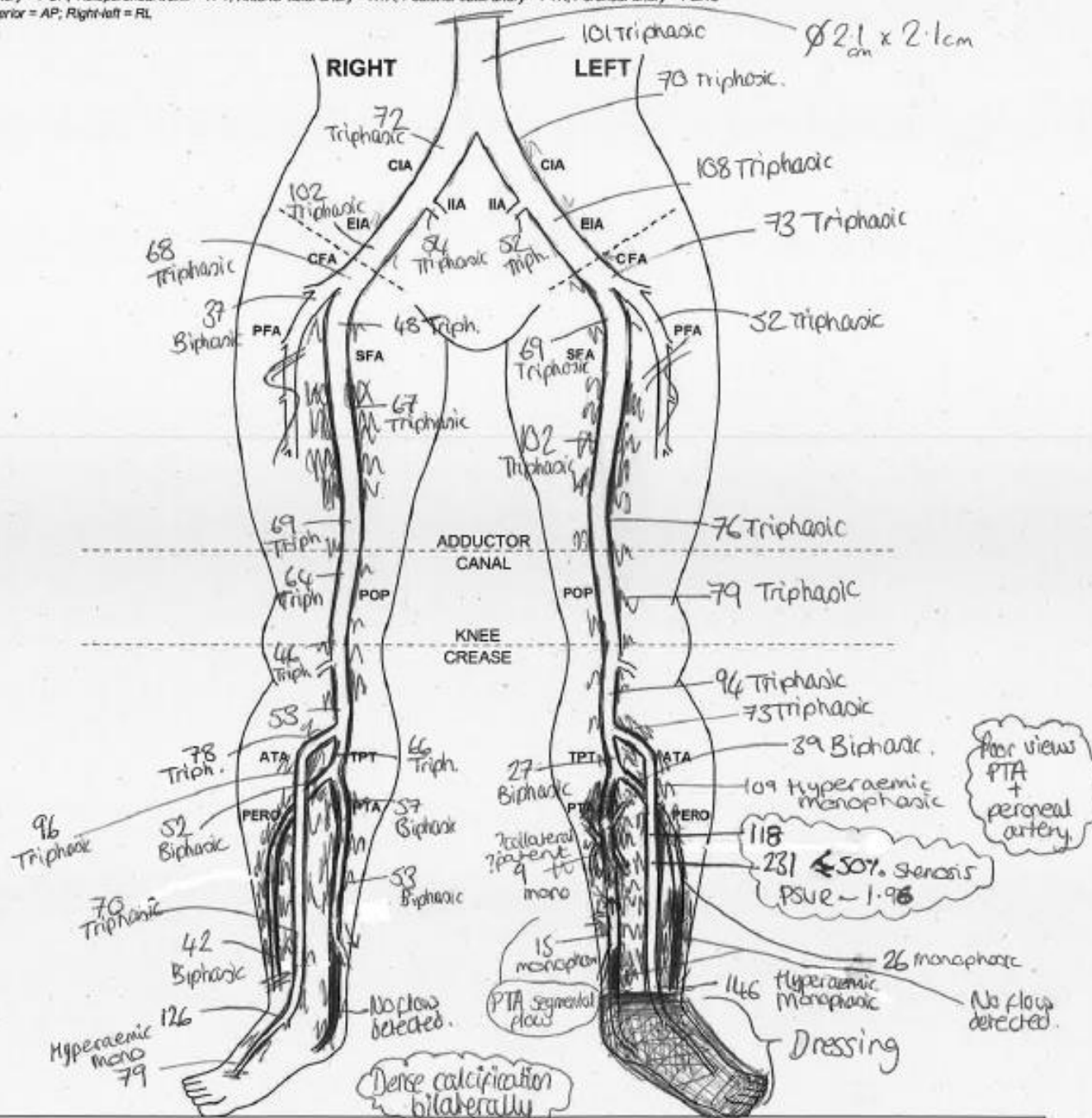
- Dry necrosis (2) hallux
- Diabetic

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Shalhoub

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Abbreviations: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL



Summary: Bilaterally diffusely calcified vessels with crural vessel significant disease.

Right: Distal PTA occluded.

Left: ATA patent (dominant vessel supplying foot) with $\leq 50\%$ stenosis in mid vessel. Poor views of PTA & peroneal with segmental flow seen. PTA occluded proximally + distally. Peroneal appears occluded distally.

Clinical Vascular Scientist (CVS): Jodie Weskan

AVS: Yes ☒ No ☐ Date: 08/04/2022

VAS-DF-47 V1.2 Page 1 of 1

CVS second opinion: N/A

AVS: Yes / No Date:.....

Indications: EVAR surveillance

Duplex Ultrasound: Aorto-Iliac Arteries (EVAR)

Consultant: Bicknell

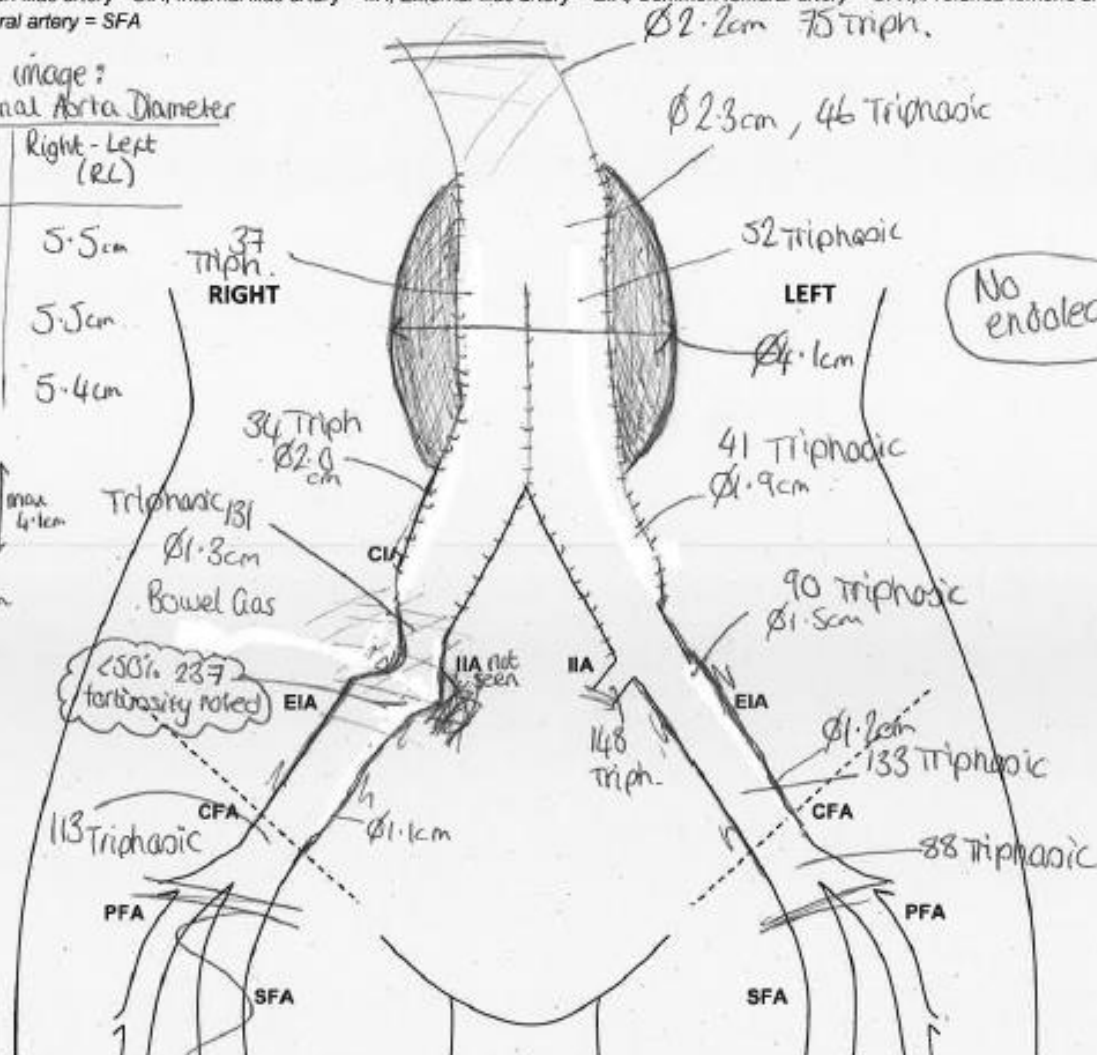
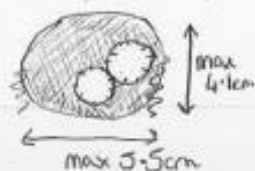
Peak systolic velocity = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA

Cross sectional image:


Maximum External Aorta Diameter

	Anteroposterior (AP)	Right-Left (RL)
①	4.1 cm	5.5 cm
②	4.1 cm	5.5 cm
③	4.1 cm	5.4 cm



Summary:

- * EVAR stents patent. No evidence of endoleak.
- * Residual sac max $\varnothing 4.1\text{cm} \times 5.5\text{cm}$ (AP \times RL)
- * $<50\%$ stenosis (R) EIA origin.
- * Bilaterally, triphasic waveforms throughout iliac arteries.
- * Iliac arteries ectatic bilaterally.

Clinical Vascular Scientist (CVS): Chloe Weston 

AVS: Yes ☒ No ☐ Date: 08/04/2022

VAS-DF-34 V1.2 Page 1 of 1 CVS second opinion:

AVS: Yes / No Date:.....

Indications: Previous complex repair
- SMA bypass
- Bilateral ilio renal bypass

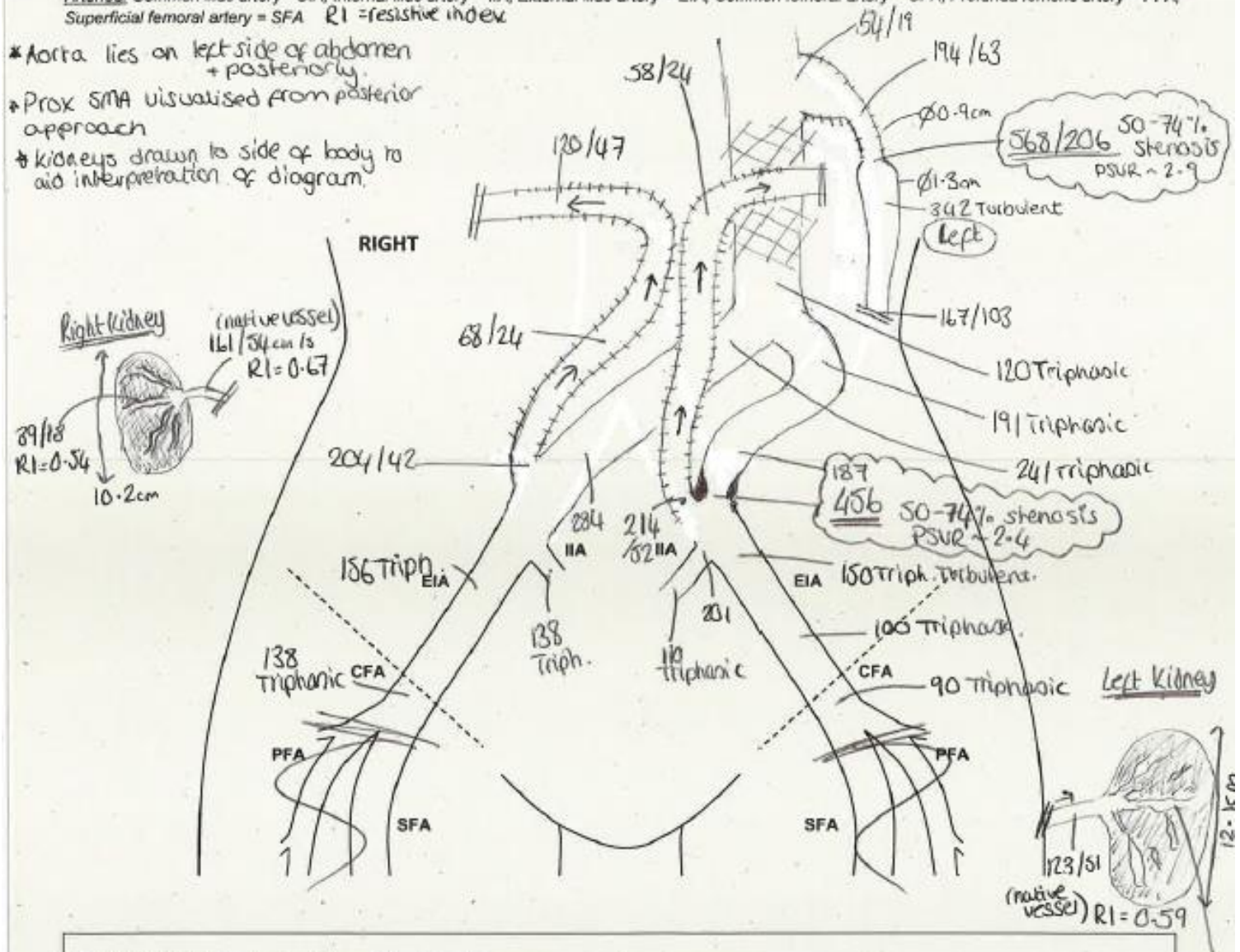
Consultant: Bicknell

Duplex Ultrasound: Aorto-Iliac Arteries

Peak systolic velocity = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA RI = resistive index

- * Aorta lies on left side of abdomen + posteriorly.
- * Prox SMA visualised from posterior approach
- * Kidneys drawn to side of body to aid interpretation of diagram.



Summary: *Technically difficult scan - complex anatomy*

- * The SMA stent appears patent with raised velocities distally suggestive of a 50-74% stenosis. Beyond the stent, the native SMA remained patent + appeared dilated (1.3cm).
- * Bilaterally the ilio-renal bypass grafts appeared patent with good flow. The kidneys appeared well perfused bilaterally.
- * Where visualised, the aorta-iliac arteries appeared patent with triphasic waveforms. There was a 50-74% stenosis in the distal CIA.

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 08/04/2022

VAS-DF-34 V1.2 Page 1 of 1 CVS second opinion:

Carolee Frollo Carolee Piro

AVS: Yes/No Date: 08/04/2022

Indications:

Acute limb ischaemia (R) leg.

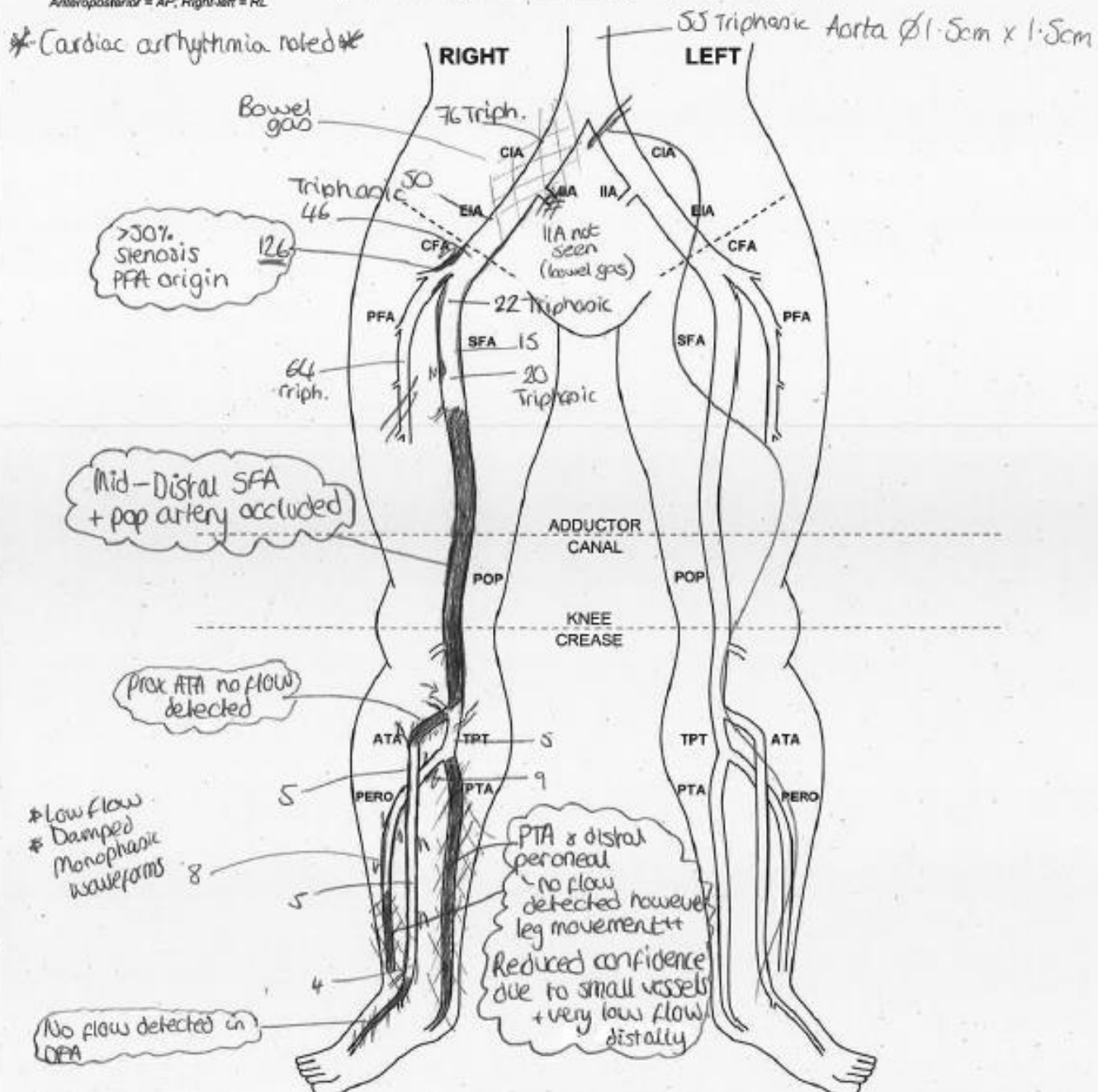
Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Bicknell.

Peak systolic velocity (PSV) = cm/s; Outlet to outlet measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoanal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroanal artery = PERO
Anteroposterior = AP; Right-left = RL

* Cardiac arrhythmia noted *



Summary: Dementia patient - technically challenging in cath due to very small vessels
+ very low flows - reduced confidence noted.
+ movement +

- * >50% PFA origin stenosis
- * mid-distal SFA & popliteal artery occluded
- * Crural vessels (reduced confidence) - prox AFA no flow detected; mid-distal peroneal A. no flow detected; PTA no flow detected

Clinical Vascular Scientist (CVS): Jodie Weston  AVS: Yes ☒ No ☐ Date: 08/04/2022

VAS-DF-47 V1.2 Page 1 of 1 CVS second opinion: N/A AVS: Yes / No Date: _____

Department of Vascular Ultrasound



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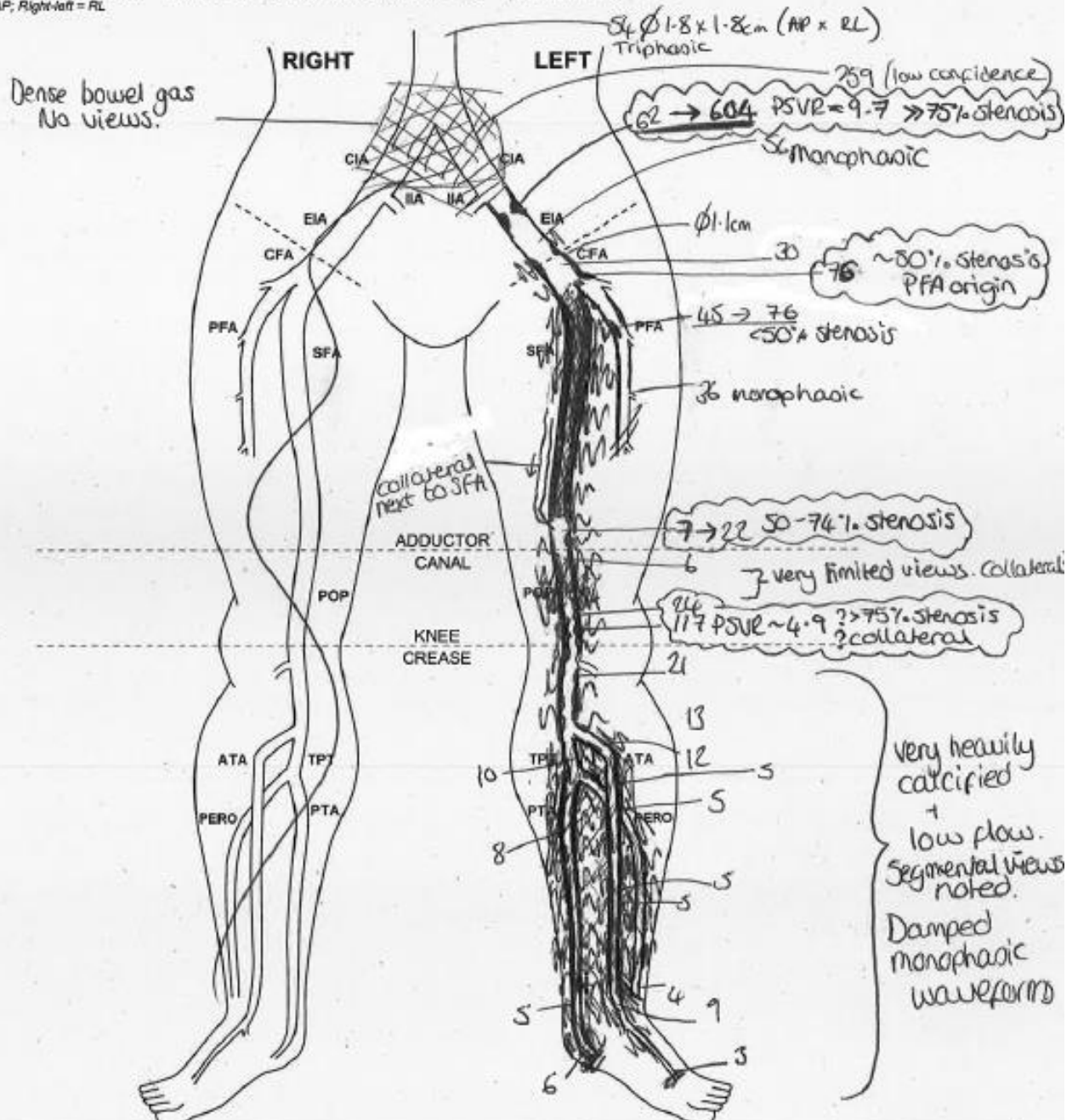
Indications: 10 days of sudden onset rest pain (L)
Red/swollen/cold (L) foot.

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Jaffer.

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA;
Popliteal artery = POP; Tibioperoneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL



Summary: Heavily calcified vessels throughout + dense abdominal bowel gas.

- * >75% EIA stenosis
- * ~50% stenosis PFA origin
- * SFA occluded. Refills distally + 50-74% stenosis
- * Limited views of prox pop. arteries ? >75% stenosis ? collateral.
- * Segmental views of crural vessels - patent where seen. Damped monophasic waveforms + low flow

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes No Date: 01/04/2022

Department of Vascular Ultrasound



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Indications: Bilateral calf pain + back pain
after ~100 yards walking
- stenoses on CTA

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: *Mussa*

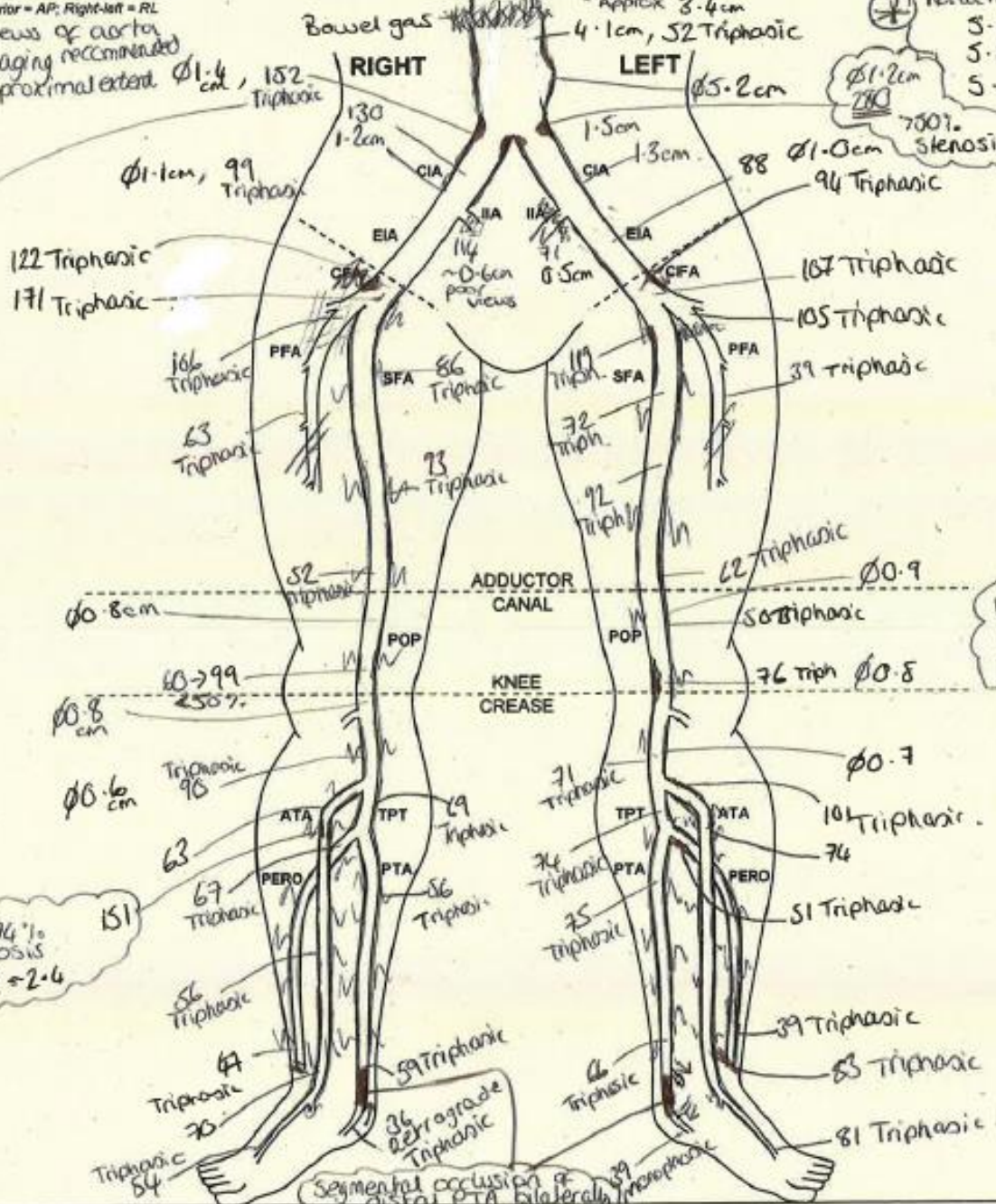
Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoineal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL

Poor prox views of aorta
Alternative imaging recommended
to determine proximal extent

Difficult to assess
severity due
to proximal
aneurysm
appears
≤50%
stenosis

Aorta Max AP x RL
5.1 x 5.2
5.2 x 5.0
5.1 x 5.0
700% stenosis



No popliteal
aneurysm
bilaterally

Summary: Bilaterally, mild (<50%) diffuse calcified/mixed plaque throughout.

* AAA - max \varnothing AP x RL = 5.2cm x 5.0cm

* Right <50% stenosis CIA origin (see comments), 50-74% prox ATA, segmental distal PTA occlusion

* Left >50% stenosis CIA origin, segmental distal PTA occlusion

Clinical Vascular Scientist (CVS): *Dodie Weston* AVS: Yes/No Date: 28/03/2022

Department of Vascular Ultrasound



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NHS Trust

Indications: Bilateral calf pain + back pain
after ~100 yards walking
Stenosis on CTA

Post-Exercise Ankle Brachial Pressure Index (ABPI)

Consultant: *Mussa*

Treadmill Exercise or Active Plantarflexion (50x consecutive repetitions of standing heel raises)

Peak systolic velocity (PSV) = cm/s

	RIGHT		LEFT	
Brachial Artery				
Waveform & Pressure (mmHg)	Triphasic	118	114	Triphasic

	Right		Left	
Anterior Tibial Artery (ATA)				
Pressure (mmHg)	116	—	—	116
Spectral Waveform	Triphasic	Segmental occlusion at ankle	Segmental occlusion at ankle	Triphasic
Post Exercise Pressure (mmHg)	108	—	—	108

	Right		Left	
	ATA	PTA	PTA	ATA
Resting ABPI	0.98	—	—	0.98
Post Exercise Pressure Change (mmHg)	-8	—	—	-8

Treadmill test: Incline = 10% Speed: km/hr Time (mm:ss): Total distance: meters

Time (mm:ss)	Symptoms
	Plantar flexion performed Known cardiac disease. Quadruple heart bypass ~6 months ago with ongoing chest pains
Reason for stopping: —	

Summary:

- No significant reduction in ABPI bilaterally at rest or after exercise.
- No signal in PTA at ankle - segmental short occlusion bilaterally on duplex

Clinical Vascular Scientist (CVS): *Jodie Weston* AVS: Yes/No Date: *28/03/2022*

VAS-DF-2 V1.2 Page 1 of 1 CVS second opinion: AVS: Yes/No Date:

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Indications:

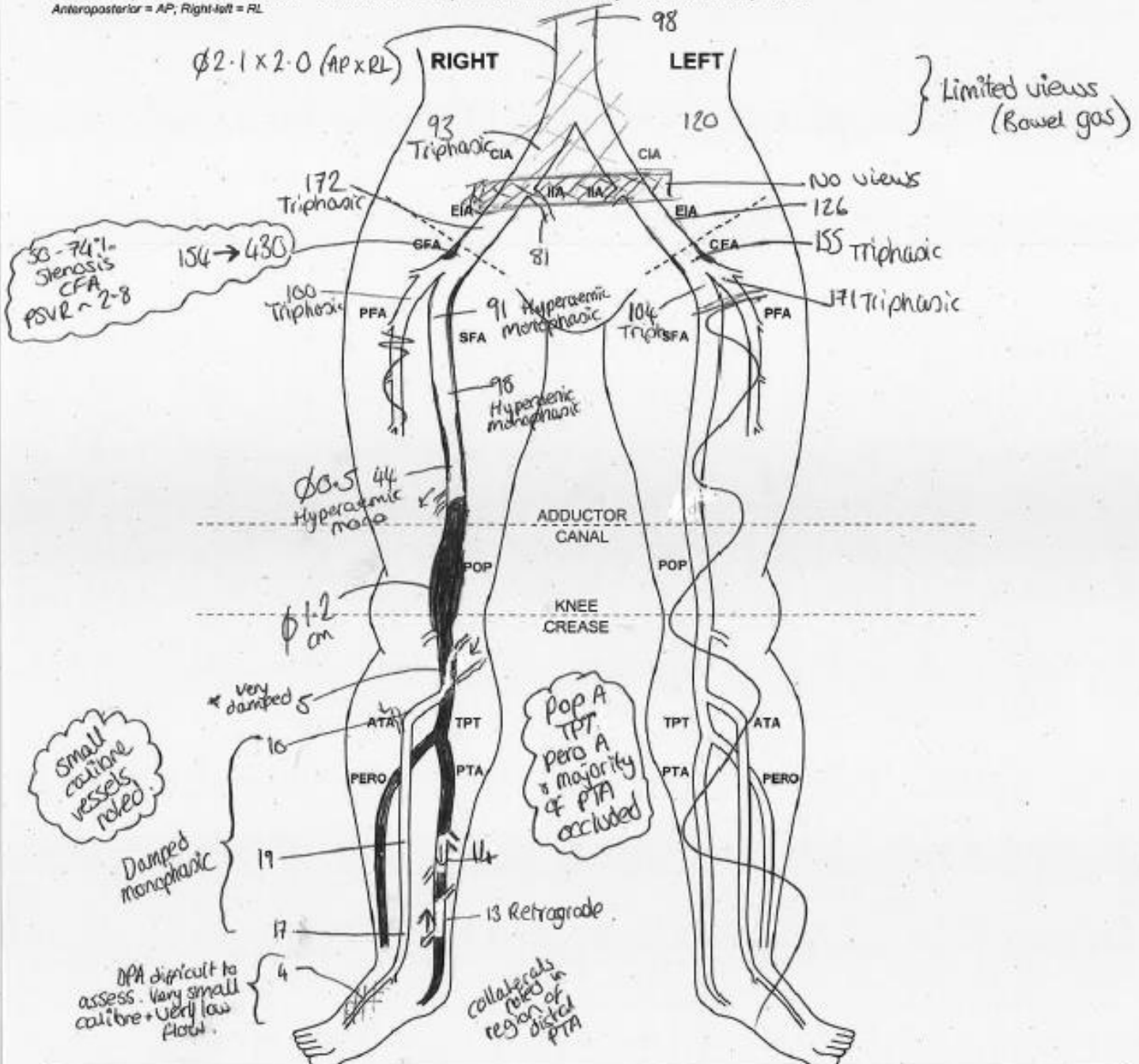
Ⓡ foot pain post angiogram on 25/02/2022

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Bicknell

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoineal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL



Summary:

- Ⓡ - 50-74% CFA stenosis
- occluded pop A, TPT, & peroneal artery.
- PTA predominantly occluded with short ?recanalised segments
- Ⓛ - iliacs patent where seen.
- Small calibre vessels throughout

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: ~~Yes~~ No Date: 04/03/2022

Department of Vascular Ultrasound



Mary Stanford Wing, St Mary's Hospital Imperial College Healthcare
Ext 23739 / 23374 Email: imperial.irvinevascular.studies@nhs.net NHS Trust

Indications:

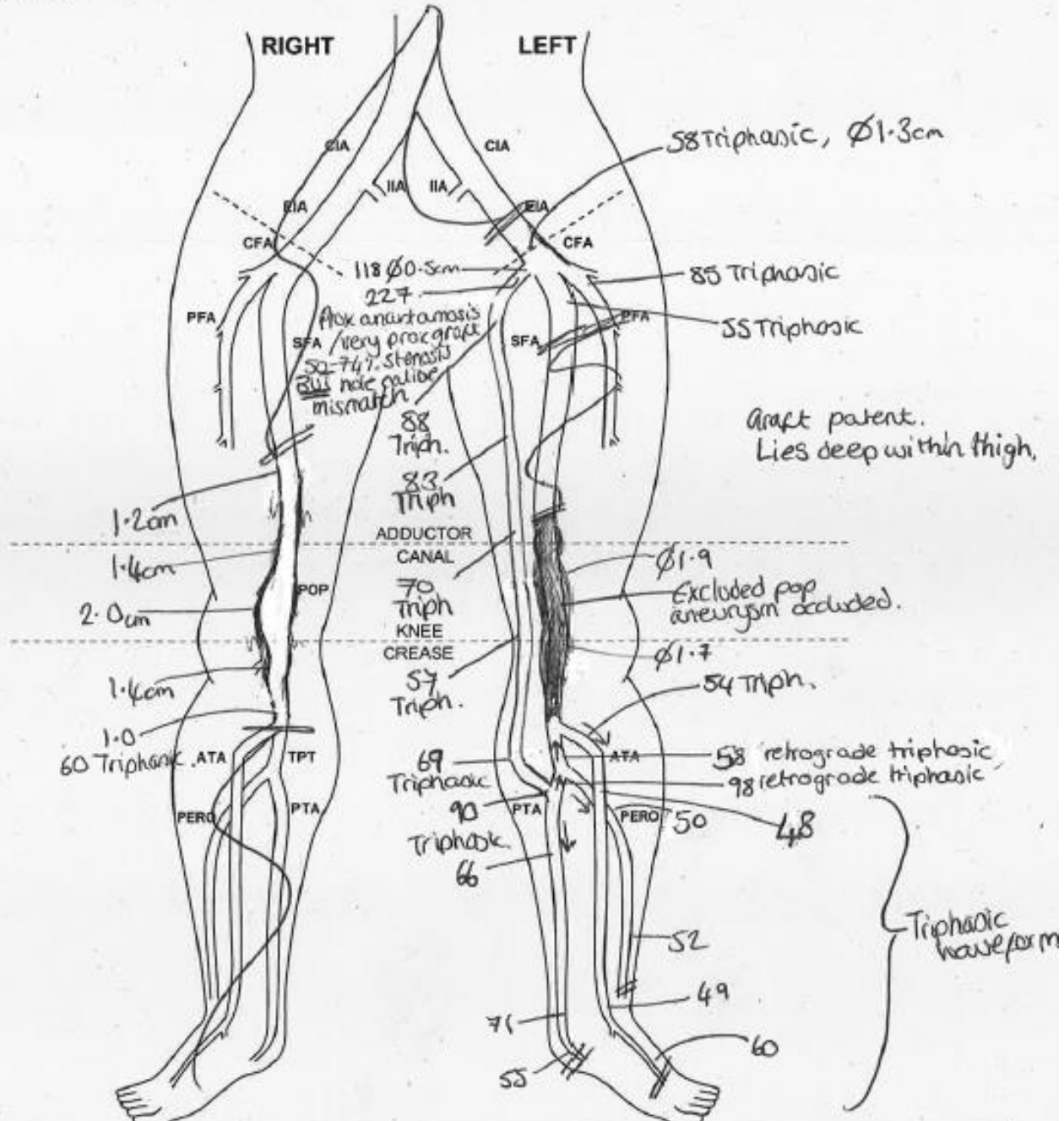
- ② CFA - PTA bypass surveillance
- ② pop aneurysm surveillance

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Nott

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoaneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO
Anteroposterior = AP; Right-left = RL



Summary: ② leg : max pop artery 2.0cm. Patent + triphasic waveforms distally

② leg : bypass graft + distal run off vessels patent with triphasic waveforms. ~50-74% stenosis at prox anastomosis / prox graft segment, however note calibre change (0.3cm → 0.5cm) - Good colour filling

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes ☒ No ☐ Date: 4/3/2022

Department of Vascular Ultrasound



Mary Stanford Wing, St Mary's Hospital Imperial College Healthcare
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Indications: CFA - fem bypass 01/03/2022.
Post op check

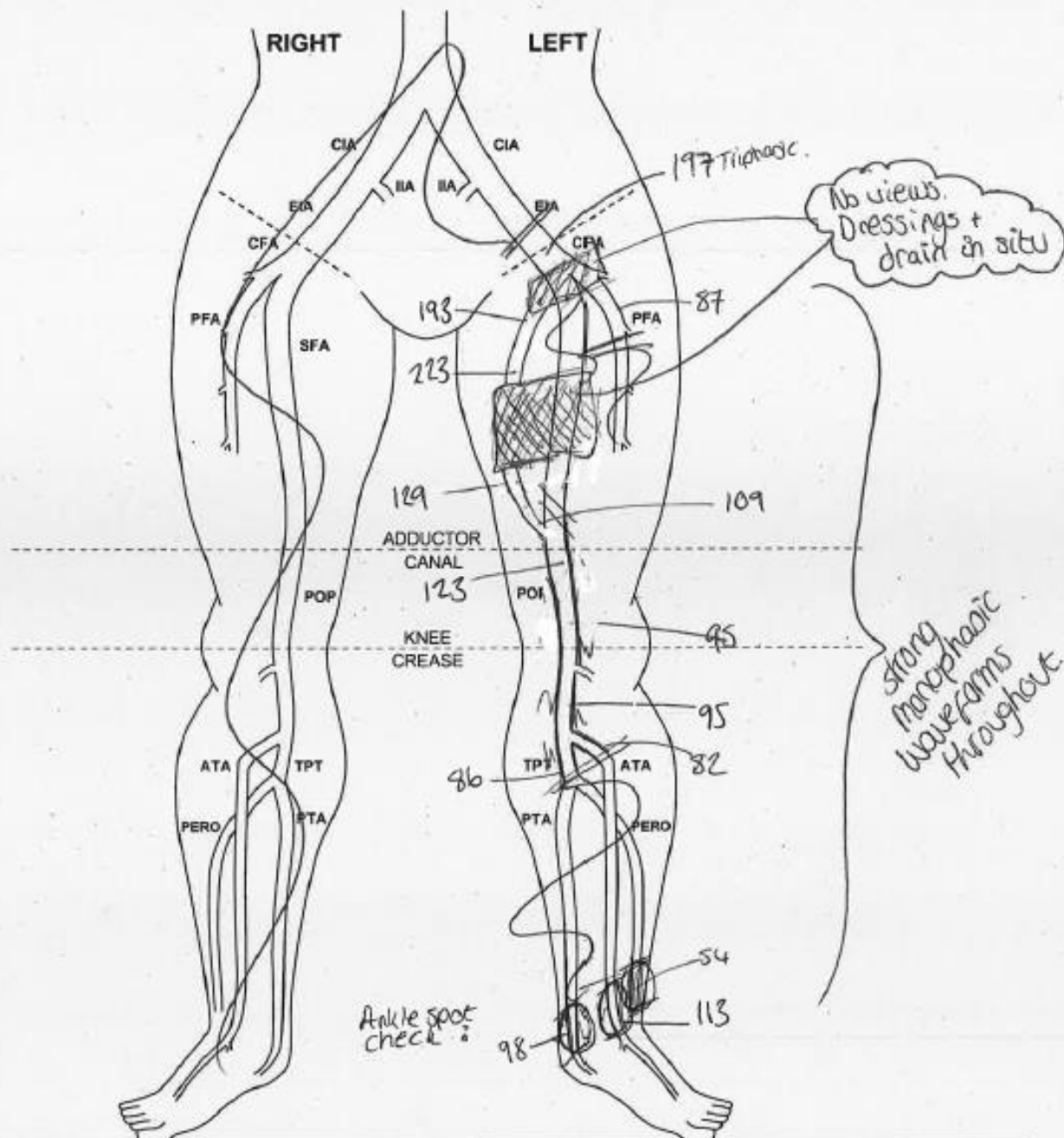
Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Davies.

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoaneal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroaneal artery = PERO

Anteroposterior = AP; Right-left = RL



Summary: CFA - SFA bypass patent where seen with good flow distally. No stenoses where visualised.

Clinical Vascular Scientist (CVS): Jodie Weston

AVS: Yes/No Date: 04/03/2022

Department of Vascular Ultrasound

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NHS Trust

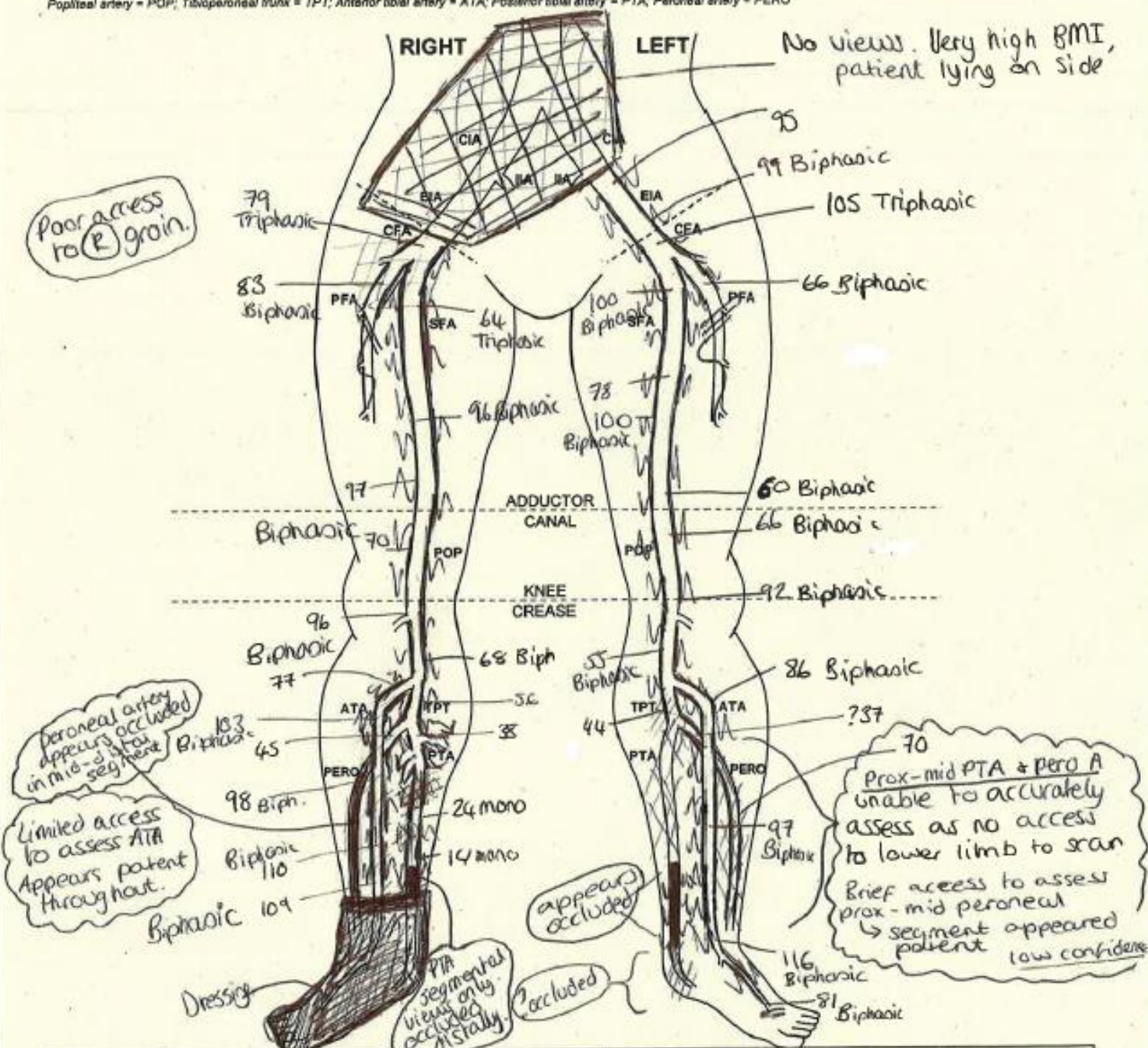
Indications: Bilateral leg pain.
Ⓡ foot ulcer. Diabetic

Duplex Ultrasound: Lower Limb Arterial Assessment

Consultant: Riga

Peak systolic velocity (PSV) = cm/s; Outer to outer measurements recorded for all vessel diameters (cm)

Arteries: Common iliac artery = CIA; Internal iliac artery = IIA; External iliac artery = EIA; Common femoral artery = CFA; Profunda femoris artery = PFA; Superficial femoral artery = SFA; Popliteal artery = POP; Tibioperoineal trunk = TPT; Anterior tibial artery = ATA; Posterior tibial artery = PTA; Peroneal artery = PERO



Summary: Difficult scan due to poor access to assess vessels

Bilaterally poor access to calf, crural disease noted.

Right: Peroneal mid-distal occlusion, PTA segmental views where ?patent, occluded distally. ATA appears patent with biphasic waveforms

Left: limited assessment. Distal PTA appears occluded. ATA appears patent + biphasic

Clinical Vascular Scientist (CVS): Jodie Weston AVS: Yes ☒ No ☐ Date: 02/03/2022

VAS-DF-17 V1.2 Page 1 of 1 CVS second opinion: AVS: Yes / No Date:

Indications:

EVAR surveillance

Consultant

Allen

Duplex Ultrasound: EVAR

Peak systolic velocity = cm/s; Rise time = RT

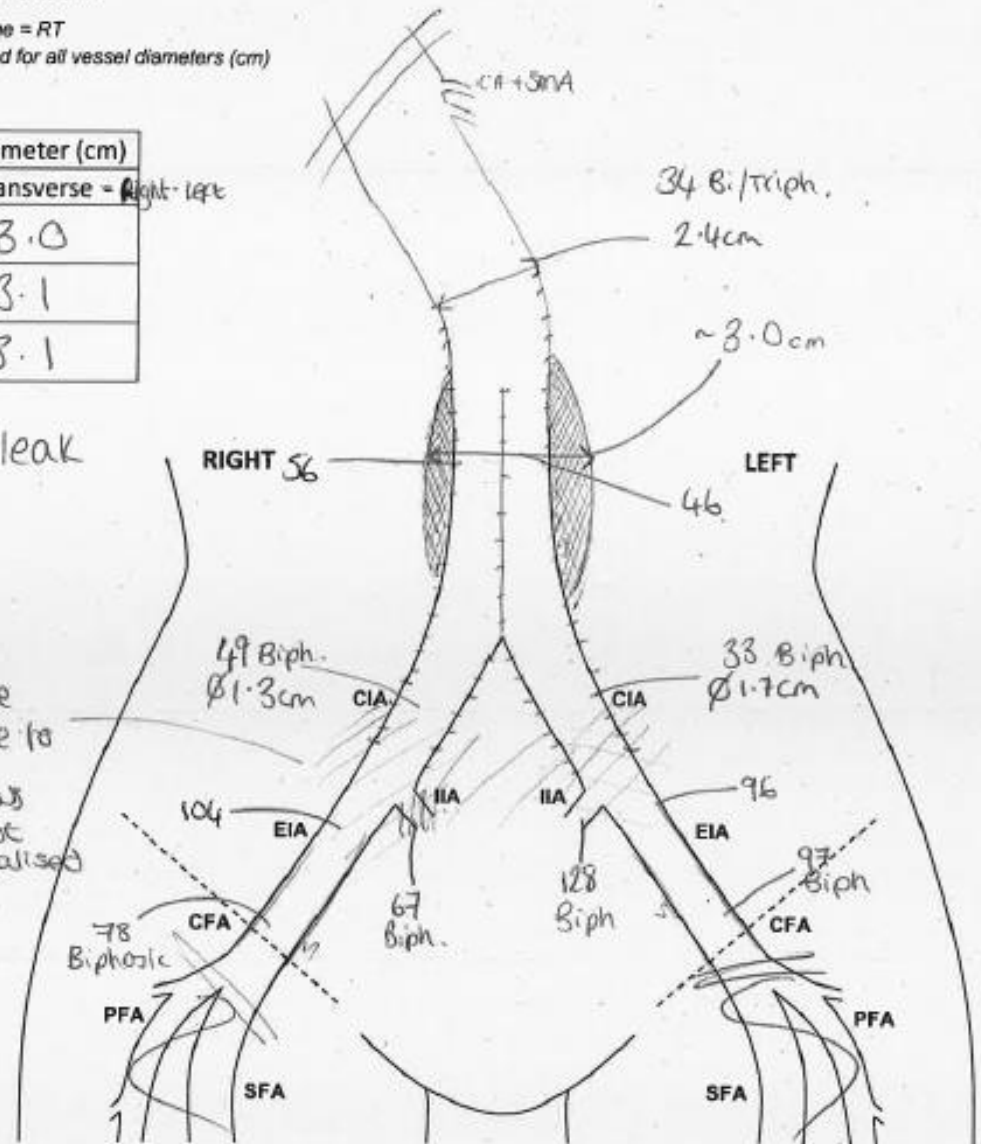
Outer to outer measurements recorded for all vessel diameters (cm)

Cross-sectional image:

Maximum External Aorta Diameter (cm)		
	AP	Transverse = Right-left
1.	3.0	3.0
2.	2.9	3.1
3.	3.0	3.1

No endoleak

Tender abdomen.
Very light pressure
tolerated only due to
pain → poor views
stent ends not
clearly visualised
in iliacs



Comments:

- * EVAR stents + iliac arteries patent bilaterally with biphasic waveform
- * Residual sac max ϕ 3.0 x 3.1cm (AP x RL)
- * No endoleak

Clinical Vascular Scientist Jodie Nesbitt AVS: Yes/No Date: 25/02/2022