



Reason Pre-op, Routine

Outcome disease mild, disease moderate, Occlusion

## Right

144

1.00



Good

## Brachial

## Common Femoral

Good

## High Thigh

## Low Thigh

## Popliteal

Absent Prox-mid

## High Calf

## Peroneal

Weak

## Anterior Tibial

Weak

## Posterior Tibial

Reduced

72

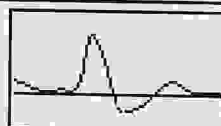
0.50

## Dorsalis Pedis

## Toe Pressure

## Post Exercise

## Left



## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

\*Known distal SFA/proximal POPA occlusion from previous ultrasound and CT assessments\*

\*No significant iliac disease on recent CTA (March 2022), therefore, not assessed at this visit\*

## LEFT

CFA - Mild/moderate disease, good triphasic waveforms and PSV 171cm/s.

PFA - Mild and calcified disease at origin, good triphasic waveforms and PSV 108cm/s.

SFA - Vessel appears small calibre along length, mild and calcified disease, good hyperaemic

Assessed by Rae Larmour

Printed on 08/06/2022 at 4:13 pm

Checked by

mono/triphasic waveforms and PSV 72-57cm/s. Vessel occludes at ~53cm and remains occluded through the adductor canal.

POPA - Proximal vessel is occluded. Flow reforms in the mid vessel with slightly reduced monophasic waveforms and PSV 35cm/s, becoming reduced monophasic with PSV 15cm/s distally.

TPT - Patent with evidence of 3 vessel run-off identified.

ATA - Patent proximally and distally with reduced/weak monophasic waveforms and PSV 8-5cm/s. Unable to confirm full vessel patency due to weakness of flow.

PTA - Patent along length with mild/mod disease at origin, becoming mild distally. Reduced monophasic waveforms and PSV 11cm/s at the ankle.

PerA - Weak monophasic waveforms and PSV 6cm/s at the ankle.

## RIGHT

CFA - Patent with turbulent biphasic waveforms, PSV 238cm/s and moderate disease.

ATA - Good monophasic waveforms at the ankle, PSV 31cm/s.

PTA - Good hyperaemic monophasic/triphasic waveforms at the ankle, PSV 84cm/s.

ABPI - Left resting ABPI is significantly reduced.

