

**Reason** Ulceration**Outcome** disease mild, disease moderate, Occlusion, Obscured, Calcified, Stenosis Moderate**Right**

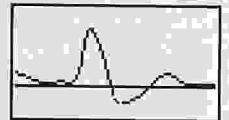
166 1.00



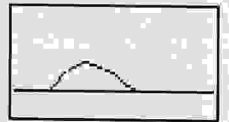
Good

Brachial**Common Femoral**

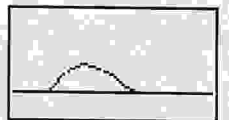
Good

Left**High Thigh****Low Thigh****Popliteal**

Reduced

**High Calf****Peroneal**

Reduced

**Anterior Tibial**

Reduced

132

0.80

**Posterior Tibial**

Absent

**Dorsalis Pedis****Toe Pressure****Post Exercise**

Foot Flex

78

0.47

Notes**LEFT LOWER LIMB ARTERIAL DUPLEX SCAN**

AORTA - Limited views due to Bowel gas but where seen, abdominal aorta is patent with good biphasic waveforms and PSV 72cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.9 cm), with no evidence of focal dilatation or aneurysm identified.

LEFT

CIA - Limited views due to bowel gas, but where seen, mild disease in the proximal vessel, good triphasic

Assessed by Rae Larmour

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Checked by



waveforms and PSV 130cm/s.

EIA - Unable to visualise proximally due to bowel gas. Mild disease distally, good triphasic waveforms and PSV 126cm/s.

CFA - Mild disease, good triphasic waveforms and PSV 145cm/s.

PFA (origin) - Mild disease, good triphasic waveforms and PSV 149cm/s.

SFA - origin is patent with mild disease, turbulent triphasic waveforms and PSV 90cm/s. Mild and calcified disease, prox-mid vessel. Moderate stenosis at ~66cm for ~0.7cm with PSV 10cm/s to 68cm/s. Vessel becomes occluded at ~62cm to ~56cm, where flow appears to reform with turbulent monophasic waveforms and PSV 41cm/s. At ~54cm, the vessel is heavily calcified for ~1.6cm with no flow identified ?patency through this section. Distally and through the adductor canal calcified disease, reduced monophasic waveforms and PSV 29cm/s.

POPA - Mild and calcified, reduced/slightly reduced monophasic waveforms and PSV 28-48cm/s.

TPT - patent with calcified disease, evidence of 2 vessel run off identified.

ATA - Moderate and calcified disease at the origin, turbulent monophasic waveforms and PSV 85cm/s.

Vessel is heavily calcified with areas of intermittent flow along length ?full patency. Reduced monophasic waveforms at the ankle, PSV 22cm/s.

PTA - Weak flow identified proximally, PSV 24cm/s. No flow identified distal to this ?occluded along length.

PerA - Reduced monophasic waveforms at the ankle, PSV 26cm/s.

RIGHT

CFA - Mild disease, good triphasic waveforms and PSV 122cm/s.

ATA - Heavily calcified. Slightly reduced monophasic waveforms at the ankle and PSV 35cm/s.

PTA - Heavily calcified. Slightly reduced monophasic waveforms at the ankle and PSV 27cm/s.

ABPI - Unable to obtain right resting ABPI due to dressings and ulceration. Left resting ABPI is just within normal limits (?accuracy due to heavy calcification) but becomes significantly reduced following a one minute exercise challenge.

