

History: Zenith bifurcated EVAR (Australia 2015). Left iliac limb buttress stent in October 2016. Type 2 endoleak treated with onyx into IMA in March 2018. Last CTA discussed in June 2021 showing a 9 mm increase in sac size over 22 months, to 8.5 cm. Possible type 2 endoleak persisting fed via the left L3 lumbar artery. Last measured 8.6 cm AAA (US 15/11/2021).

Report:

Aorta - aneurysmal measuring 8.8 cm maximum AP diameter in transverse and longitudinal views; no obvious endoleak seen.

Stent graft - patent; moderate-to-severe (40-60%) stenosis caused by kink in Left stent limb; otherwise clear.

Right CIA - slight back filling around Right stent limb, but I could not trace this back to the aortic aneurysm sac.

Biphasic flow to proximal CFA, bilaterally.

See diagram on PACS.

Rescan in 1 year.

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DUPLEX ULTRASOUND LOWER LIMB ARTERIAL SCAN

DATE 03/05/22 SCAN No. /22/DP

Resting pressures (mmHg)				
	Brachial	DPA	PTA	ABPI
Right				
Left				

Post-exercise pressures				
	Brachial	DPA	PTA	ABPI
Right				
Left				

Walked _____ metres @ _____ km/h

Symptoms: _____ (onset _____ m)

_____ (onset _____ m)

_____ (onset _____ m)

Comments

Rescan in 1 year

SIGNED *James G. Miller*

History: Bifurcated Cook Zenith EVAR to treat 6 cm AAA (op date 06/08/2015); Type 1a endoleak treated with endostaples & proximal cuff extension (op date 15/06/2017) and with Onyx embolisation (op date 02/10/2017); embolisation of Right IIA & Onyx embolisation of coeliac fenestration endoleak (op date 04/08/2021); Right stent graft limb extension into EIA (op date 14/10/2021).

Report:

Aorta - aneurysmal measuring 6.4 cm maximum AP diameter in transverse and longitudinal views; no obvious endoleak.

Stent graft - patent bilaterally with no stenosis where seen.

Turbulent triphasic flow seen in proximal CFA, bilaterally.

See diagram on PACS.

Rescan in 1 year.

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**DUPLEX ULTRASOUND
LOWER LIMB ARTERIAL SCAN**

DATE 04/05/22 SCAN No. 757/22/DP

Resting pressures (mmHg)
Brachial DPA PTA ABPI
Right _____
Left _____

Post-exercise pressures
Brachial DPA PTA ABPI
Right _____
Left _____

Walked _____ metres @ _____ kmh
Symptoms: _____ (onset _____ m)
_____ (onset _____ m)
_____ (onset _____ m)

Comments
Rescan in 1 year.

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Bowel Gas
6.4cm no obvious endoleak
72mm
18mm

/// = NOT SEEN
~ = NOT SCANNED

History: Aorto uniliac EVAR to treat 6.3 cm AAA with Left CIA Amplatzer plug and Right-to-Left cross-over graft (op date 11/07/2018). Known endoleak in distal aortic sac; AAA last measured 7.5 cm (US 03/12/2021).

Report:

Aorta - aneurysmal measuring 7.8 cm maximum AP diameter in transverse and longitudinal views; ?Type 2 endoleak in distal sac.

Stent graft - patent with no stenosis throughout.

X-over graft - clear with triphasic flow (PSV 130 cm/s mid-graft)

Triphasic flow seen in CFAs bilaterally. Retrograde flow in Left proximal CFA.

See diagram on PACS.

Rescan in 6 months.

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DUPLEX ULTRASOUND LOWER LIMB ARTERIAL SCAN

DATE 08/04/22 SCAN No. 122/DP

Resting pressures (mmHg)				
	Brachial	DPA	PTA	ABPI
Right				
Left				

Post-exercise pressures				
	Brachial	DPA	PTA	ABPI
Right				
Left				

Walked _____ metres @ _____ kmh

Symptoms: _____ (onset _____ m)

_____ (onset _____ m)

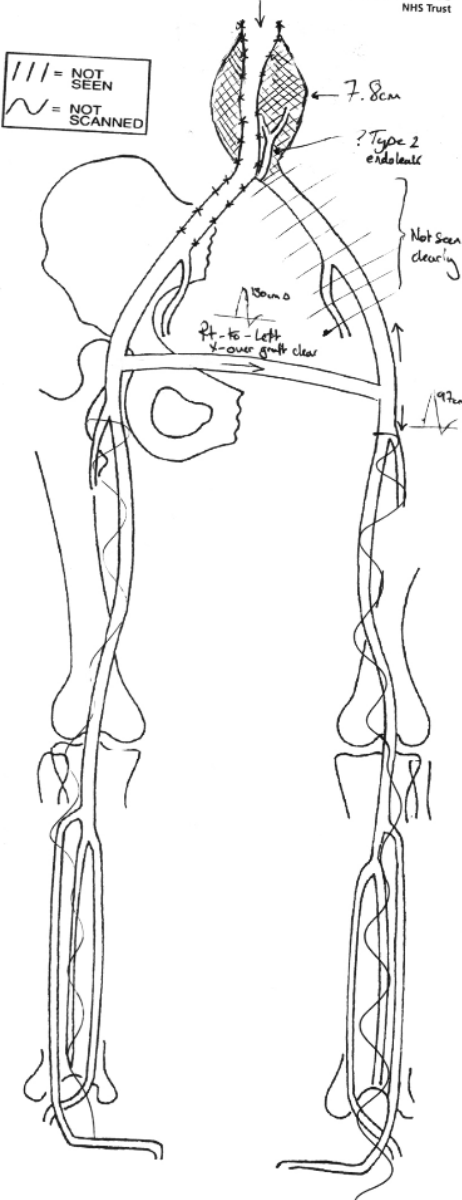
_____ (onset _____ m)

Comments

• Rescan in 6 months.

SIGNED _____

/// = NOT SEEN
~ = NOT SCANNED



History: Left brachiocephalic fistula (op date 01/03/2021). High venous pressures during dialysis.

Report:

LEFT:

Brachial A. - clear with high volume flow (1153 ml/min).

AVF anastomosis - mild plaque, borderline 50% stenosis (2.45x velocity increase; PSV 378 cm/s; ~5.0 mm lumen).

Cephalic V. - valve cusps at mid and proximal upper arm, and on shoulder segment, causing <50% stenoses; ?<50% stenosis at cephalosubclavian confluence (2.2x velocity increase; PSV 393 cm/s; ~2.4 mm lumen); otherwise clear with good volume flow (880 ml/min in upper arm).

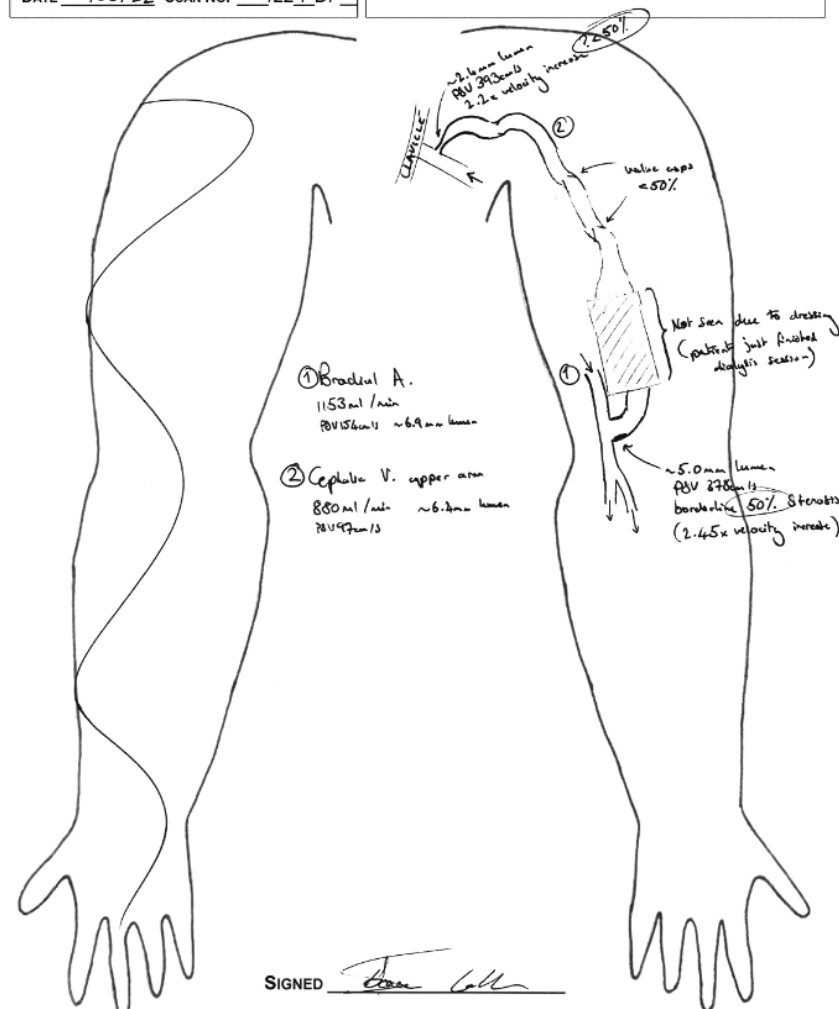
See diagram on PACS.

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**DUPLEX ULTRASOUND
UPPER LIMB VENOUS SCAN**

Comments

DATE 31/03/22 SCAN No. /22 / DP



History: Left brachiocephalic fistula (op date 04/09/2020). Multiple fistuloplasties, with stents in proximal cephalic vein and into subclavian vein.

Report:

LEFT:

Brachial A. - clear with low volume flow (370 ml/min).

AVF anastomosis - <50% stenosis (PSV 270 cm/s; ~3.3 mm lumen).

Cephalic V. - ?>50% stenosis just after anastomosis (PSV 502 cm/s; ~1.9 mm lumen); ?>50% stenosis at 1st needling site due to dissection / chronic thrombus with 2 flow channels; diffuse moderate (30-50%) plaque / chronic thrombus in mid segment; stents clear in proximal and shoulder segment, with slight juxtaposition of end of stent onto subclavian vein wall, proximal to the clavicle.

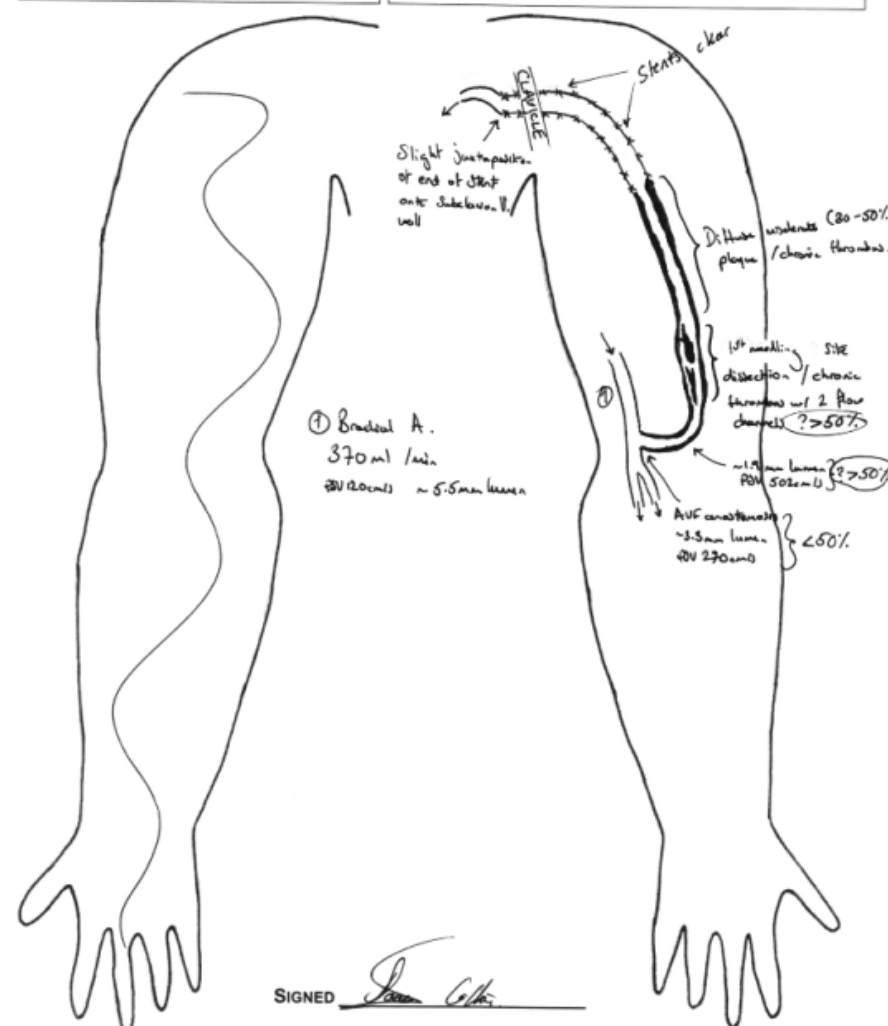
See diagram on PACS.

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**DUPLEX ULTRASOUND
UPPER LIMB VENOUS SCAN**

Comments

DATE 21/06/22 SCAN NO. / 22 / DP



SIGNED

History: Left brachioaxillary AVF synthetic graft (op date 07/05/2021). Recent fistuloplasty to treat venous anastomosis stenosis (op date 15/03/2022).

Report:

LEFT:

Brachial A. - clear with good volume flow (924 ml/min).

AVF arterial anastomosis - >50% stenosis by velocity criteria (3.7x velocity increase; PSV 800 cm/s; ~2.8 mm lumen); visually only mild plaque.

AVF graft - clear with good volume flow (787 ml/min).

AVF venous anastomosis - just after anastomosis axillary vein is reduced in calibre (~4.6 mm diameter, compared with ~7.7 mm diameter distally) causing >75% stenosis by velocity criteria (4.6x velocity increase; PSV 617 cm/s; ~2.6 mm lumen).

Axillary V. - clear.

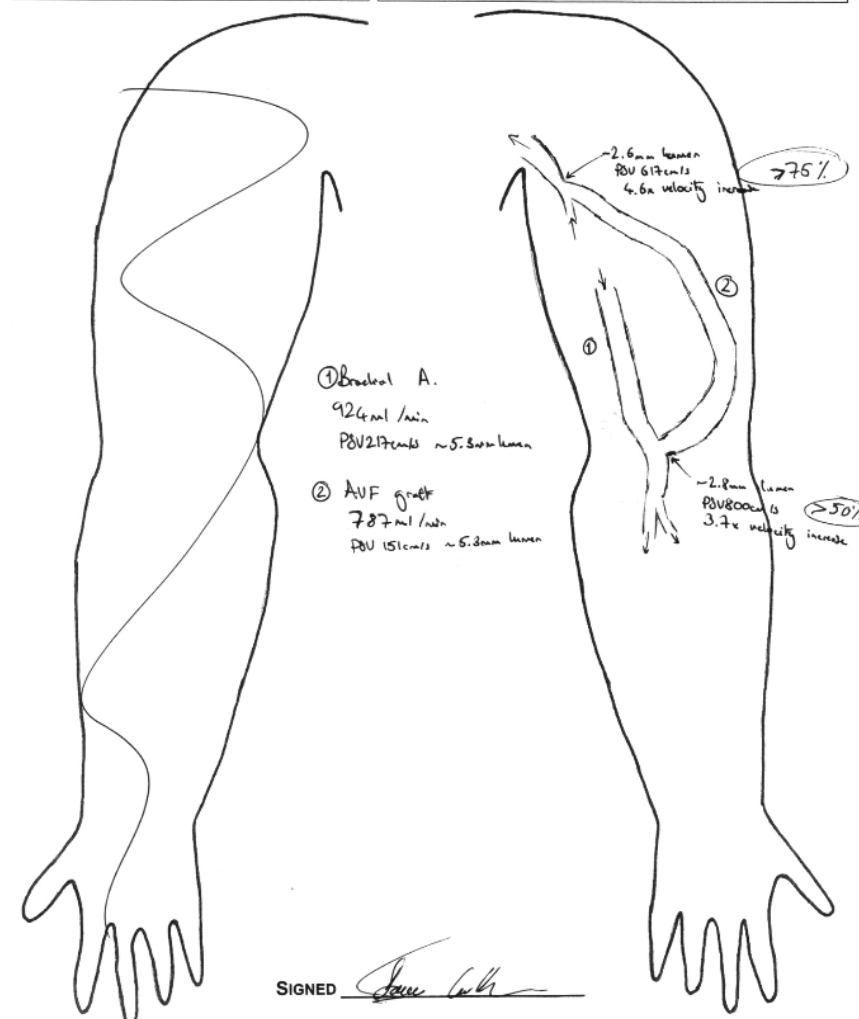
See diagram on PACS.

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DUPLEX ULTRASOUND
UPPER LIMB VENOUS SCAN

Comments

DATE 27/4/22 SCAN No. ___/22 / DP ___



History: Left brachiocephalic fistula (op date 30/08/2018).

Report:

LEFT:

Brachial A. - clear with high volume flow (1255 ml/min).

AVF anastomosis - <50% stenosis (PSV 331 cm/s; ~6.3 mm lumen).

Cephalic V. - ectatic (~17.7 mm diameter) in distal upper arm segment; >75% stenosis in mid-upper arm segment (PSV 616 cm/s; ~2.4 mm lumen; 4.6x velocity); <50% stenosis in shoulder segment and at cephalosubclavian confluence; otherwise clear with turbulent flow.

See diagram on PACS.

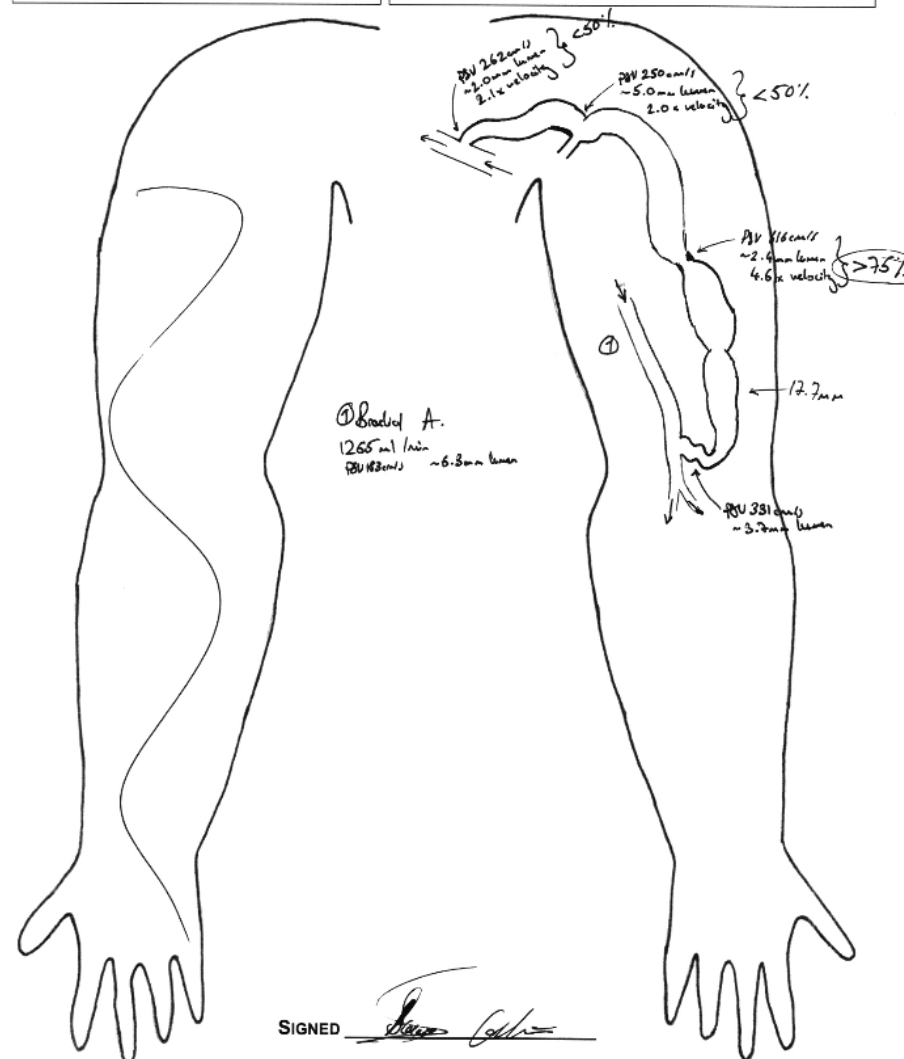
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DUPLEX ULTRASOUND
UPPER LIMB VENOUS SCAN

Comments

DATE 17/6/22 SCAN NO. / 22 / DP



SIGNED

History: Thromboangitis obliterans; previous finger amputations. Small necrotic patch on Left hallux.

Report:

Aorta - normal diameter with mild-to-moderate (20-40%) plaques, moderate wall calcification, and triphasic flow.

Right CIA - possible severe (>70%) stenosis at origin.

LEFT:

CIA - mild-to-moderate (20-40%) plaques with moderate wall calcification.

EIA - severe (>70%) stenosis at origin; moderate (30-50%) stenosis in mid vessel; otherwise mild-to-moderate (20-40%) plaques with moderate wall calcification.

CFA - heavy plaque burden in mid-vessel, no stenosis; otherwise mild-to-moderate (20-40%) plaques, moderate wall calcification, and turbulent triphasic flow.

SFA - severe (>70%) stenosis at origin; moderate-to-severe (40-60%) stenosis in distal vessel; otherwise mild-to-moderate (20-40%) plaques with moderate wall calcification.

PopA - mild-to-moderate (20-40%) plaques with moderate wall calcification and mild-to-moderately damped monophasic flow.

TPT, PerA - mild-to-moderate (20-40%) plaques with moderate wall calcification and mildly damped monophasic flow in distal calf.

PTA - moderate-to-severe (50-60%) stenosis in distal vessel; otherwise mild-to-moderate (20-40%) plaques with moderate wall calcification and mild-to-moderately damped monophasic flow onto foot.

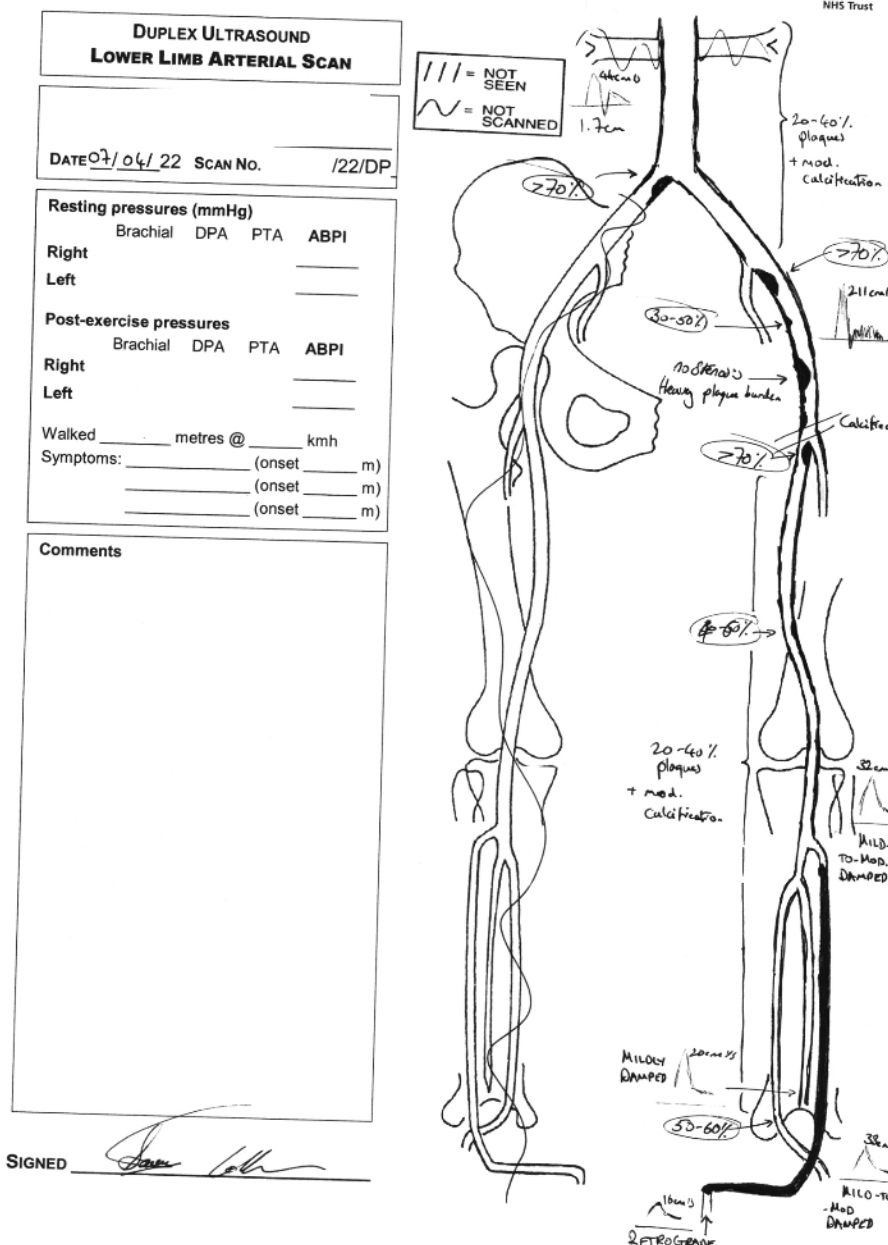
ATA - occluded from proximal vessel to ankle.

DPA - occluded from origin to distal vessel; retrograde flow in deep plantar arch.

See diagram on PACS.

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Report:
Aorta - not scanned.

See diagram on PACS.

SIGNED

History: Left ileofemoral embolectomy in October 2021. Persistent Left foot coldness. Clinically no evidence of acute limb ischaemia.

Report:

Aorta - normal diameter with mild-to-moderate (20-40%) plaques, moderate wall calcification, and triphasic flow.

LEFT:

CIA, EIA - mild-to-moderate (20-40%) plaques with moderate wall calcification.

CFA - moderate (30-50%) plaques with triphasic flow.

SFA - severe (80-90%) stenosis in proximal vessel; otherwise mild-to-moderate (20-40%) plaques with mild wall calcification.

PopA - mild-to-moderate (20-40%) plaques with mild wall calcification and low velocity, mildly damped, but biphasic flow.

TPT, PerA - mild-to-moderate (20-40%) plaques with moderate wall calcification to prox.-mid calf; no flow seen in mid and distal calf, probably occluded.

PTA - patent in proximal vessel; no flow seen from proximal to distal calf, probably occluded; recanalised across ankle with low velocity, mildly damped, but biphasic flow.

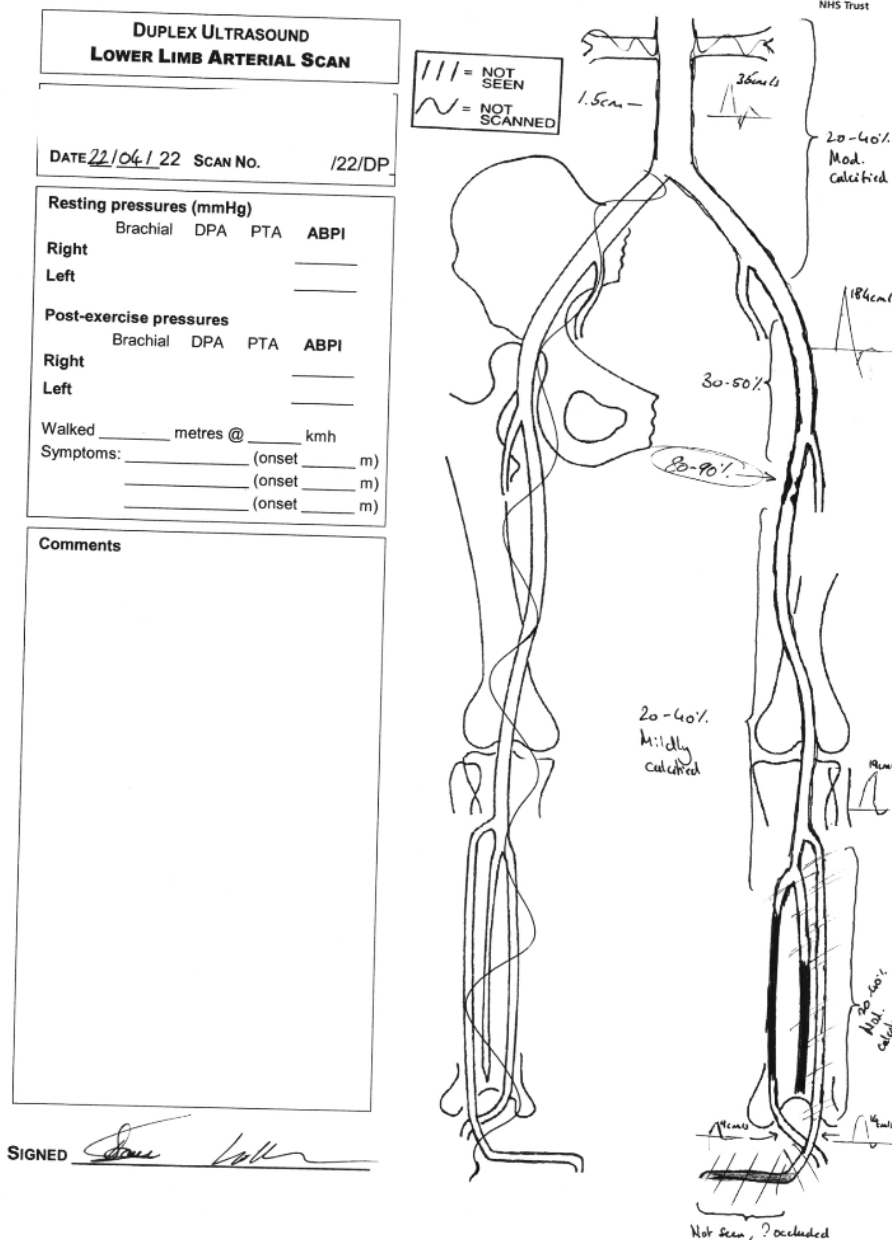
ATA - mild-to-moderate (20-40%) plaques with moderate wall calcification and low velocity, mildly damped, but biphasic flow.

DPA - not seen, ?occluded.

See diagram on PACS.

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History: Disabling bilateral lower limb claudication. Previous bilateral iliac angioplasty (op date 09/03/2018).

Report:

Resting ABPIs (Right - 0.58; Left - 0.79) were moderately reduced bilaterally.

Post-exercise ABPIs (Right - 0.54; Left - 0.89) showed no significant change bilaterally.

Exercise tolerance (~70 m @ 3.0 km/hr) was limited by patient concern for falling if he were to continue. Patient reported after the test bilateral (L>R) mild calf pain (onset distance unknown).

Aorta - poor views; normal diameter in mid and distal vessel; no obvious stenosis.

RIGHT:

CIA - poor views.

EIA - ?severe (?>70%) stenosis in proximal vessel; otherwise mild-to-moderate (20-40%) plaques.

CFA - mild-to-moderate (20-40%) plaques with moderately damped monophasic flow.

PFA - mild-to-moderate (20-40%) plaques.

SFA - >4.5 cm ?sub-occlusion from origin; patent after this with mild-to-moderate (20-40%) plaques then occluded from prox.-mid thigh.

PopA - mild-to-moderate (20-40%) plaques with moderately damped monophasic flow.

PerA - calcified; flow not visualised clearly; patent in distal calf with moderately damped very-low velocity flow.

TPT, PTA, ATA, DPA - mild-to-moderate (20-40%) plaques with moderate calcification and moderately damped, monophasic, low velocity flow onto foot.

LEFT:

CIA, EIA - multiple ?moderate-to-severe (?50-70%) stenoses; otherwise mild-to-moderate (20-40%) plaques.

VASCULAR INVESTIGATIONS UNIT

**DUPLEX ULTRASOUND
LOWER LIMB ARTERIAL SCAN**

DATE 17/05/22 SCAN No. 1221 DP

Resting pressures (mmHg)				
	Brachial	DPA	PTA	ABPI
Right	152	78	88	0.58
Left	148	120	108	0.79

Post-exercise pressures				
	Brachial	DPA	PTA	ABPI
Right	152	—	82	0.54
Left	—	136	—	0.89

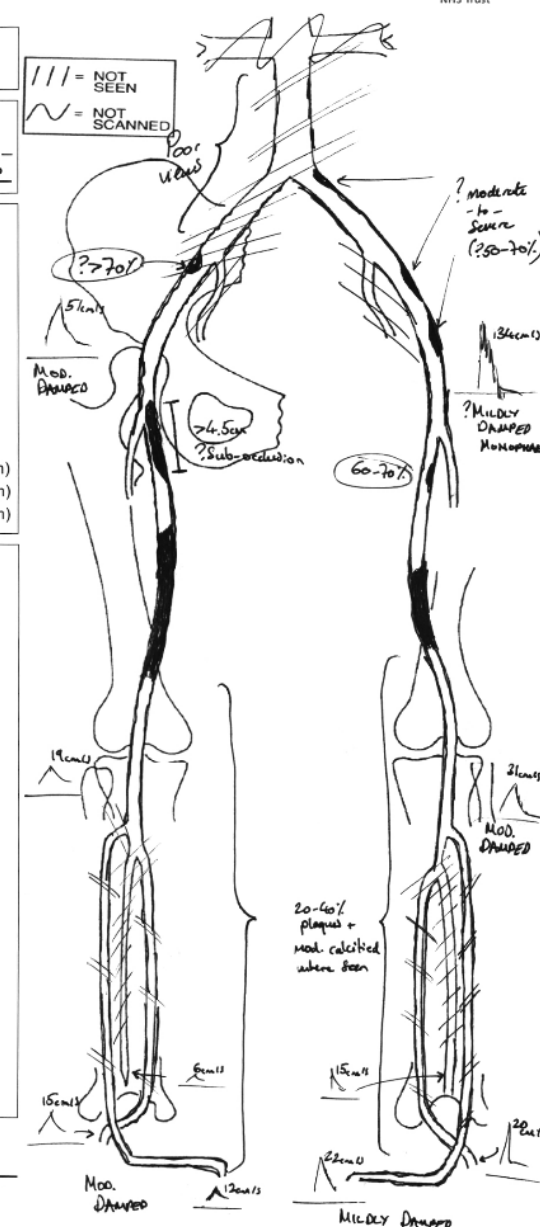
Walked 70 metres @ 3.0 km/h
 Symptoms: bilateral calf (onset ? m)
cramp (mild) (onset ? m)
L>R (onset ? m)

Comments

· Pt stopped treadmill due to concern for falling.

· Iliofemoral 20-40% plaques unless otherwise depicted.

SIGNED [Signature]



CFA - mild-to-moderate (20-40%) plaques with ?mildly damped monophasic flow.

PFA - mild-to-moderate (20-40%) plaques.

SFA - moderate-to-severe (60-70%) stenosis in proximal vessel, then mild-to-moderate (20-40%) plaques; occluded in mid and distal vessel.

PopA - mild-to-moderate (20-40%) plaques with moderately damped monophasic flow.

PerA - calcified; flow not visualised clearly; patent in distal calf with mildly damped monophasic flow.

TPT, PTA, ATA, DPA - mild-to-moderate (20-40%) plaques with moderate calcification and moderately damped monophasic flow onto foot.

See diagram on PACS.

Clinical History & Query:

Left 2nd toe ulcer and Left leg redness.

Known 5.1 cm AAA (last measured CTA 14/12/2018) and Left 2.3 cm PopA aneurysm (last measured US 09/06/2016), under conservative management. Previous Right BKA.

Report:

Aorta - not scanned.

LEFT:

CIA, EIA - not scanned.

CFA - generally ectatic with mild-to-moderate (20-40%) plaques and moderate wall calcification; monophasic in-flow with good systolic rise time suggestive of no significant proximal arterial disease.

SFA - generally ectatic with mild-to-moderate (20-40%) plaques and moderate wall calcification in proximal and mid vessel; occludes in distal vessel.

PopA - occluded throughout; aneurysmal in mid (~2.4 cm) and distal (~1.6 cm) segments.

TPT, PTA - occluded.

PerA - occluded where seen.

ATA - short segment patent with moderately damped monophasic flow seen in proximal calf segment; otherwise occluded where seen.

DPA - occluded.

See diagram on PACS.

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DUPLEX ULTRASOUND LOWER LIMB ARTERIAL SCAN

DATE 28/06/22 SCAN NO. 100/22

Resting pressures (mmHg)

	Brachial	DPA	PTA	ABPI
Right				
Left				

Post-exercise pressures

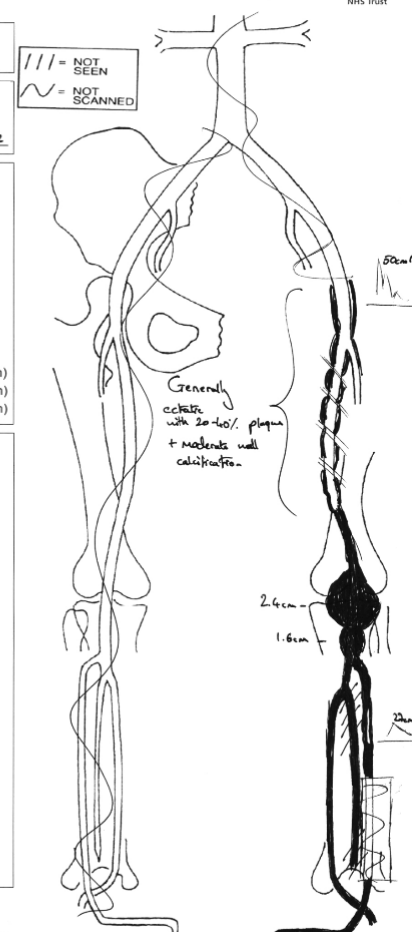
	Brachial	DPA	PTA	ABPI
Right				
Left				

Walked _____ metres @ _____ km/h

Symptoms: _____ (onset _____ m)
_____ (onset _____ m)
_____ (onset _____ m)

Comments

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History: Left cool, numb foot.

Report:

LEFT:

CFA, SFA, PopA, TPT, PTA, PerA, ATA - mild plaques with normal triphasic flow suggestive of no significant proximal arterial disease.

DPA - not seen, probably occluded; retrograde triphasic flow seen in deep plantar arch.

See diagram on PACS.

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**DUPLEX ULTRASOUND
LOWER LIMB ARTERIAL SCAN**

DATE 04/05/22 SCAN NO. 750 /22/DP

Resting pressures (mmHg)
Brachial DPA PTA ABPI
Right _____
Left _____

Post-exercise pressures
Brachial DPA PTA ABPI
Right _____
Left _____

Walked _____ metres @ _____ kmh
Symptoms: _____ (onset _____ m)
_____ (onset _____ m)
_____ (onset _____ m)

Comments

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/// = NOT SEEN
~ = NOT SCANNED

Mild plaques

DPA not seen probably occluded

Retrograde

History: Left distal hallux necrosis.

Report:

Aorta - not scanned.

LEFT:

CIA, EIA - not scanned.

CFA - mild-to-moderate (20-40%) plaques with normal triphasic flow suggestive of no significant aortoiliac disease.

SFA - mild plaque.

PopA - severe (>90%) stenosis in proximal vessel; otherwise mild plaque with triphasic flow.

ATA - patent in proximal vessel, then occludes from proximal to mid calf; patent in distal calf, occluded onto foot.

DPA - patent with triphasic flow in deep plantar arch; otherwise occluded.

TPT, PerA, PTA - mild plaques with triphasic-hyperaemic flow in distal vessel.

See diagram on PACS.

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DUPLEX ULTRASOUND LOWER LIMB ARTERIAL SCAN

DATE 22/06/22 SCAN NO. / / DP

Resting pressures (mmHg)

Brachial DPA PTA ABPI

Right

Left

Post-exercise pressures

Brachial DPA PTA ABPI

Right

Left

Walked metres @ km/h

Symptoms: (onset m)

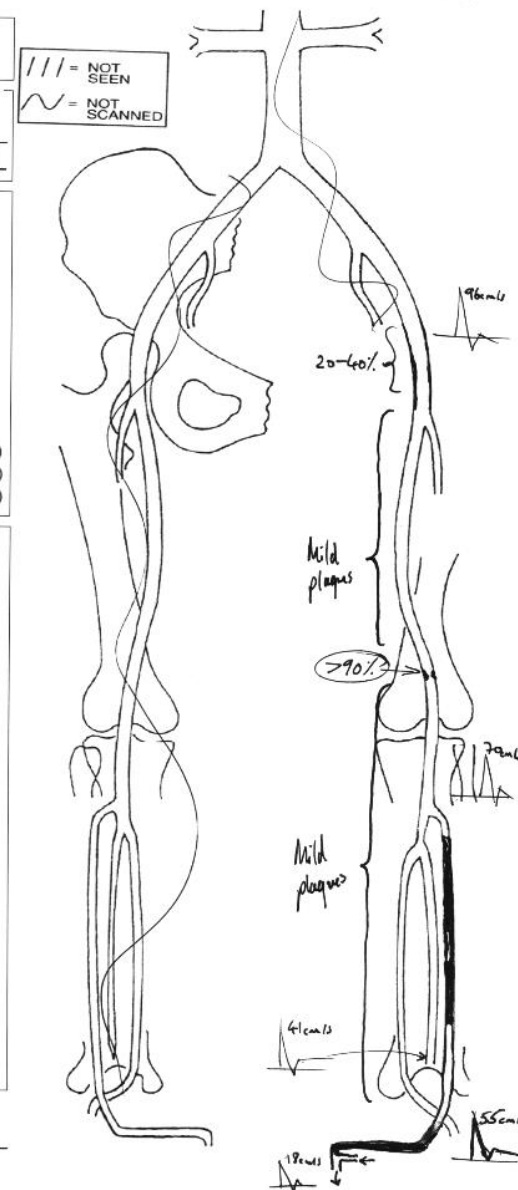
 (onset m)

 (onset m)

Comments

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See diagram on PACS.

History: Long-standing history of variable-onset lower back and upper leg claudication.

Report:

Resting ABPIs were not measurable due to incompressible crural arteries.

Aorta - calcified, poor views.

LEFT:

CIA - probable severe (>70%) stenosis at origin; otherwise mild-to-moderate (20-40%) plaques where seen; moderate-to-severely calcified walls.

EIA - mild-to-moderate (20-40%) plaques where seen; moderate-to-severely calcified walls.

CFA - mild-to-moderate (20-40%) plaques with mildly damped biphasic flow; moderate-to-severely calcified walls.

SFA, PopA, TPT, PerA, PTA, ATA, DPA - mild-to-moderate (20-40%) plaques where seen with biphasic flow; moderate-to-severely calcified walls.

See diagram on PACS.

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**DUPLEX ULTRASOUND
LOWER LIMB ARTERIAL SCAN**

DATE 24/05/22 SCAN No. 122 DP

Resting pressures (mmHg)

	Brachial	DPA	PTA	ABPI
Right	130	✓	>500	✓
Left	✓	✓	>300	✓

Post-exercise pressures

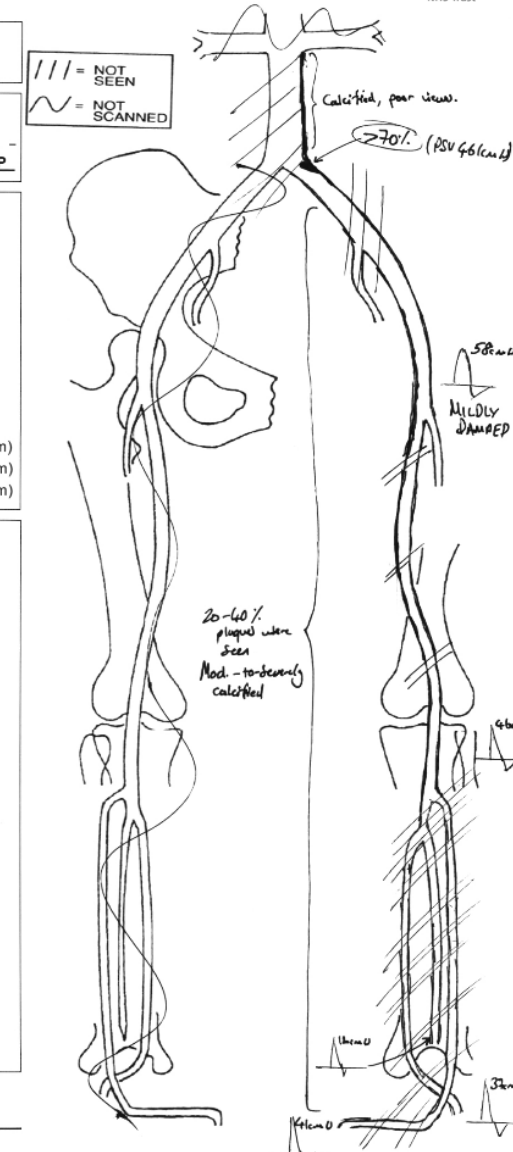
	Brachial	DPA	PTA	ABPI
Right				
Left				

Walked _____ metres @ _____ km/h

Symptoms: _____ (onset _____ m)
_____ (onset _____ m)
_____ (onset _____ m)

Comments

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History: Left hallux and index toe gangrene.

Report:

Aorta - not scanned.

LEFT:

CIA, EIA - not scanned.

CFA - mild plaques with normal triphasic flow suggestive of no significant aortoiliac disease.

SFA - mild-to-moderate (20-40%) plaques.

PopA - moderate-to-severe (40-60%) stenosis in proximal vessel by velocity criteria (*visually 20-40%*); otherwise mild-to-moderate (20-40%) plaques with borderline triphasic hyperaemic flow.

TPT - mild-to-moderate (20-40%) plaques.

PerA - patent at origin but flow terminates abruptly, not seen distal to this; probably occluded.

PTA - mild-to-moderate (20-40%) stenosis at origin; moderate-to-severe (70-60%; 40-60%; 50-60%) stenoses in proximal vessel; ?short occlusion (~2.6 cm length) in mid-vessel, difficult to image; heavily calcified in distal vessel, with mildly damped monophasic hyperaemic flow seen onto foot.

ATA - occluded from proximal vessel to just above ankle.

DPA - seen to mid-foot with mild-to-moderately damped monophasic hyperaemic flow.

See diagram on PACS.

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**DUPLEX ULTRASOUND
LOWER LIMB ARTERIAL SCAN**

DATE 06/05/22 SCAN No. / / DP

Resting pressures (mmHg)

Brachial DPA PTA ABPI

Right

Left

Post-exercise pressures

Brachial DPA PTA ABPI

Right

Left

Walked metres @ km/h

Symptoms: (onset m)

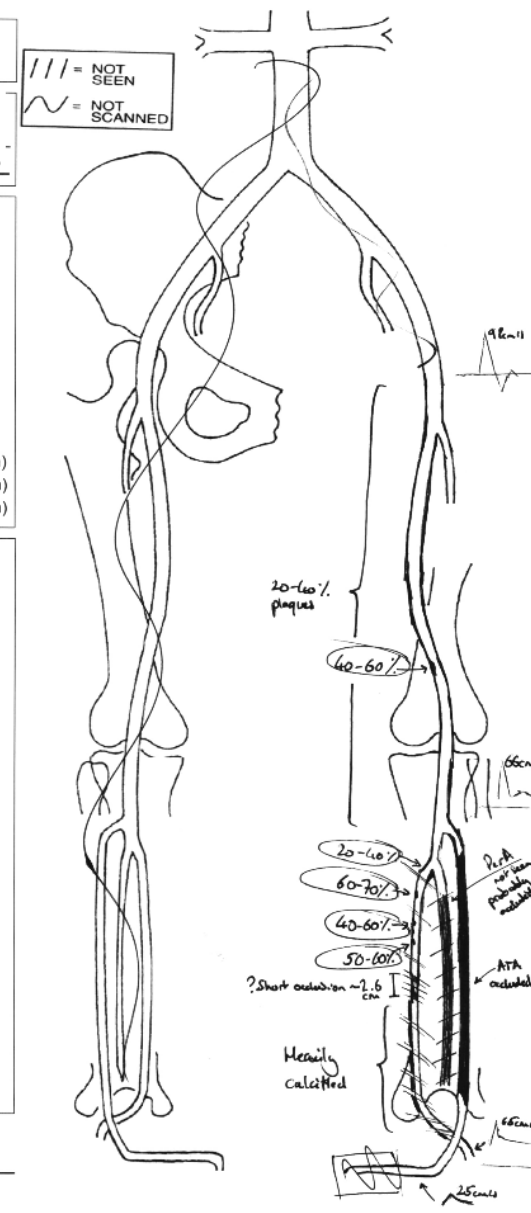
 (onset m)

 (onset m)

Comments

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History: Right 4th toe abrasion. Known PAD; previous Right leg PTA.

Report:

Aorta - ?moderate-to-severe (?>60%) stenosis in mid vessel, difficult to image due to calcification.

RIGHT:

CIA - heavily calcified plaque in proximal vessel; otherwise obscured by bowel gas until bifurcation, moderately damped turbulent flow in distal vessel suggestive of significant proximal disease.

IIA - ?severe (?>70%) stenosis at origin.

EIA - occluded throughout.

CFA - diffuse moderate-to-severe (40-60%) plaques with moderate-to-severely damped monophasic flow.

PFA - retrograde flow to origin; mild-to-moderately damped monophasic flow in proximal vessel; moderate (30-50%) plaques.

SFA - diffuse moderate-to-severe (40-60%) plaques.

PopA - severe (80-90%) stenosis in proximal vessel; otherwise diffuse moderate-to-severe (40-60%) plaques with moderately damped monophasic flow; occluded in distal vessel.

TPT, PTA / PerA origins - not seen, probably occluded.

PerA - not seen throughout.

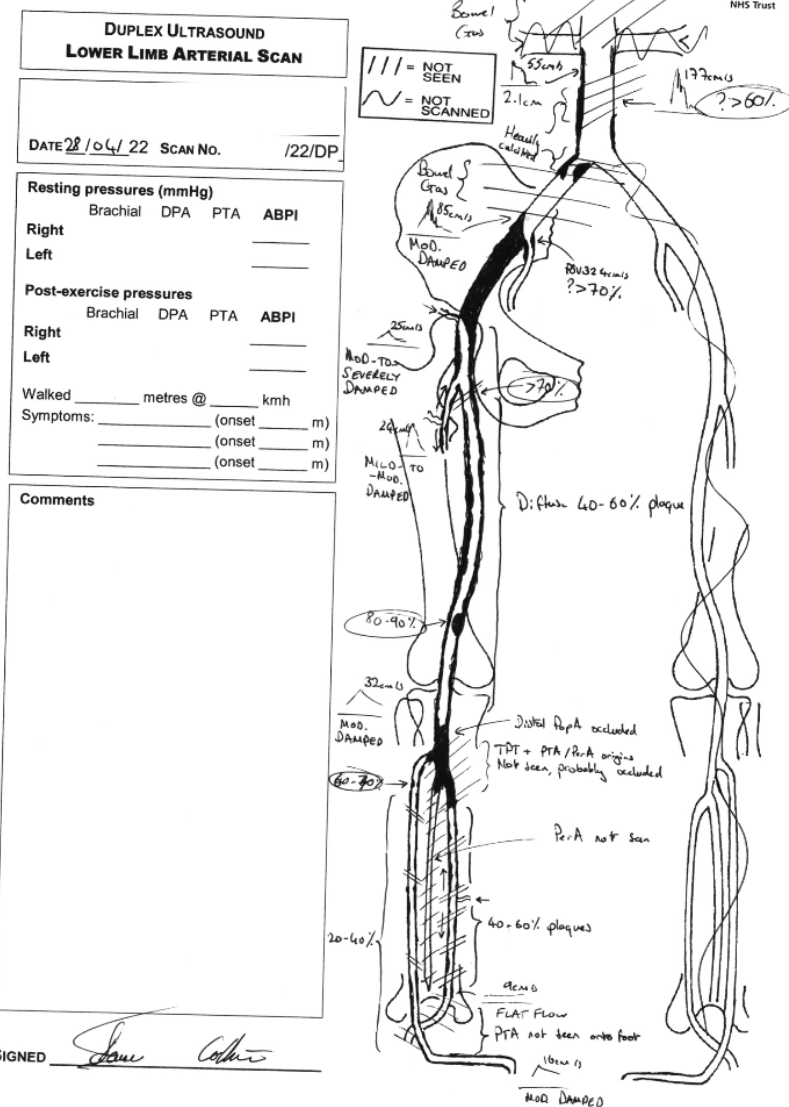
PTA - moderate-to-severe (40-60%) plaques; retrograde flow in proximal vessel; severely damped, low-velocity, flat flow in distal vessel; not seen onto foot.

ATA, DPA - origin occluded; moderate-to-severe (60-70%) stenosis in proximal vessel; otherwise mild-to-moderate (20-40%) plaques with moderately damped monophasic flow to distal foot.

See diagram on PACS.

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History: Previous Left thoracic decompression surgery in 2014 at Birmingham Children's Hospital. Now, recurrent Left thoracic outlet symptoms.

Report:

Left Subclavian A. - clear with normal triphasic flow at rest; progressive compression up to complete occlusion of vessel during abduction, correlating with symptom elicitation; mild compression during shoulder hunch & draw manoeuvre, also with symptom elicitation; no significant change with arm raise up to $\sim 180^\circ$, despite symptom elicitation, though patient did struggle to achieve true 180° position due to symptoms; decrease in flow velocity and phasicity during military brace position with no obvious compression, ?due to reduction in thoracic outlet compression, though patient also struggled to maintain military brace due to symptoms.

Left Subclavian V. - clear with normal phasic flow and respiratory compression; unable to investigate for venous compression on dynamic manoeuvres.

Positive finding to indicate Left arterial TOS.

No diagram uploaded.

History: 60yr old man admitted with worsening ascites (chronic issue), now complaining of painful swelling and purple appearance of the left hand digits.

CKJD stage 5 on HD, Ascites, LF, HF, asthma, C2,c3 unstable fracture on collar, paraplegic. ?dactylitis with nail bed infarcts and janeway lesions, reduced radial and brachial pulses

Report:

LEFT:

Subclavian A. - proximal vessel not scanned due to neck brace; otherwise clear with triphasic flow.

Axillary A., Brachial A. - mild plaques with triphasic flow.

Radial A., Ulnar A. - mild-to-moderate (20-40%) plaques with triphasic-hyperaemic flow, seen onto hand.

No diagram uploaded.

History. Pulsatile Right radial swelling, skin compromised; developed following fall. Previously reported as saccular aneurysm measuring ~2.1 x 2.4 x 1.6 cm (GEH General US 28/03/2022).

Report.

Right Radial A. - patent with triphasic flow; compression at wrist by patent pseudoaneurysm. Pseudoaneurysm measures ~2.6 x 3.2 x >3.4 cm, with ~<0.5 mm neck though compression by pseudoaneurysm may be causing underestimation of neck size.

Right Ulnar A. - clear with triphasic flow throughout wrist onto hand.

No diagram uploaded.

History: Right radial artery coronary angiography (op date 12/01/2022), with subsequent Right brachial & radial artery occlusion (US 14/02/2022).

Report:

RIGHT:

Axillary A. - clear with triphasic flow.

Brachial A. - patent in proximal segment; occluded in mid segment; partially recanalised thrombus in distal segment.

Radial A. - occluded from origin.

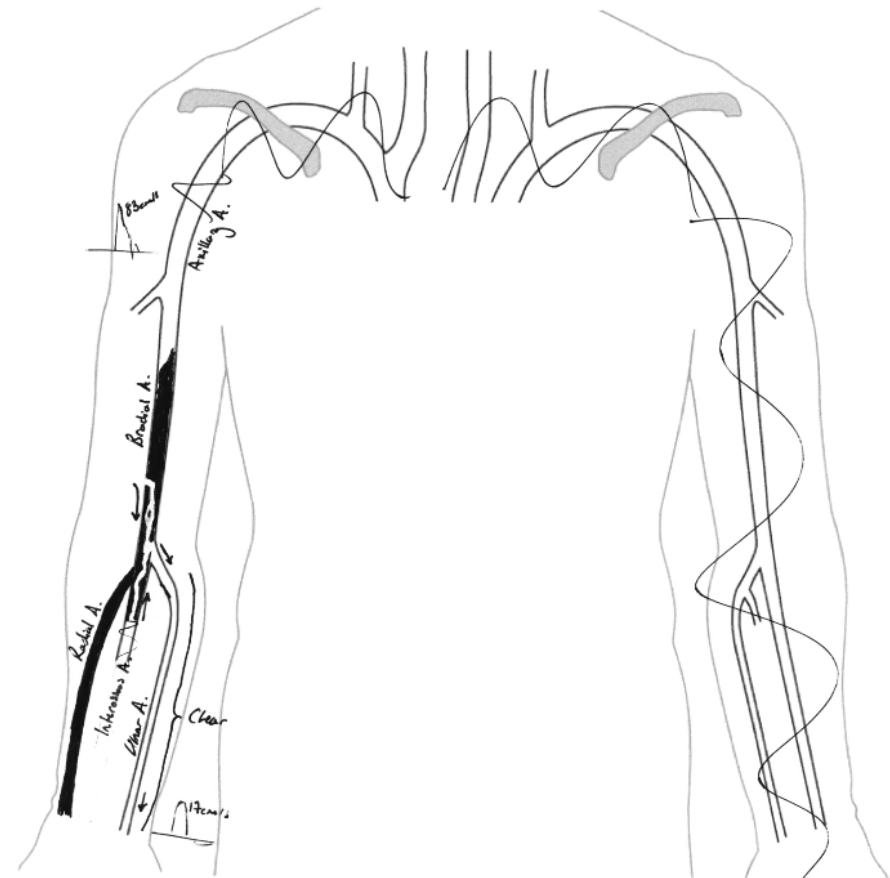
Interosseus A. - partially recanalised thrombus with retrograde flow in proximal segment; otherwise not scanned.

Ulnar A. - clear with mildly damped, but biphasic flow seen through to hand.

See diagram on PACS.

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DUPLEX ULTRASOUND UPPER LIMB ARTERIAL SCAN	Comments
DATE <u>18/05/22</u> SCAN NO. <u>10P/22</u>	



SIGNED James Carter

History: Surveillance of Left CFA-ATA vein graft (op date 03/04/2013) with synthetic in-flow. Thrombolysis and angioplasty to treat proximal graft stenosis and distal ATA stenosis (05/07/2020).

Report:

LEFT:

CFA - synthetic inflow with biphasic flow (PSV 58 cm/s).

CFA-ATA vein graft - stent at origin & mid-distal thigh patent with mild plaque; moderate (40-60%) stenosis at proximal knee level; severe (70-80%) stenosis at proximal calf level as seen previously, slightly tighter by velocity ratio today though visually unchanged; otherwise mild plaque with biphasic flow (PSV 51 cm/s at mid-thigh, 32 cm/s at proximal calf).

ATA - severe (80-90%) stenoses in mid-distal and distal calf; otherwise mild-to-moderate (20-40%) plaque.

DPA - biphasic flow in proximal vessel (PSV 38 cm/s); occluded in mid and distal foot; deep plantar arch patent with retrograde biphasic flow (PSV 10 cm/s).

See diagram on PACS.

Rescan in 6 weeks.

Vascular registrar on-call bleeped; SHO Dr Sergiou responded & informed of results; patient currently on Ward 22 Short Stay.

VASCULAR INVESTIGATIONS UNIT

DUPLEX ULTRASOUND LOWER LIMB ARTERIAL SCAN				
DATE <u>11/05/22</u> SCAN NO. <u>450/22/DP</u>				
Resting pressures (mmHg)				
	Brachial	DPA	PTA	ABPI
Right				
Left				
Post-exercise pressures				
	Brachial	DPA	PTA	ABPI
Right				
Left				
Walked _____ metres @ _____ km/h				
Symptoms: _____ (onset _____ m)				
_____ (onset _____ m)				
_____ (onset _____ m)				
Comments				
• Rescan in 6 weeks				
SIGNED <u>James Collier</u>				

