



# Arterial Lower Limb Duplex

Examined 11/04/2022 13:05

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Reference

Reason

Routine

Outcome

Dissection, disease mild, disease moderate, Occlusion, Stenosis Moderate, Stenosis Severe, Calcified

Right

182

1.00

Good/Turbulent

Good

Good

186

1.02

Absent at ankle

Left

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Slightly Reduced

High Calf

Peroneal

Slightly Reduced

Anterior Tibial

Absent - reforms distally

148

0.81

Posterior Tibial

Absent

Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT  
\*Bilateral CIA stenting & right CFE\*

AORTA - Abdominal aorta is patent with good triphasic waveforms and PSV 57cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT

Assessed by

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Checked by



CIA (stent) - Patent with good triphasic waveforms and PSV 174-150cm/s.  
EIA - Mild/moderate and calcified disease, good triphasic waveforms and PSV 255cm/s.  
CFA - Two channels of flow noted in the proximal vessel ?dissection, ?irregular plaque. Turbulent triphasic waveforms distally, PSV 84cm/s.  
PFA (origin) - Patent with good triphasic waveforms and PSV 105cm/s.  
SFA - Moderate disease in the proximal vessel for ~2.1cm, turbulent triphasic waveforms and PSV 202cm/s. Multifocal disease along length. Severe stenosis at ~76cm for ~1.8cm with PSV increasing from 138cm/s to 443cm/s. Moderate stenosis at ~63cm for ~1.6cm with PSV increasing from 115cm/s to 251cm/s. The distal vessel becomes heavily calcified with areas of intermittent flow, however, appears patent. Good monophasic waveforms and PSV 91cm/s.  
POPA - Mild and calcified disease, good monophasic waveforms and PSV 103-81cm/s.  
TPT - Patent with moderate and calcified disease, evidence of 2 vessel run-off identified.  
ATA - Patent along length with mild/moderate and calcified disease, good mono/biphasic waveforms and PSV 68-108cm/s.  
PTA - Patent in the prox calf with slightly reduced monophasic waveforms and PSV 55cm/s. Flow becomes reduced monophasic in the mid calf before the vessel occludes at ~15cm and remains occluded to the ankle.

#### LEFT

CIA (stent) - Patent with good triphasic waveforms and PSV 140cm/s.  
EIA - Mild and calcified disease proximally, good triphasic waveforms and PSV 163cm/s. Disease becomes moderate and calcified distally, PSV 227cm/s turbulent triphasic waveforms.  
CFA - Moderate and calcified disease, turbulent triphasic waveforms and PSV 163cm/s.  
PFA (origin) - Mild/moderate and calcified disease at the origin, good biphasic waveforms and PSV 198cm/s.  
SFA - Occluded at the origin and in the proximal thigh. Flow reforms at ~60cm with turbulent biphasic waveforms and PSV 89cm/s. Moderate and heavily calcified disease in the mid-distal vessel with areas of intermittent flow. Where seen, slightly reduced biphasic waveforms and PSV 53cm/s.  
POPA - Mild/moderate and calcified disease with slightly reduced monophasic waveforms and PSV 28-60cm/s.  
TPT - Patent with moderate and calcified disease, evidence of 1 vessel run-off identified.  
ATA - Patent at origin. Occludes at ~28cm, and remains occluded until the ankle where flow reforms via collaterals.  
PTA - No flow identified within vessel lumen ?occluded along length.  
PerA - Slightly reduced monophasic waveforms and PSV 52cm/s distally.

ABPI - Bilateral resting ABPI's are within normal limits ?accuracy due to calcification. Patient unable to perform an exercise challenge due to poor mobility.

