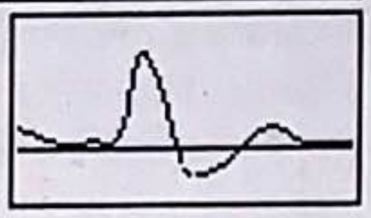
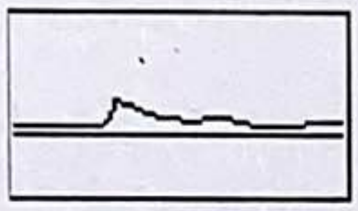
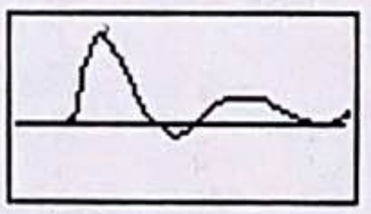
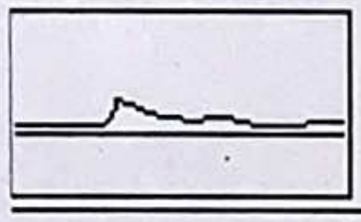
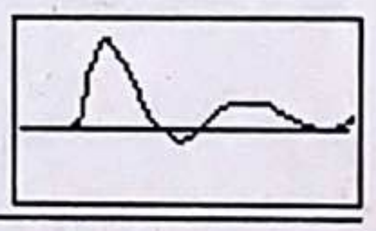
Reason Routine

Outcome Stenosis moderate, Stenosis severe, Occlusion, Diseased

Right				Left	
			Brachial		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Absent		**Popiteal**		
			High Calf		
			Peroneal		
	Weak		**Anterior Tibial**	Good	
	Weak		**Posterior Tibial**	Good	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX

CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 129cm/s.
PFA: Widely patent with good biphasic waveforms, PSV 97cm/s.
SFA: Patent prox-mid vessel with mild calcified disease, good triphasic waveforms, PSV 59-72cm/s.
Mod/severe calcified stenosis identified in the mid-distal vessel measuring ~1.05cm (47cm from MM) with velocities increasing from PSV 55cm/s to PSV 207cm/s, falling to PSV 13cm/s distally, weak monophasic waveforms. No flow identified in the very distal SFA/adductor canal, which appears to occlude with

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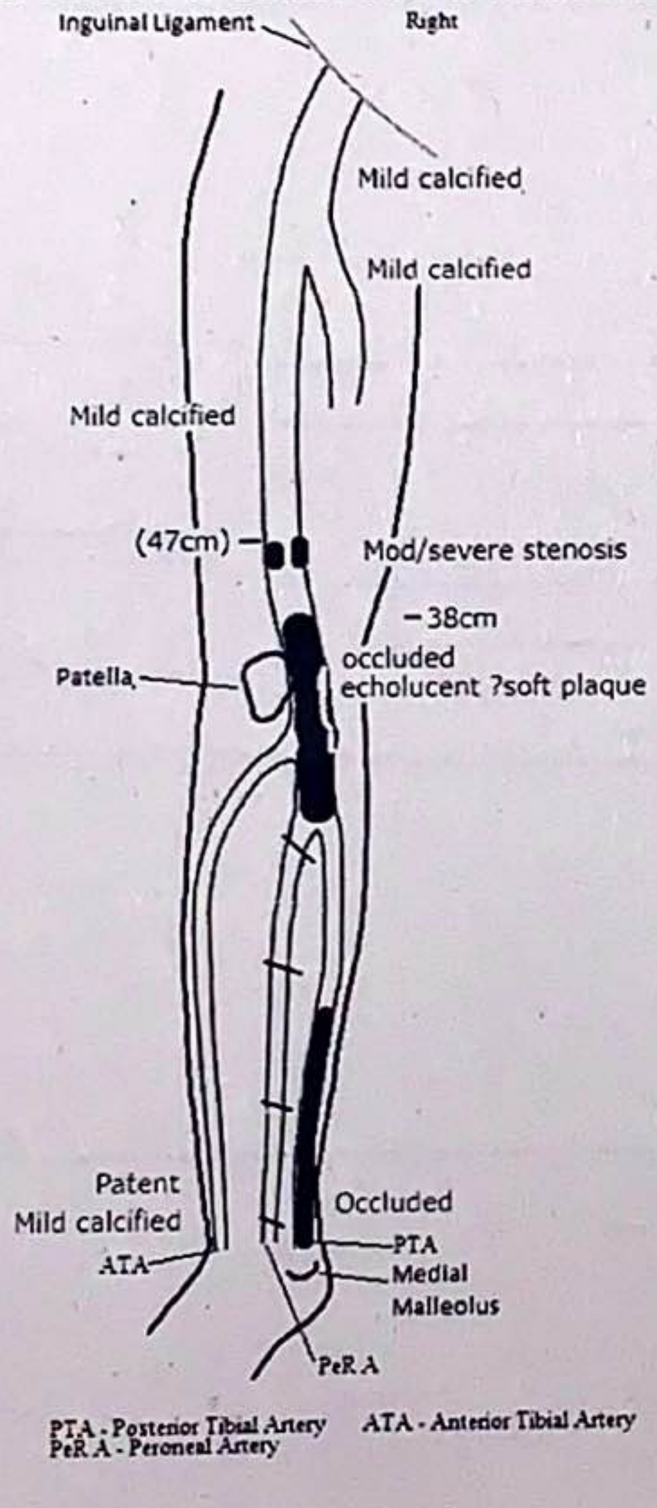
echolucent ?soft plaque ?thrombus (38 cm from MM).
POPA: Proximal vessel appears occluded with echolucent ?soft plaque ?thrombus ?acute occlusion. Small channel of weak flow noted in mid vessel. Distal vessel appears occluded with echolucent ?soft plaque. No flow identified in TPT, vessel run off poorly visualised.

ATA: Vessel appears patent along length with calcified vessel walls, reduced monophasic waveforms proximally PSV 27cm/s, changing to weak monophasic waveforms at the ankle, PSV 15cm/s.
PTA: Prox-mid vessel appears patent with calcified vessel walls, weak monophasic waveforms, PSV 22cm/s. Mid-distal vessel appears occluded, with no flow identified at the ankle.
PerA: No flow identified at the ankle, ?occluded.

LEFT
CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 143cm/s.
ATA: Patent, mild calcified disease with good triphasic waveforms at the ankle, PSV 83cm/s.
PTA: Patent, mild calcified disease with good triphasic waveforms at the ankle, PSV 59cm/s.

ABPIs: Unable to obtain due to weak/absent pulses at ankle.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery

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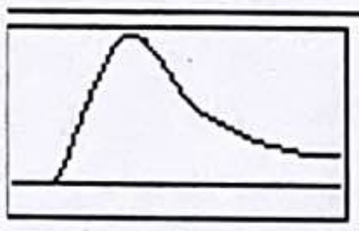
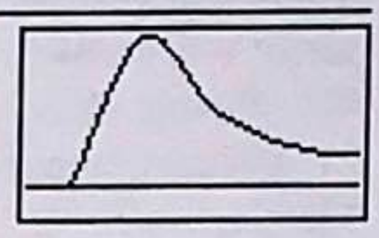
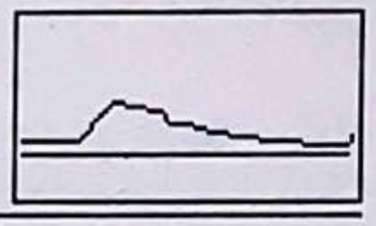
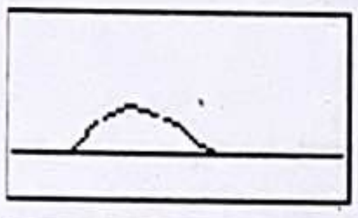
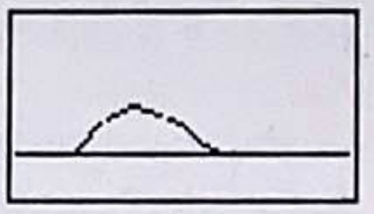
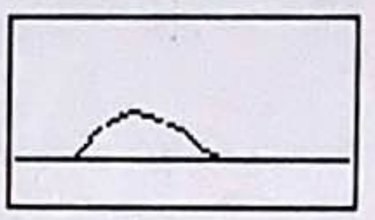
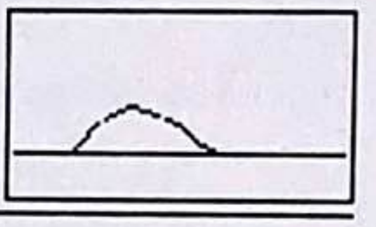
Reason Routine

Outcome Stenosis severe, Obscured, Calcified, Diseased

Right				Left
	150	1.00	**Brachial**	
	Turbulent		**Common Femoral**	Turbulent 
			High Thigh	
			Low Thigh	
	Reduced		**Popiteal**	Reduced 
			High Calf	
	Weak		**Peroneal**	Weak 
	Weak		**Anterior Tibial**	Weak 
	96	0.64		100 0.67
	Reduced		**Posterior Tibial**	Weak 
			Dorsalis Pedis	
			Toe Pressure	
			Post Exercise	

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

AO/CIA - Obscured due to bowel gas.

RIGHT

EIA: Patent, mild calcified disease along length, good triphasic waveforms, PSV 189cm/s.
CFA: Patent, severe calcified disease in mid vessel measuring ~1.85cm, PSV 64cm/s to PSV 592cm/s,

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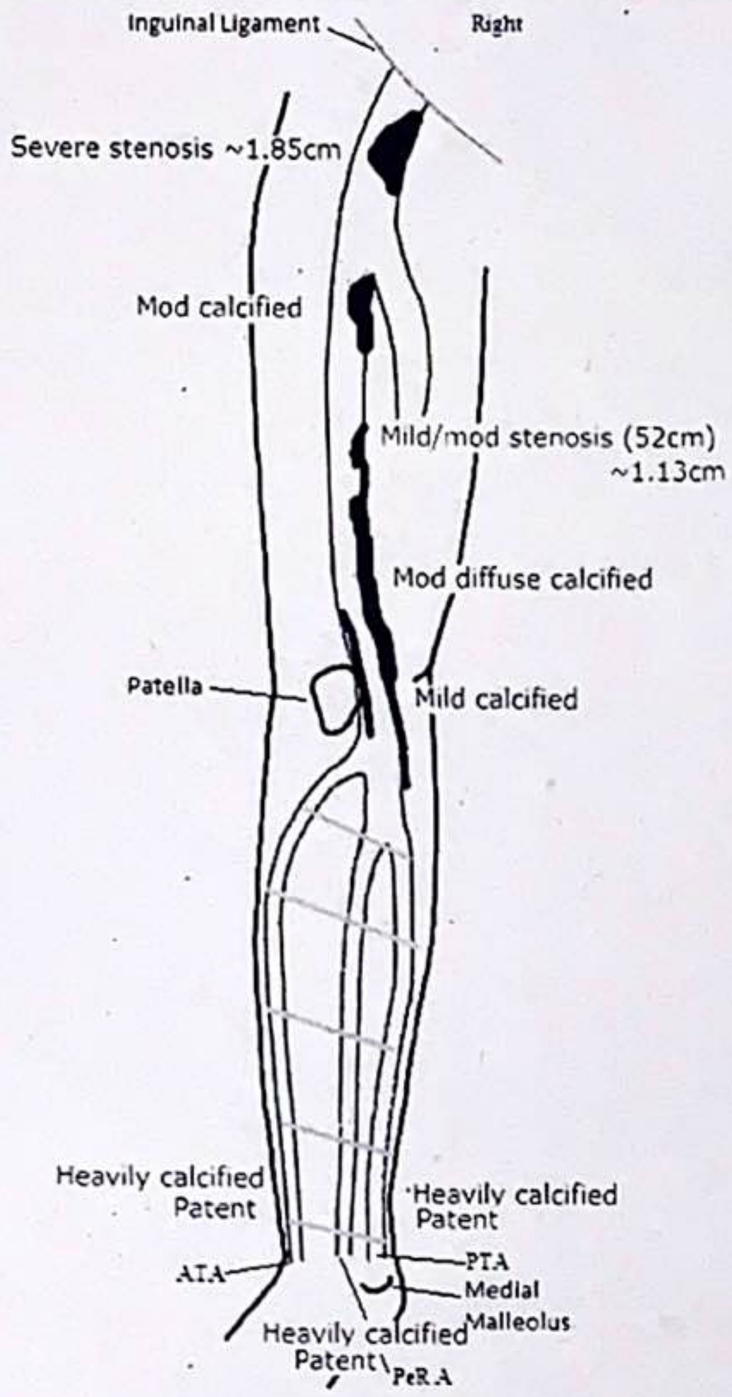
turbulent monophasic waveforms.
PFA: Patent, mod calcified disease at origin, slightly turbulent monophasic waveforms, PSV 196cm/s.
SFA: Patent, mod calcified disease proximally, turbulent monophasic waveforms, PSV 189cm/s. Mild/mod calcified stenosis in mid vessel (52cm from MM) measuring ~1.13cm, velocities increasing from PSV 43 - 100cm/s, slightly reduced monophasic waveforms. Patent distally with mod diffuse calcified disease, slightly turbulent waveforms, PSV 123-42cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease, reduced monophasic waveforms, PSV 45-24cm/s. TPT appears patent and calcified, 2 vessel run off noted.
ATA: Patent, heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 32cm/s.
PTA: Patent, heavily calcified walls along length, reduced monophasic waveforms at the ankle, PSV 50cm/s.
PerA: Patent, heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 28cm/s.

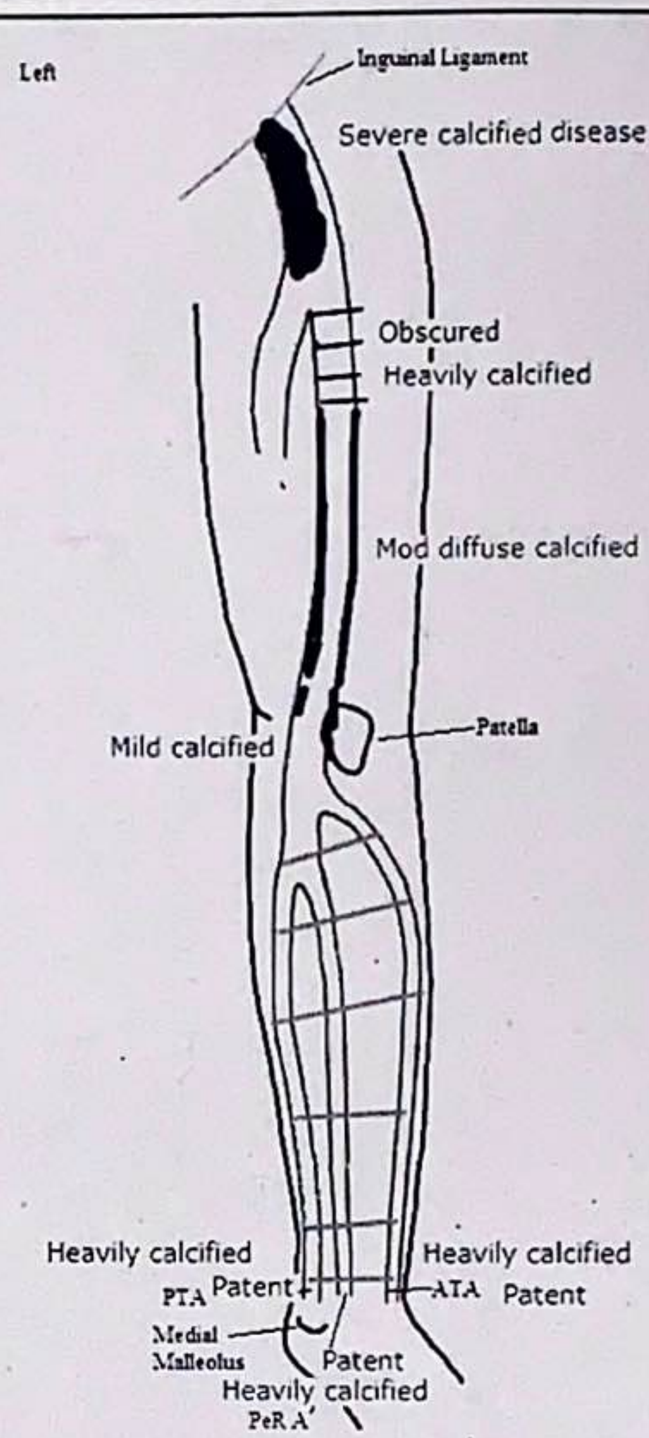
LEFT

EIA: Patent, mild calcified disease along length, good triphasic waveforms, PSV 99cm/s.
CFA: Patent, severe calcified disease along length, turbulent monophasic waveforms PSV 59 - 392cm/s.
PFA: Patent, mild/mod calcified disease at origin, slightly turbulent triphasic waveforms, PSV 96cm/s.
SFA: Proximal vessel very poorly visualised due to heavily calcified walls. Mid-distal vessel appears patent with mod diffuse calcified disease, reduced monophasic waveforms, PSV 59-43cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease, reduced monophasic waveforms, PSV 28cm/s. TPT appears patent and calcified, 2 vessel run off noted.
ATA: Patent, heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 40cm/s.
PTA: Patent, heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 17cm/s.
PerA: Patent, heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 35cm/s.

ABPIs
Right and left resting ABPIs are significantly reduced.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery

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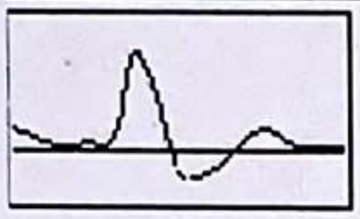
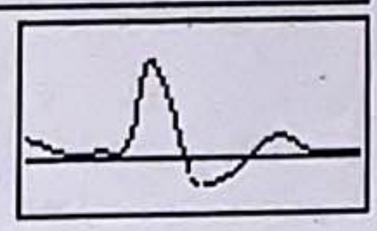
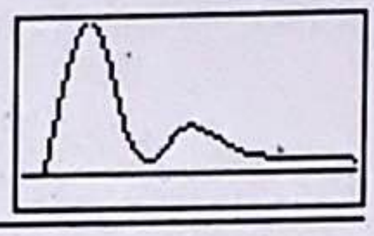
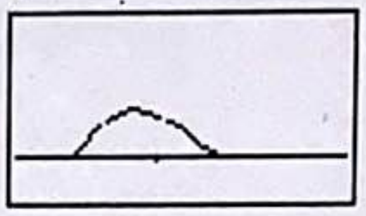
Reason Routine

Outcome Stenosis mild, Occlusion, Calcified

Right				Left	
130	1.00		**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
			Popiteal	Good	
			High Calf		
			Peroneal	Absent	
	Good		**Anterior Tibial**	Weak prox-mid	
	Good		**Posterior Tibial**	Good	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 81cm/s.
PFA: Patent, mild calcified disease with good triphasic waveforms, PSV 83cm/s.
SFA: Patent with mild/mod calcified stenosis proximal vessel measuring ~1.32cm (~64cm from MM) with velocities increasing from PSV 90cm/s to PSV 229cm/s, falling to PSV 150cm/s. Mid - distal vessel appears patent with heavily calcified walls and mild/mod diffuse calcified disease, good monophasic waveforms, PSV 107cm/s. Patent through adductor canal.

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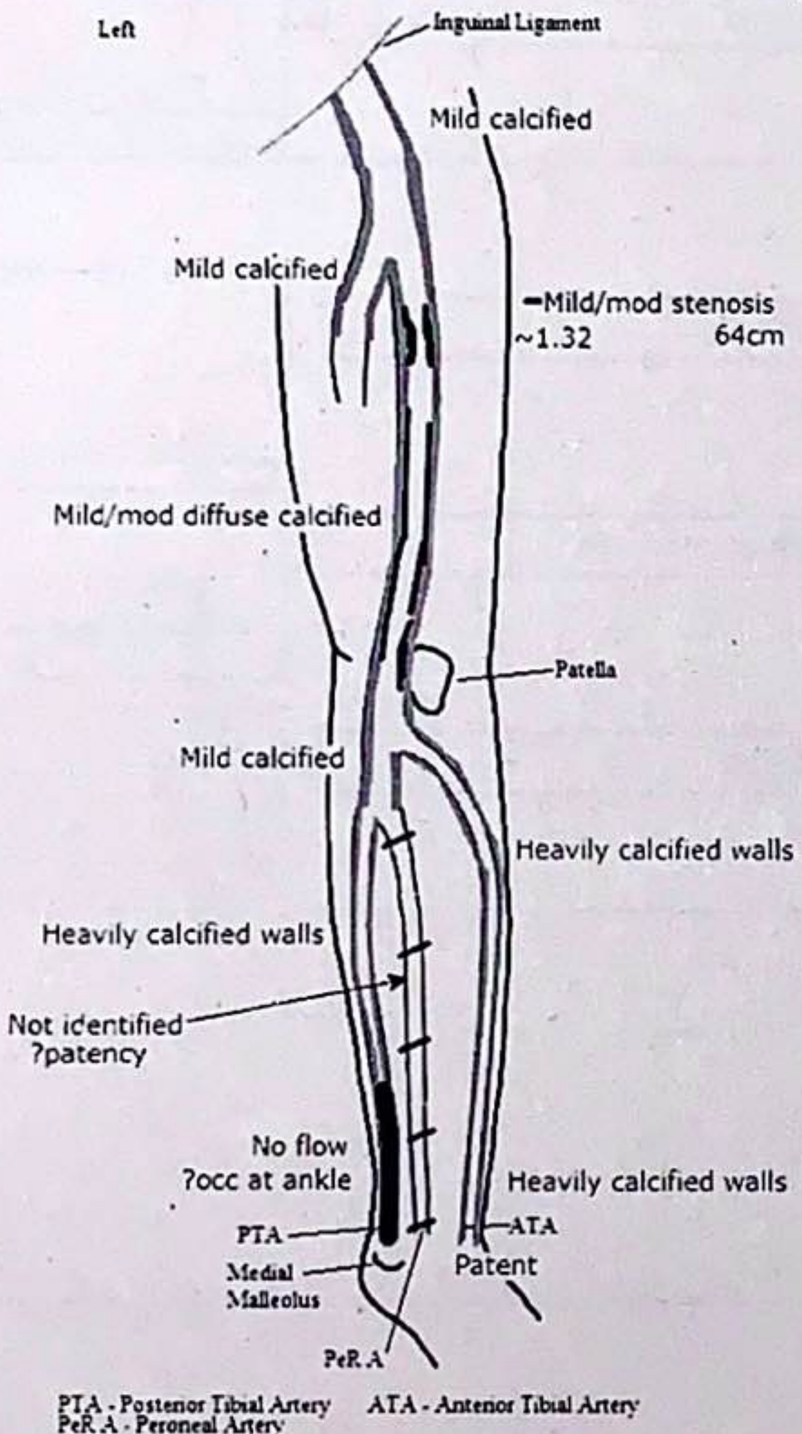
POPA: Patent, mild calcified disease with good triphasic/bouncy monophasic waveforms, PSV 67-77cm/s.
TPT patent with 2 vessel run off noted.
ATA: Patent with heavily calcified walls along length, good bouncy monophasic waveforms at the ankle, PSV 128cm/s.
PTA: Poorly visualised due to heavily calcified walls, vessel appears patent prox-mid with weak monophasic waveforms, PSV 24cm/s. No flow identified distally ?occluded at the ankle.
PerA: Not identified ?patency.

RIGHT
CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 67cm/s.
ATA: Patent, heavily calcified walls with good biphasic waveforms at the ankle, PSV 71cm/s.
PTA: Patent, heavily calcified walls with good biphasic waveforms at the ankle, PSV 59cm/s.

ABPIs: Unable to obtain as calf vessels incompressible at 220mmHg bilaterally.



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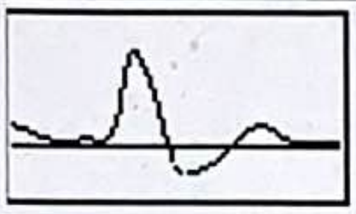
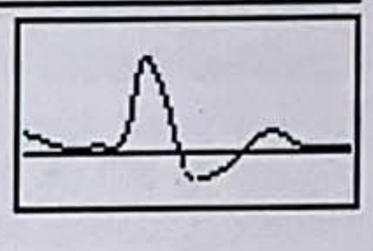
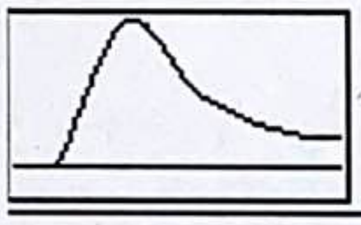
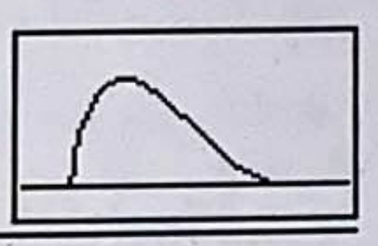
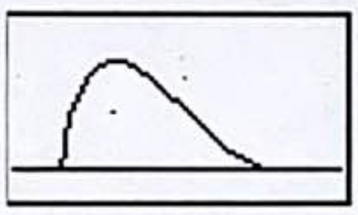
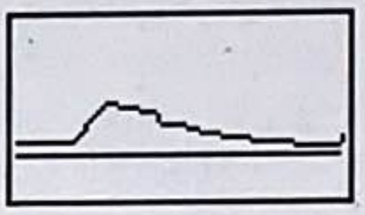
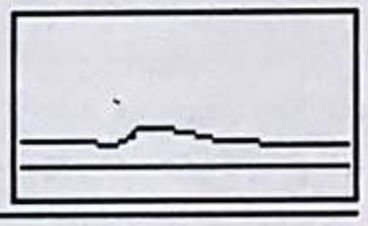
Reason Routine

Outcome disease moderate, disease severe, Calcified, Stenosis Severe, Signficant disease indicated

Right				Left	
	220	1.00	**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Slightly Reduced		**Popiteal**	Reduced	
			High Calf		
			Peroneal		
	Reduced		**Anterior Tibial**	Reduced	
	Weak		**Posterior Tibial**	Weak	
	110	0.50		110	0.50
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Obscured due to bowel gas.

RIGHT:

CIA: Vessel appears patent proximally with mild calcified disease, good triphasic waveforms, PSV 114cm/s.
Distal vessel obscured by bowel gas.

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EIA: Proximal vessel obscured by bowel gas. Distal vessel appears patent with slightly raised triphasic waveforms, PSV 265cm/s, mild calcified disease ?due to tortuous vessel/?significant prox disease.

CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 81cm/s.
PFA: Patent, mild disease good triphasic waveforms, PSV 130cm/s.
SFA: Severe stenosis noted proximally measuring ~0.95cm (59cm from MM) velocities increasing from PSV 81cm/s, to 450cm/s, turbulent monophasic waveforms, falling to PSV 69cm/s distally. Mod diffuse calcified disease in mid vessel with heavily calcified walls, reduced monophasic waveforms, PSV 177-56cm/s. Mid-distal vessel obscured for ~1cm by heavily calcified disease and acoustic shadowing ?patency (50 cm from MM). Distal vessel appears patent with mild/mod calcified disease, reduced monophasic waveforms, PSV 56cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along length with slightly reduced monophasic waveforms, PSV 56-71cm/s. TPT patent, 2 vessel run off noted.

ATA: Patent with heavily calcified walls along length, reduced monophasic waveforms at the ankle, PSV 60cm/s.
PTA: Patent with heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 16cm/s.
PerA: Not identified.

LEFT:

CIA: Vessel appears patent proximally with mild calcified disease, good triphasic waveforms, PSV 78cm/s. Distal vessel obscured by bowel gas.
EIA: Proximal vessel obscured by bowel gas. Distal vessel appears patent with good biphasic waveforms, PSV 163cm/s, mild calcified disease.

CFA: Patent, mild/mod calcified disease with good triphasic waveforms, PSV 118cm/s.
PFA: Patent, mild calcified disease with good biphasic waveforms, PSV 122cm/s.
SFA: Patent with mod calcified stenosis proximally measuring ~1cm (66cm from MM) with velocities increasing from PSV 68cm/s to PSV 165cm/s, turbulent monophasic waveforms. Mild/mod diffuse calcified disease in the mid vessel with turbulent monophasic waveforms, PSV 92cm/s. The distal vessel is obscured by heavy calcification with no flow identified at 53cm from MM ?short occlusion. Flow appears to reform in the distal vessel (51cm from MM) with turbulent monophasic waveforms PSV 163cm/s, mild/mod calcified disease.
POPA: Patent with mild calcified disease along length, reduced monophasic waveforms, PSV 50-42cm/s. TPT appears patent, 2 vessel run off noted.

ATA: Patent with heavily calcified walls along length, reduced monophasic waveforms at the ankle, PSV 32cm/s.
PTA: Patent with heavily calcified walls along length, weak monophasic waveforms at the ankle, PSV 17cm/s.
PerA: Not identified.

ABPI: Right and left resting ABPIs are significantly reduced, ?accuracy due to high brachial pressure and calcified calf vessels bilaterally.

Conclusion: Evidence of significant right and left lower limb arterial disease.

SUGGEST VASCULAR SURGICAL OPINION.

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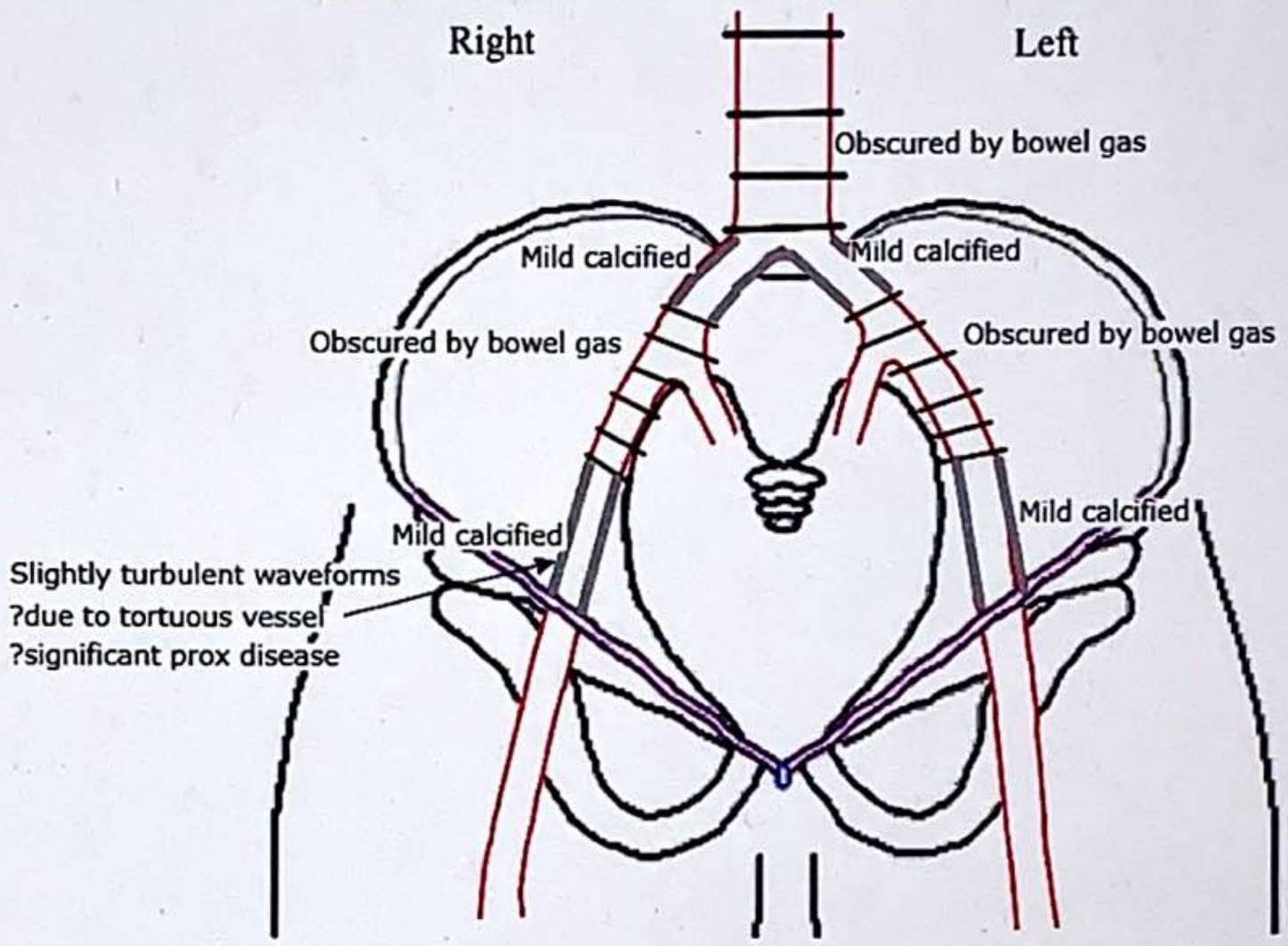

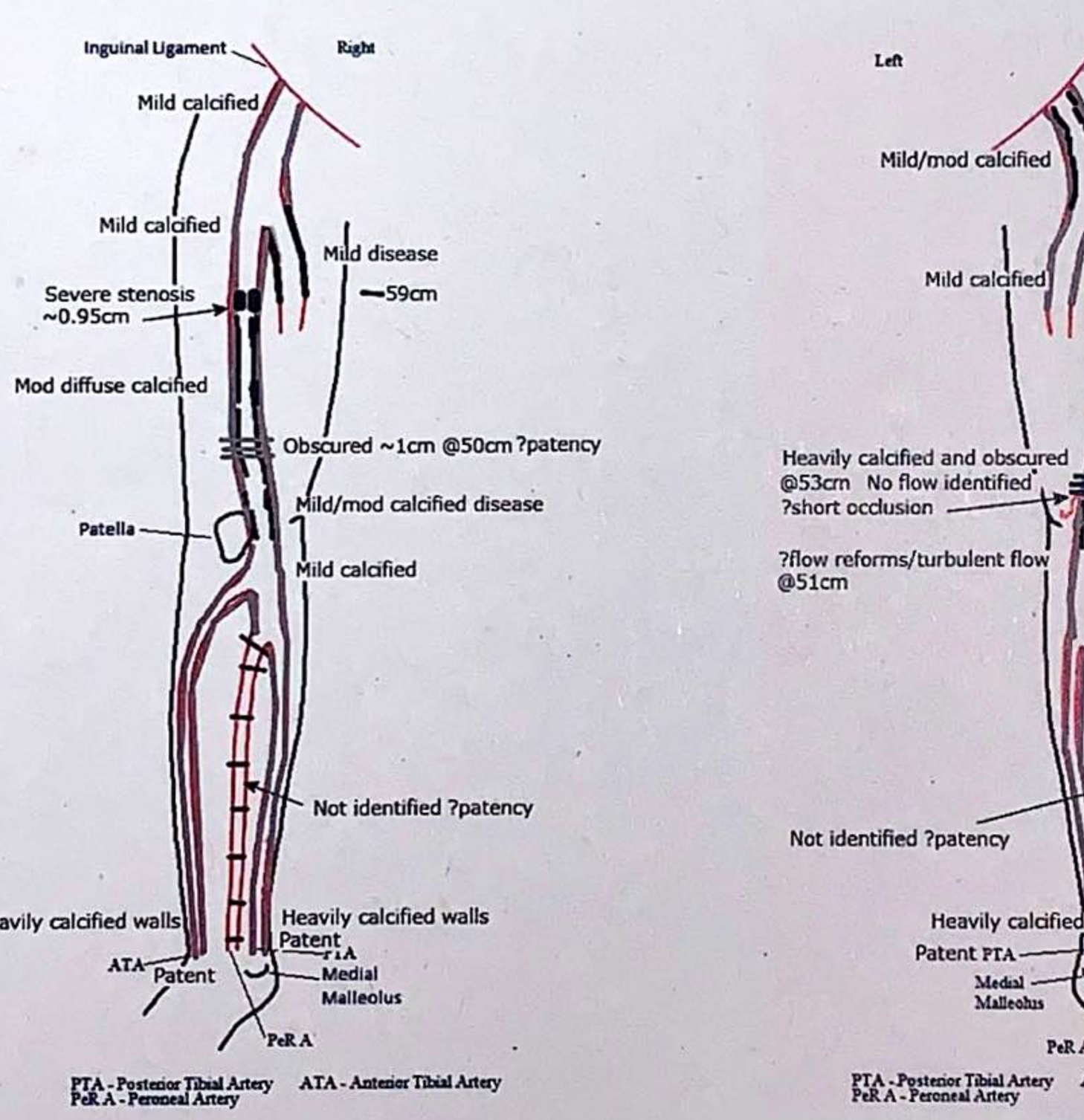

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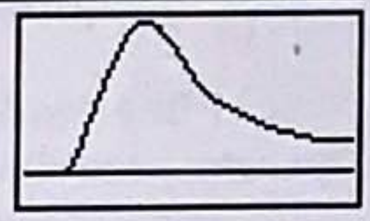
Reason Routine

Outcome Graft occlusion

Right		Left	
	Brachial		
	Common Femoral	Good/Turbulent	
	High Thigh		
	Low Thigh		
	Popiteal	Absent	
	High Calf		
	Peroneal	Not Identified	
	Anterior Tibial	Absent	
	Posterior Tibial	Absent	
	Dorsalis Pedis		
	Toe Pressure		
	Post Exercise		

Notes

LEFT LOWER LIMB FEMORO-POPLITEAL BYPASS ASSESSMENT

EIA: Patent, heavily calcified walls along length with good triphasic waveforms PSV 75-93cm/s.

CFA: Patent, mod calcified disease with good/turbulent monophasic waveforms, PSV 274cm/s.
PFA: Patent, mod calcified disease with turbulent monophasic waveforms, PSV 167cm/s.
SFA: Appears chronically occluded along length.

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FEM-POP BYPASS GRAFT:

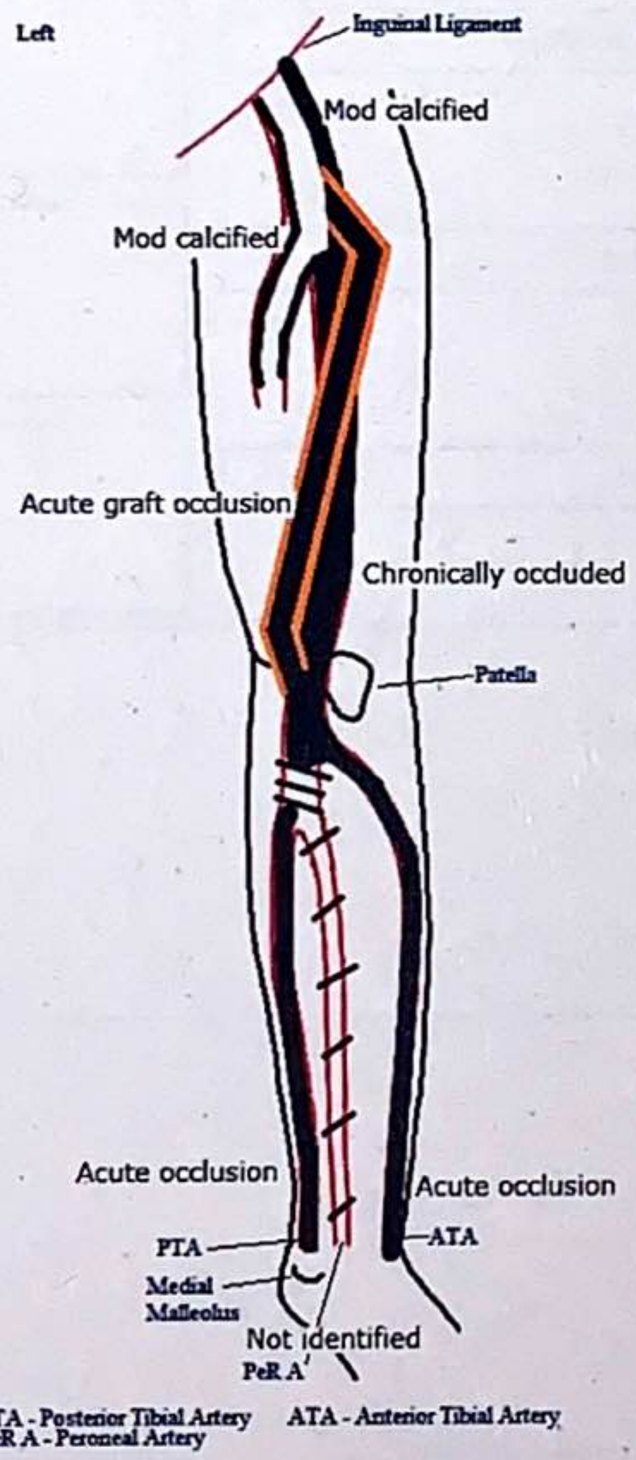
PROX ANAST: Appears acutely occluded with echolucent material ?thrombus.
PROX GRAFT: Appears acutely occluded with echolucent material ?thrombus.
MAIN BODY: Appears acutely occluded with echolucent material ?thrombus.
DISTAL GRAFT: Appears acutely occluded with echolucent material ?thrombus.
DISTAL ANAST: Appears acutely occluded with echolucent material ?thrombus.

Distal POPA: No flow identified, vessel appears moderately calcified and acutely occluded with echolucent material ?thrombus ?acute on chronic occlusion.
TPT: Poorly visualised due to calcification and depth ?occluded.

ATA: No flow identified along length, vessel appears acutely occluded with echolucent material ?thrombus.
PTA: No flow identified along length, vessel appears acutely occluded with echolucent material ?thrombus.
PerA: Poorly visualised due to depth.

ABPIs: Unable to obtain as calf vessels appear occluded at ankle.

CONCLUSION: Evidence of left lower limb critical limb ischaemia.



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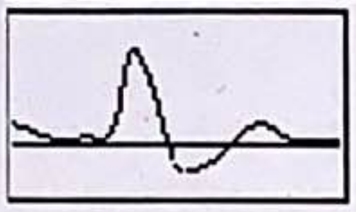
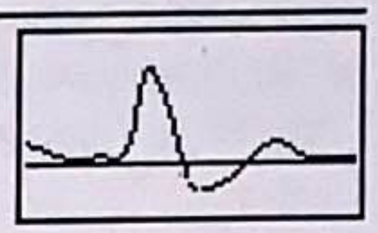
Reason Graft synthetic cross over

Outcome disease mild, Widely patent

	Right			Left
Brachial				
Common Femoral	 Good		Good	
High Thigh				
Low Thigh				
Popiteal				
High Calf				
Peroneal				
Anterior Tibial				
Posterior Tibial				
Dorsalis Pedis				
Toe Pressure				
Post Exercise				

Notes

FEM-FEM XOVER GRAFT SURVEILLANCE

PROX ANAST: Widely patent with slightly turbulent biphasic waveforms, PSV 78cm/s.
PROX GRAFT: Widely patent with good triphasic waveforms, PSV 54cm/s.
MAIN GRAFT BODY: Widely patent with good triphasic waveforms, PSV 54cm/s.
DISTAL GRAFT: Widely patent with good triphasic waveforms, PSV 55cm/s.
DISTAL ANAST: Widely patent with slightly turbulent triphasic waveforms, PSV 111cm/s.

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RIGHT
CFA: Patent with mild disease, good triphasic waveforms, PSV 142cm/s.
PFA: Patent with mild disease, good triphasic waveforms, PSV 51cm/s.
Prox SFA: Patent with mild disease, good triphasic waveforms, PSV 62cm/s.

LEFT
CFA: Patent with mild disease, weak oscillatory flow proximal to distal anastomosis, PSV 19cm/s.
PFA: Patent with mild disease, good biphasic waveforms, PSV 75cm/s.
Prox SFA: Patent with mild disease, good triphasic waveforms, PSV 80cm/s.

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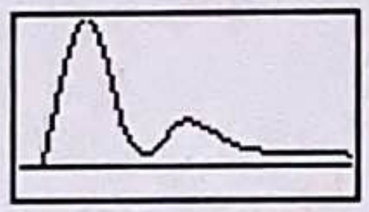
Reason Claudication, Routine

Outcome Occlusion, Thrombus

Right				**Left**	
	110	1.00	**Brachial**		
	Distal occlusion		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Slightly Reduced		**Popiteal**		
	Slightly Reduced		**Anterior Tibial**	Good	
	Slightly Reduced		**Posterior Tibial**	Good	
	86	0.78		120	1.09
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Normal and uniform calibre with maximum inner-inner AP dimensions: TS plane - 1.8cm. Vessel appears patent with good triphasic waveforms, PSV 84cm/s.

CIA/EIA: Widely patent along length, good triphasic waveforms, PSV 101-116cm/s.

CFA: Patent proximally mild disease, slightly reduced monophasic waveforms, PSV 117cm/s. Mid-distal

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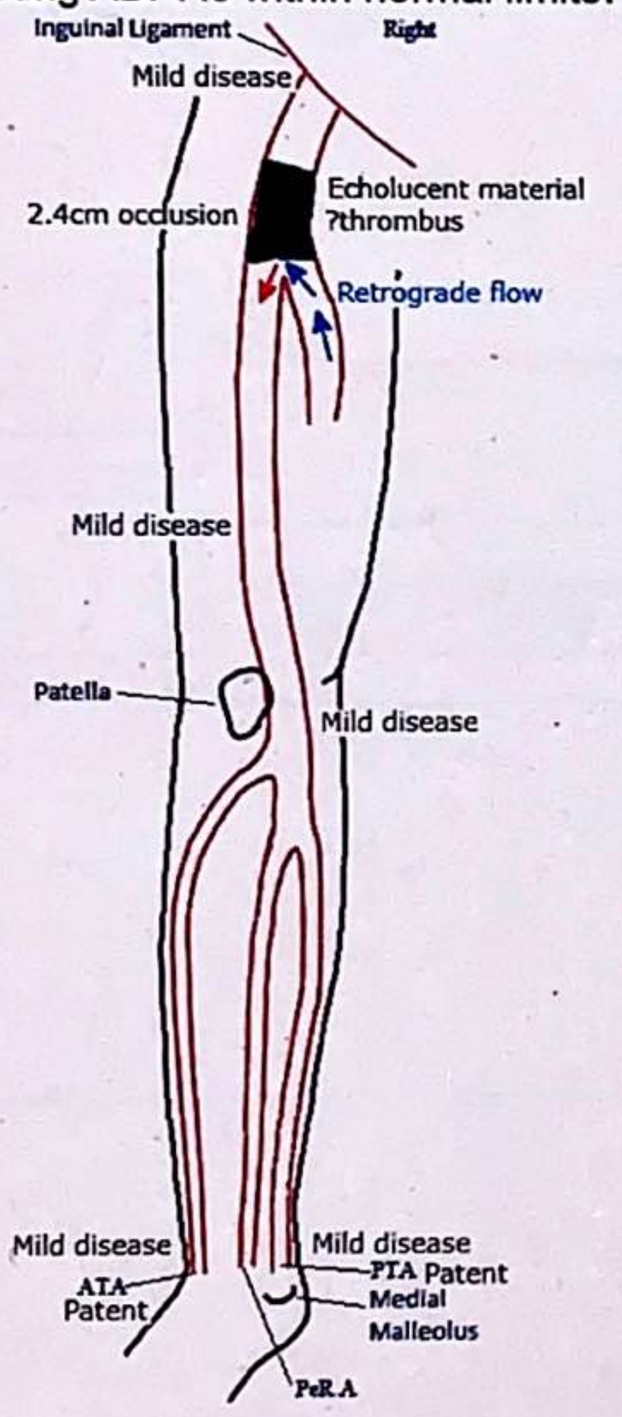
vessel appears occluded for ~2.4cm, with echolucent material ?soft plaque ?thrombus. Well developed multiple collaterals noted at level of occlusion.
PFA: Patent with retrograde flow filling SFA.
SFA: Patent with mild disease along length, slightly reduced monophasic waveforms, PSV 84-69cm/s.
POPA: Patent with mild disease along length, slightly reduced monophasic waveforms, PSV 56-40cm/s.
TPT: Patent, 3 vessel run off.
ATA: Patent, mild disease along length, slightly reduced monophasic waveforms at the ankle, PSV 89cm/s.
PTA: Patent, mild disease along length, slightly reduced monophasic waveforms at the ankle, PSV 75cm/s.
PerA: Poor views.

LEFT
CFA: Patent, mild disease with good triphasic waveforms, PSV 149cm/s.
ATA: Patent at ankle with good bouncy/hyperaemic monophasic waveforms, PSV 117cm/s.
PTA: Patent at ankle with good bouncy/hyperaemic monophasic waveforms, PSV 230cm/s.

ABPI:
Right resting ABPI is slightly reduced.
Left resting ABPI is within normal limits.



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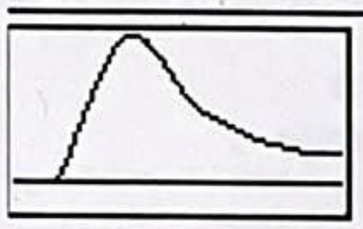
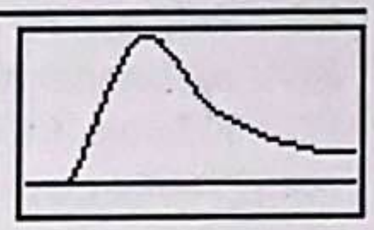
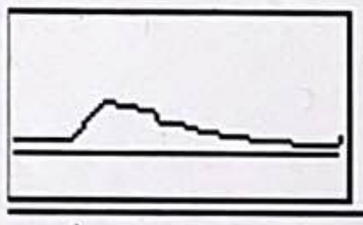
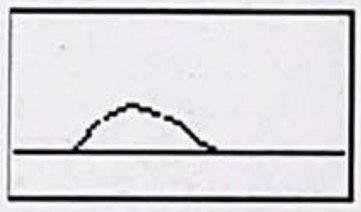
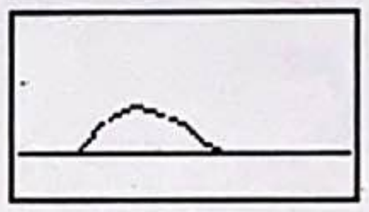
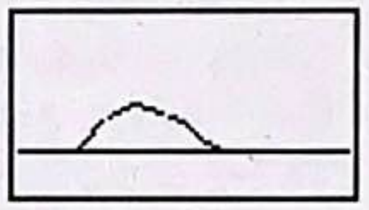
Reason Routine

Outcome disease severe, Occlusion, Obscured, Calcified, Stenosis Moderate, Stenosis Severe

Right				**Left**	
	150 / 1.00		**Brachial**		
	Good/Turbulent		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Reduced		**Popiteal**	Reduced	
			High Calf		
	Weak		**Peroneal**	Weak	
	Reduced 84 / 0.56		**Anterior Tibial**	Weak	
	Reduced		**Posterior Tibial**	Reduced 70 / 0.47	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent, calcified vessel walls, good triphasic waveforms, PSV 44cm/s.

RIGHT:

CIA: Moderate calcified stenosis noted proximally measuring ~1.39cm, turbulent monophasic waveforms, PSV 238cm/s. Distal vessel was poorly visualised due to bowel gas.

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EIA: Proximal vessel was poorly visualised due to heavy calcification, where seen severe calcified disease with turbulent monophasic waveforms, PSV 563cm/s. Mid vessel poorly visualised due to bowel gas. Distal vessel appears patent with mild/mod calcified disease, slightly turbulent monophasic waveforms, PSV 277-176cm/s.

CFA: Patent, mild/mod calcified disease with turbulent monophasic waveforms, PSV 198cm/s.
PFA: Patent, mod calcified disease at origin with turbulent monophasic waveforms, PSV 302cm/s.
SFA: Severe calcified stenosis noted proximally measuring ~1.31cm, turbulent monophasic waveforms, PSV 367cm/s, falling to PSV 74cm/s, reduced monophasic waveforms. Mild/mod diffuse calcified disease noted in mid-distal vessel, reduced monophasic waveforms, PSV 50-52cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along length, reduced monophasic waveforms, PSV 49-60cm/s. TPT patent, 3 vessel run off.

ATA: Patent, calcified vessel walls along its length, reduced monophasic waveforms at the ankle, PSV 40cm/s.
PTA: Patent, calcified vessel walls along its length, reduced monophasic waveforms at the ankle, PSV 53cm/s.
PerA: Patent, calcified vessel walls along its length, weak monophasic waveforms at the ankle, PSV 24cm/s.

LEFT:

CIA: No flow identified along length ?occluded.
EIA: Proximal vessel poorly visualised due to bowel gas. Mid vessel appears occluded with flow reforming distally via multiple collateral branches, slightly reduced monophasic waveforms, PSV 161cm/s.

CFA: Patent, mild calcified disease with slightly reduced monophasic waveforms, PSV 85cm/s.
PFA: Patent, mild calcified disease with slightly reduced triphasic waveforms, PSV 27cm/s.
SFA: Patent, mild calcified disease along its length, slightly reduced monophasic waveforms, PSV 83-53cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along its length, reduced monophasic waveforms, PSV 48-45cm/s. TPT patent, 3 vessel run off.

ATA: Patent, calcified vessel walls along its length, weak monophasic waveforms at the ankle, PSV 16cm/s.
PTA: Patent, calcified vessel walls along its length, reduced monophasic waveforms at the ankle, PSV 46cm/s.
PerA: Patent, calcified vessel walls along its length, weak monophasic waveforms at the ankle, PSV 17cm/s.

ABPI: Right and left resting ABPIs are significantly reduced.

Assessed by David Barrett
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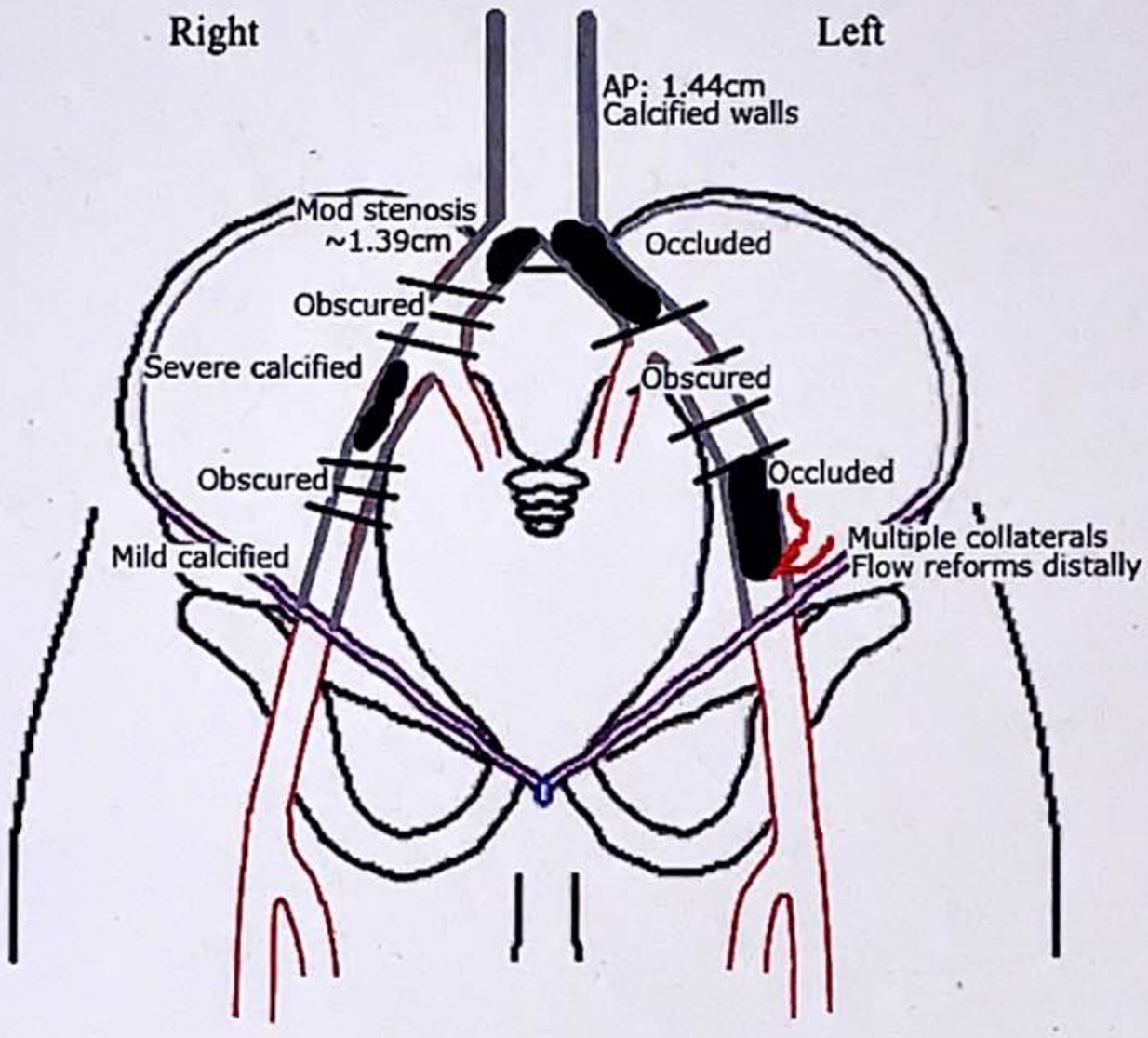

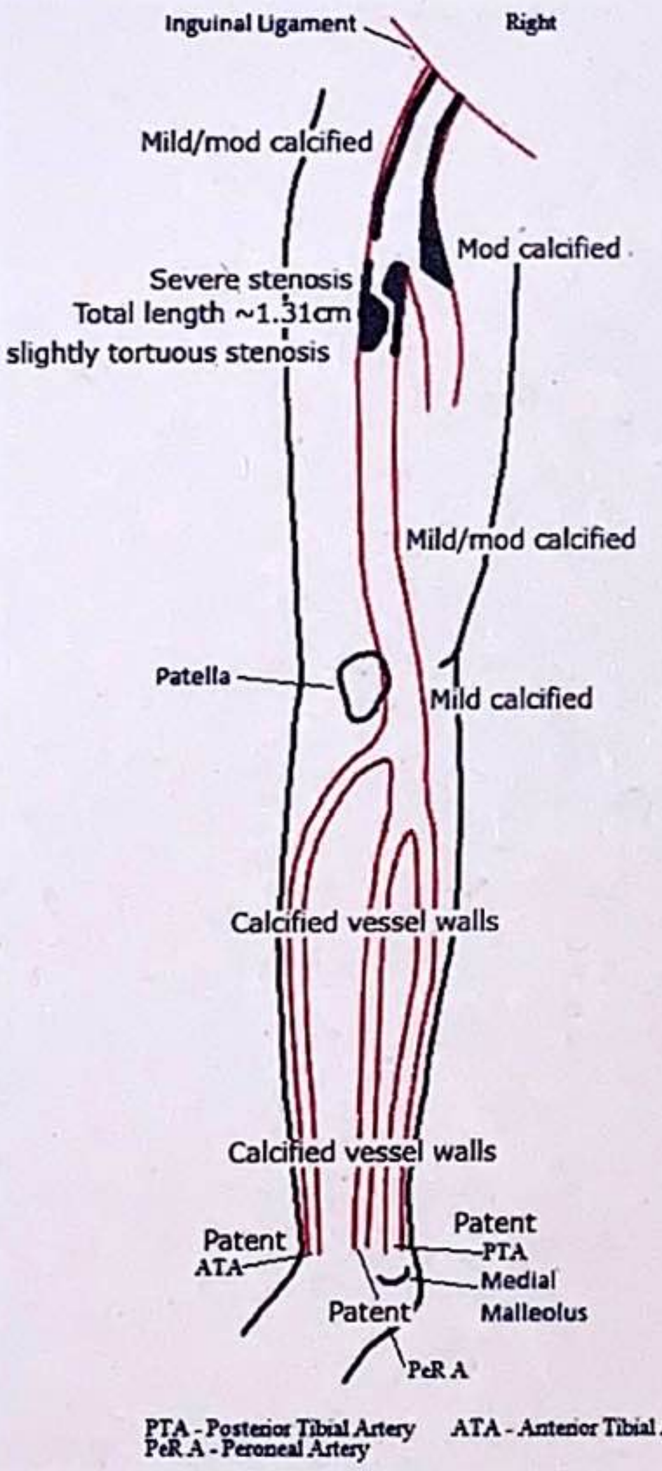

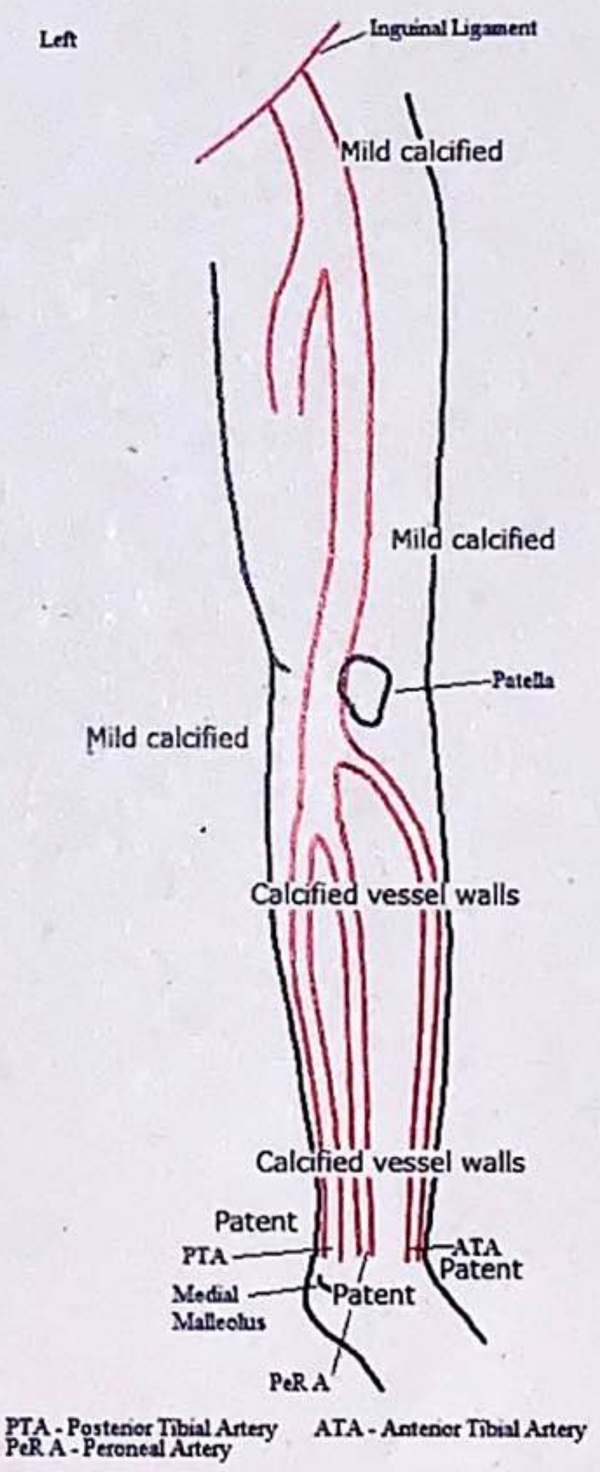

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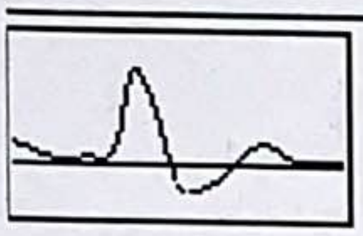
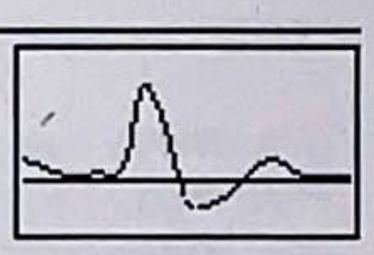
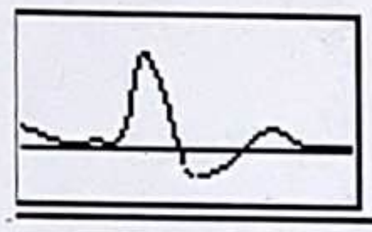
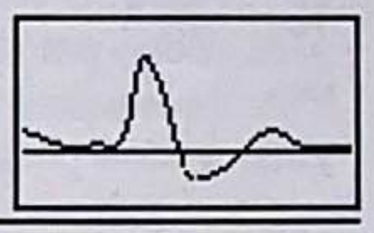
Reason Popliteal entrapment

Outcome Widely patent, Popliteal entrapment +

Right				**Left**	
	124	1.00	**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Good		**Popiteal**	Good	
			High Calf		
	Good		**Peroneal**	Good	
	Good		**Anterior Tibial**	Good	
	130	1.05		130	1.05
	Good		**Posterior Tibial**	Good	
			Dorsalis Pedis		
			Toe Pressure		
	Calf Raises		**Post Exercise**	Calf Raises	
	118	0.95		100	0.81

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN + POPLITEAL ARTERY ENTRAPMENT SYNDROME ASSESSMENT

RIGHT:

CFA: Widely patent, good triphasic waveforms, PSV 192cm/s.
PFA: Widely patent, good triphasic waveforms, PSV 77cm/s.
SFA: Widely patent along its length, good triphasic waveforms, PSV 127-168cm/s.

Assessed by David Barrett

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POPA: Widely patent along its length, good triphasic waveforms, PSV 71-85cm/s.
TPT: Patent, 3 vessel run off.
ATA: Widely patent along its length, good biphasic waveforms at the ankle, PSV 62cm/s.
PTA: Widely patent along its length, good biphasic waveforms at the ankle, PSV 75cm/s.
PerA: Widely patent along its length, good biphasic waveforms at the ankle, PSV 51cm/s.

LEFT:

CFA: Widely patent, good triphasic waveforms, PSV 157cm/s.
PFA: Widely patent, good triphasic waveforms, PSV 96cm/s.
SFA: Widely patent along its length, good triphasic waveforms, PSV 129-130cm/s.
POPA: Widely patent along its length, good triphasic waveforms, PSV 65-75cm/s.
TPT: Patent, 3 vessel run off.
ATA: Widely patent along its length, good biphasic waveforms at the ankle, PSV 49cm/s.
PTA: Widely patent along its length, good biphasic waveforms at the ankle, PSV 105cm/s.
PerA: Widely patent along its length, good biphasic waveforms at the ankle, PSV 62cm/s.

ABPI
*Patient able to perform 2 minute calf raises before stopping due to pain bilaterally.
Right resting ABPI (1.05) is within normal limits and remains so (0.95) following 2 minute calf raise exercise test.
Left resting ABPI (1.05) is within normal limits with a slight reduction (0.81) noted following 2 minute calf raise exercise test.

POPLITEAL ARTERY ENTRAPMENT SYNDROME ASSESSMENT

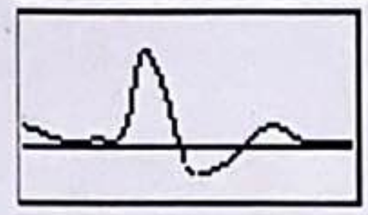
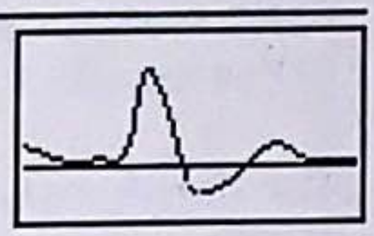
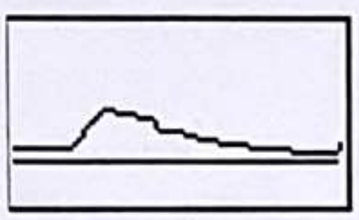
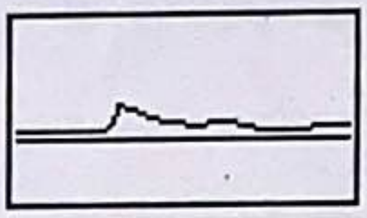
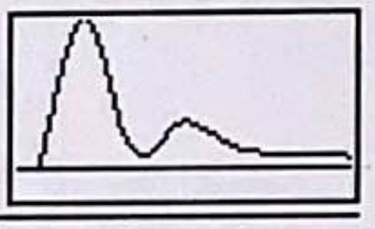
RIGHT
The right distal POPA fully occludes on prone and erect plantar-flexion.

LEFT
The left distal POPA fully occludes on prone and erect plantar-flexion.

Conclusion:
Evidence of severe bilateral popliteal artery entrapment syndrome detected from this scan.

Reason Routine

Outcome Occlusion, Thrombus, Signficant disease indicated

Right				Left	
	126	1.00	**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Reduced		**Popiteal**		
			High Calf		
			Peroneal		
	Reduced		**Anterior Tibial**	Weak	
	66	0.52			
	Reduced		**Posterior Tibial**	Good	
				112	0.89
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Obscured due to bowel gas.

CIA: Obscured due to bowel gas.
EIA: Patent, mild disease along length with good triphasic waveforms, PSV 136cm/s.

CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 88cm/s.

Assessed by David Barrett

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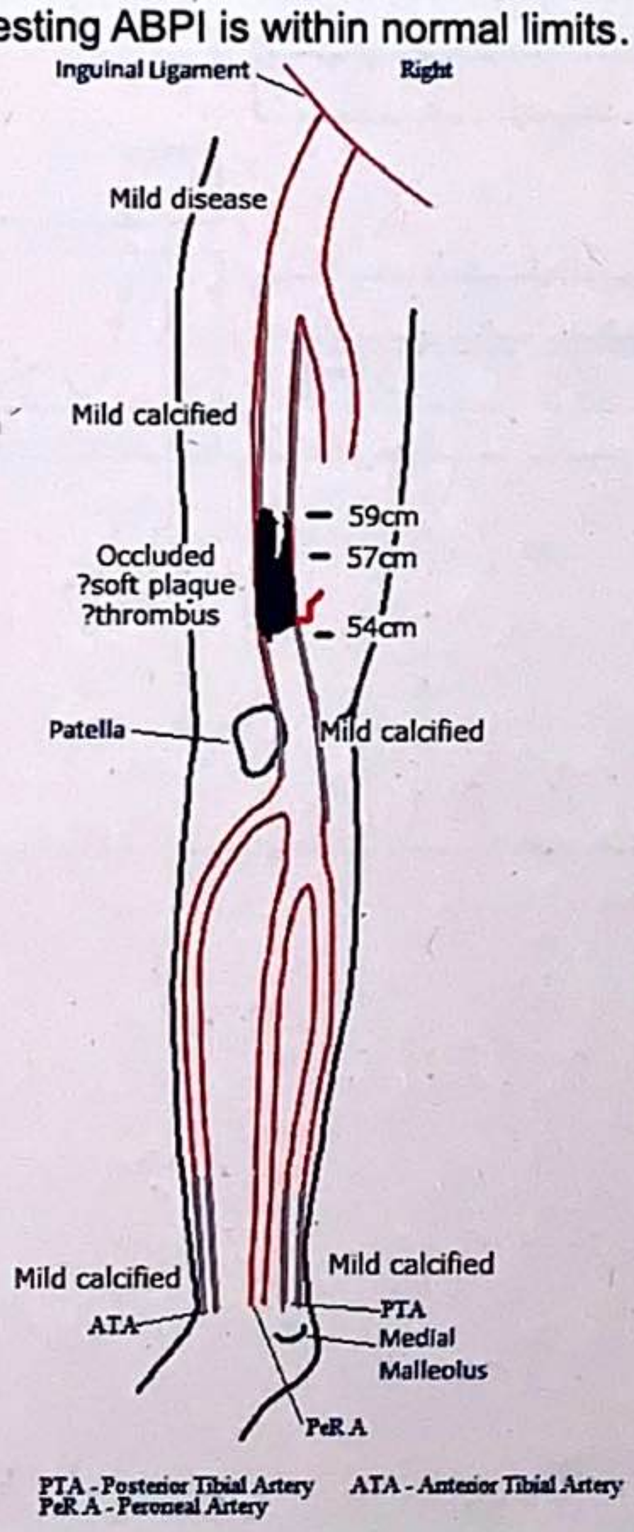
PFA: Patent, mild disease with good biphasic waveforms, PSV 105cm/s.
SFA: Patent proximally with mild calcified disease, good triphasic waveforms PSV 87cm/s, changing to weak monophasic waveforms in the mid vessel, PSV 13cm/s. Mid vessel occludes (59cm from MM) with echolucent material ?soft plaque ?thrombus, reforming in the distal vessel (54cm from MM) via collateral flow, reduced monophasic waveforms, PSV 41cm/s. Patent distally with mild calcified disease, reduced monophasic waveforms, PSV 59cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along its length, reduced monophasic waveforms, PSV 47-65cm/s.
TPT patent with 3 vessel run off.

ATA: Patent, mild calcified disease along its length, reduced monophasic waveforms at the ankle, PSV 21cm/s.
PTA: Patent, mild calcified disease along its length, reduced monophasic waveforms at the ankle, PSV 37cm/s.

LEFT:
CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 95cm/s.
ATA: Patent, mild calcified disease along its length, weak monophasic waveforms at the ankle, PSV 21cm/s.
PTA: Patent, mild calcified disease along its length, good bouncy monophasic waveforms at the ankle.

ABPI:
Right resting ABPI is reduced.
Left resting ABPI is within normal limits.



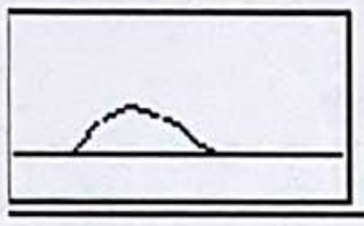
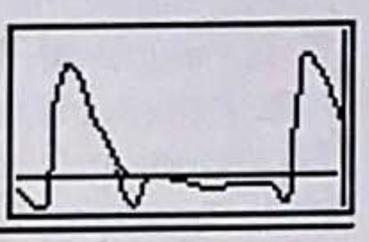
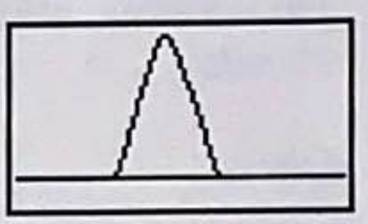
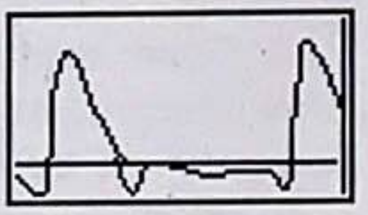
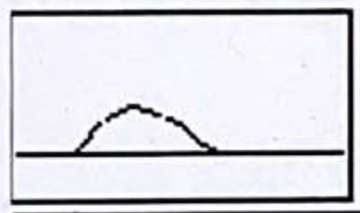
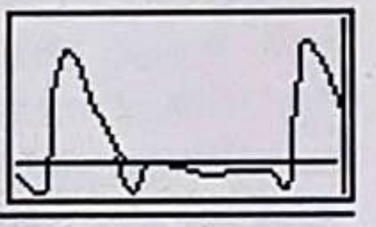
Assessed by David Barrett

Printed on 05/08/2022 at 4:15 pm

Checked by _____

Reason Rest pain, Routine

Outcome Stenosis Moderate, Stenosis Severe, Calcified, Signficant disease indicated

Right				Left	
	126	1.00	**Brachial**		
	Slightly turbulent		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Weak		**Popiteal**	Good	
			High Calf		
	Weak		**Peroneal**	Good	
	Reduced		**Anterior Tibial**	Good	
	94	0.75		110	0.87
	Weak		**Posterior Tibial**	Good	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Normal and uniform calibre with maximum inner-inner AP dimensions: TS plane - 1.79cm / LS plane - 1.71cm. Vessel appears mildly calcified with good triphasic waveforms, PSV 52cm/s.

RIGHT:

CIA: Patent, mild calcified disease along length with good triphasic waveforms, PSV 88cm/s.

Assessed by David Barrett

Printed on 05/08/2022 at 4:14 pm Checked by _____

EIA: Mod/severe calcified stenosis identified in the mid vessel measuring ~1.62cm with velocities increasing from PSV 109cm/s to PSV 447cm/s turbulent monophasic waveforms, falling to PSV 93cm/s distally. The prox and distal vessel appears mildly calcified.

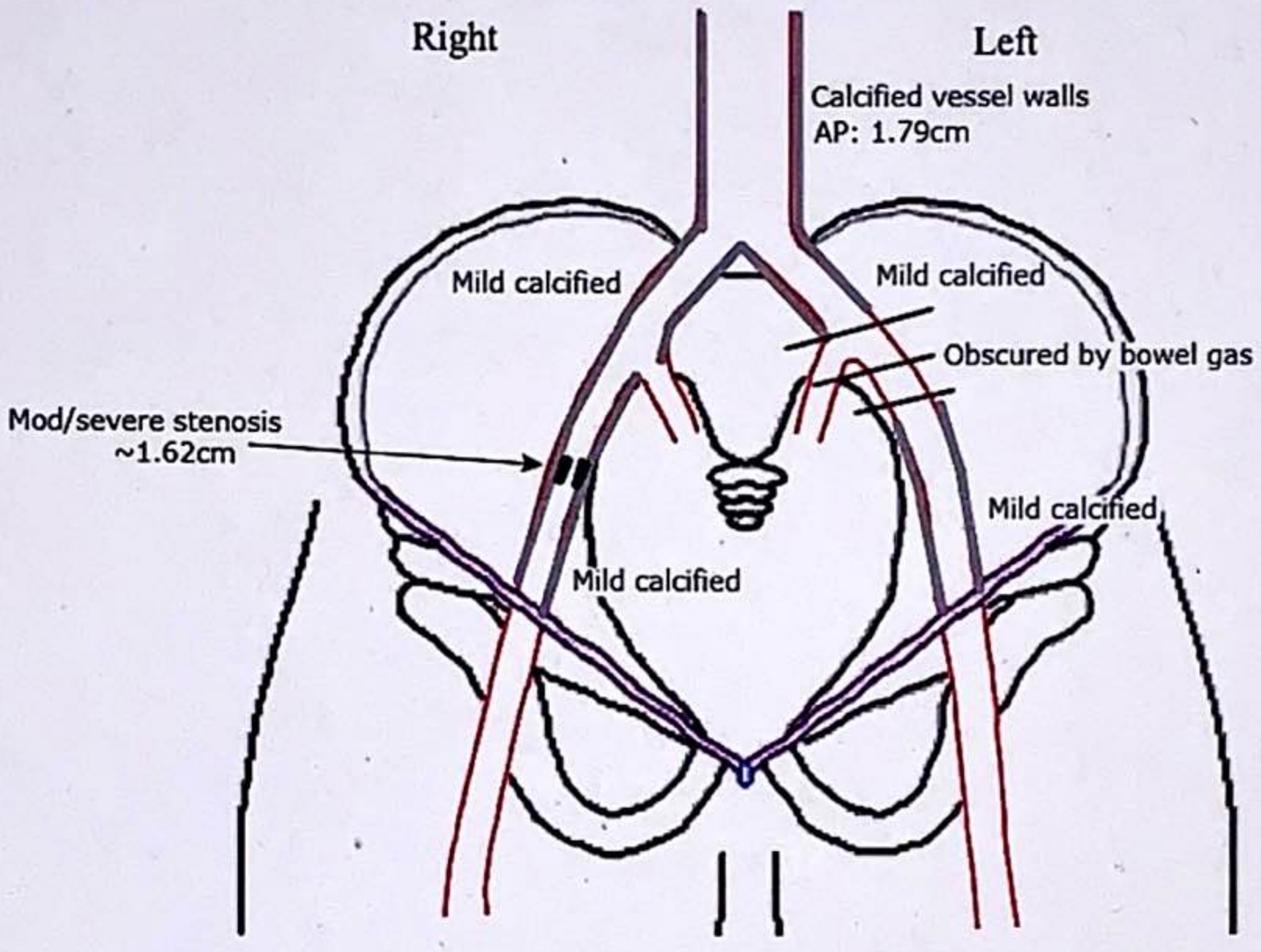
CFA: Patent, mild calcified disease with slightly turbulent monophasic waveforms, PSV 131cm/s.
PFA: Widely patent, good biphasic waveforms, PSV 41cm/s.
SFA: Patent, mild calcified disease proximally with slightly reduced monophasic waveforms, PSV 78cm/s. Mod/severe calcified stenosis identified in the mid vessel (62cm from MM) measuring ~0.56cm, with velocities increasing from PSV 78cm/s to PSV 338cm/s turbulent monophasic waveforms, falling to PSV 63cm/s, slightly reduced monophasic waveforms. Distal vessel appears patent with heavily calcified vessel walls and mild/mod diffuse calcified disease, slightly reduced monophasic waveforms, PSV 73cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along length with weak monophasic waveforms, PSV 29-40cm/s.
TPT: Patent with 3 vessel run off identified.
ATA: Patent, mild calcified disease along length with reduced monophasic waveforms at the ankle, PSV 27-37cm/s.
PTA: Patent, mild calcified disease along length with weak monophasic waveforms at the ankle, PSV 25cm/s.
PerA: Patent, mild calcified disease along length with weak monophasic waveforms at the ankle, PSV 25cm/s.

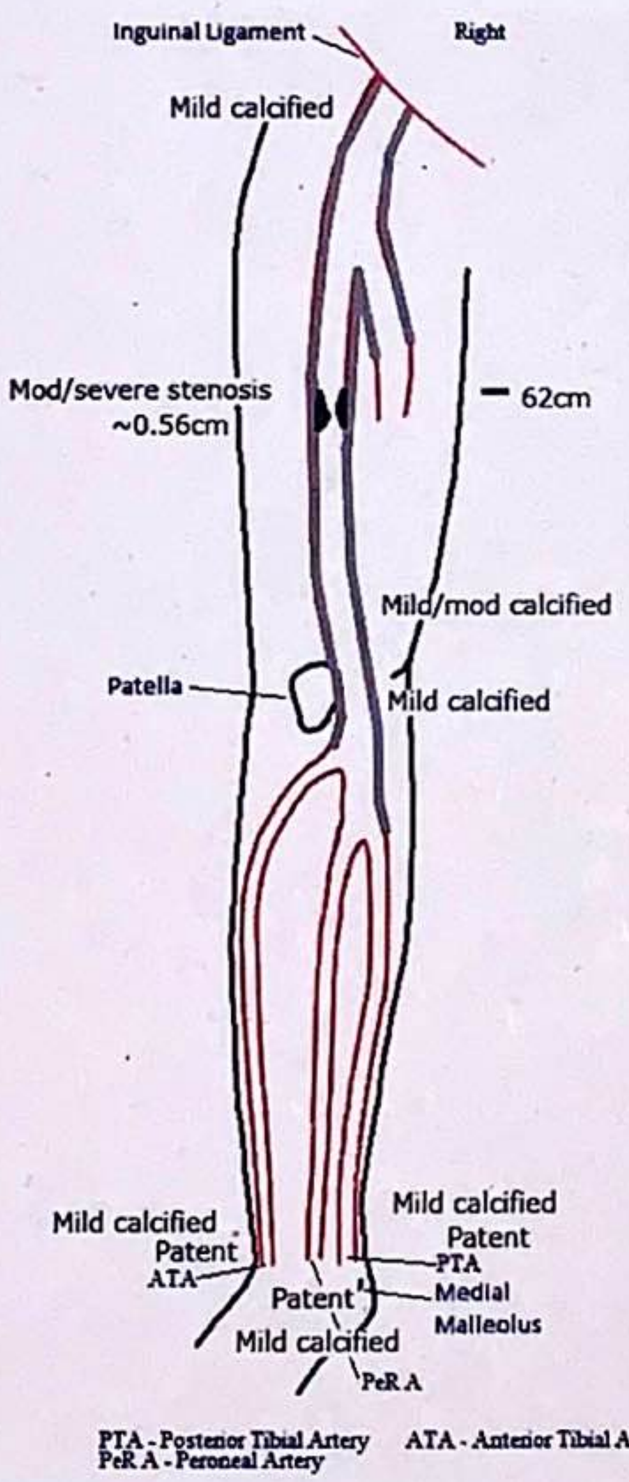
LEFT:

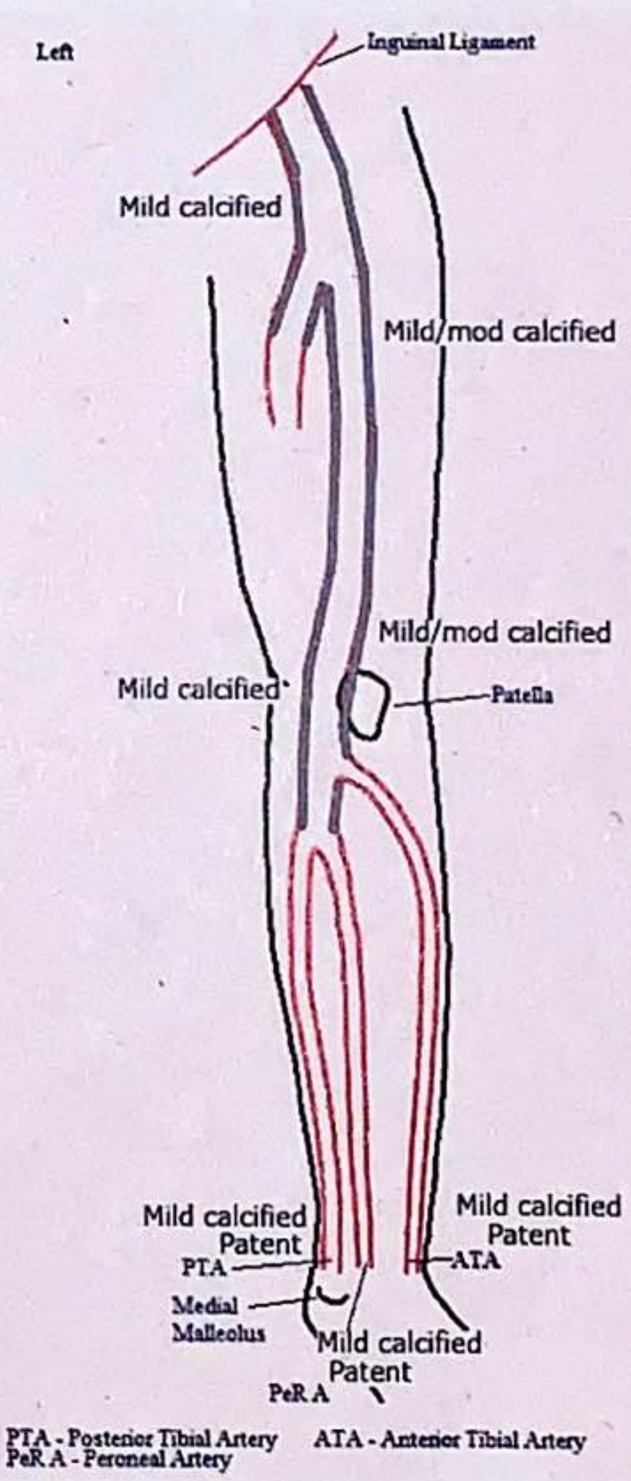
CIA: Patent, mild calcified disease along length with good triphasic waveforms, PSV 129cm/s.
EIA: Obscured proximally due to bowel gas. Mid-distal vessel appears patent with good triphasic waveforms, PSV 167cm/s.

CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 152cm/s.
PFA: Patent, mild calcified disease with good biphasic waveforms, PSV 40cm/s.
SFA: Patent with mild/mod diffuse calcified disease along length, good biphasic waveforms, PSV 122-136cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along length with good biphasic waveforms, PSV 62-63cm/s.
TPT: Patent, 3 vessel run off identified.
ATA: Patent, mild calcified disease along length with good biphasic waveforms at the ankle, PSV 42cm/s.
PTA: Patent, mild calcified disease along length with good biphasic waveforms at the ankle, PSV 40cm/s.
PerA: Patent, mild calcified disease along length with good monophasic waveforms at the ankle, PSV 27cm/s.

ABPI:
Right resting ABPI is slightly reduced.
Left resting ABPI is within normal limits.







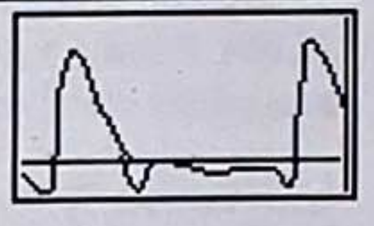
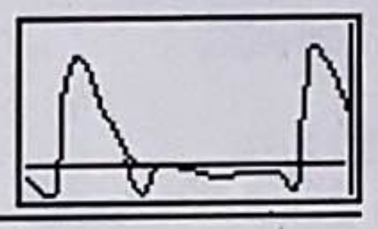
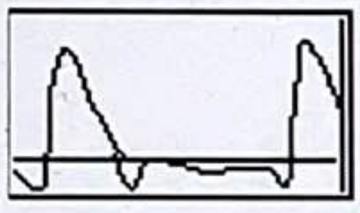
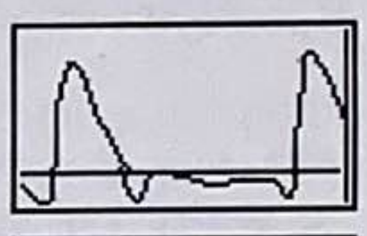
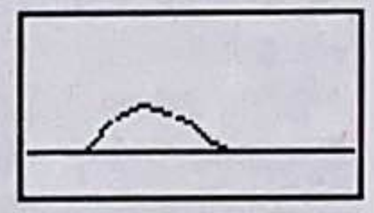
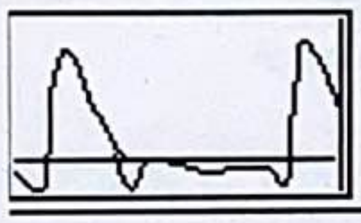
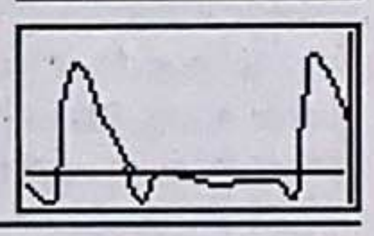
Assessed by David Barrett

Printed on 05/08/2022 at 4:14 pm

Checked by _____

Reason Claudication, Routine

Outcome Obscured, Calcified, Signficant disease indicated

Right				Left	
	150 / 1.00		**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Good		**Popiteal**	Good	
			High Calf		
	Good		**Peroneal**	Good	
	Good 120 / 0.80		**Anterior Tibial**	Weak	
	Good		**Posterior Tibial**	Good 130 / 0.87	
			Dorsalis Pedis		
			Toe Pressure		
	Foot Flex 90 / 0.60		**Post Exercise**	Foot Flex 120 / 0.80	

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Vessel appears aneurysmal with maximum inner-inner AP dimensions: TS plane - 4.01cm / LS plane - 4.1cm. Mural thrombus identified within AAA lumen forming a 50-60% reduction in luminal diameter. Vessel appears patent, mild calcified disease with good biphasic waveforms, PSV 58cm/s.

RIGHT:

Assessed by David Barrett

Printed on 05/08/2022 at 4:18 pm Checked by _____

CIA: Obscured due to bowel gas.
EIA: Patent, mild calcified disease along its length with good biphasic waveforms, PSV 215-181cm/s.

CFA: Patent, mod calcified disease with good triphasic waveforms, PSV 199cm/s.
PFA: Patent, mod calcified disease at the origin with turbulent triphasic waveforms, PSV 316cm/s.
SFA: Patent, mild calcified disease along its length with good biphasic waveforms, PSV 115-87cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease with good biphasic waveforms, PSV 54-75cm/s. TPT appears patent and mildly calcified with 3 vessel run off noted.

ATA: Patent, calcified vessel walls along its length with good biphasic waveforms at the ankle, PSV 69cm/s.
PTA: Patent, calcified vessel walls along its length with good biphasic waveforms at the ankle, PSV 71cm/s.
PerA: Patent, calcified vessel walls along its length with good biphasic waveforms at the ankle, PSV 25cm/s.

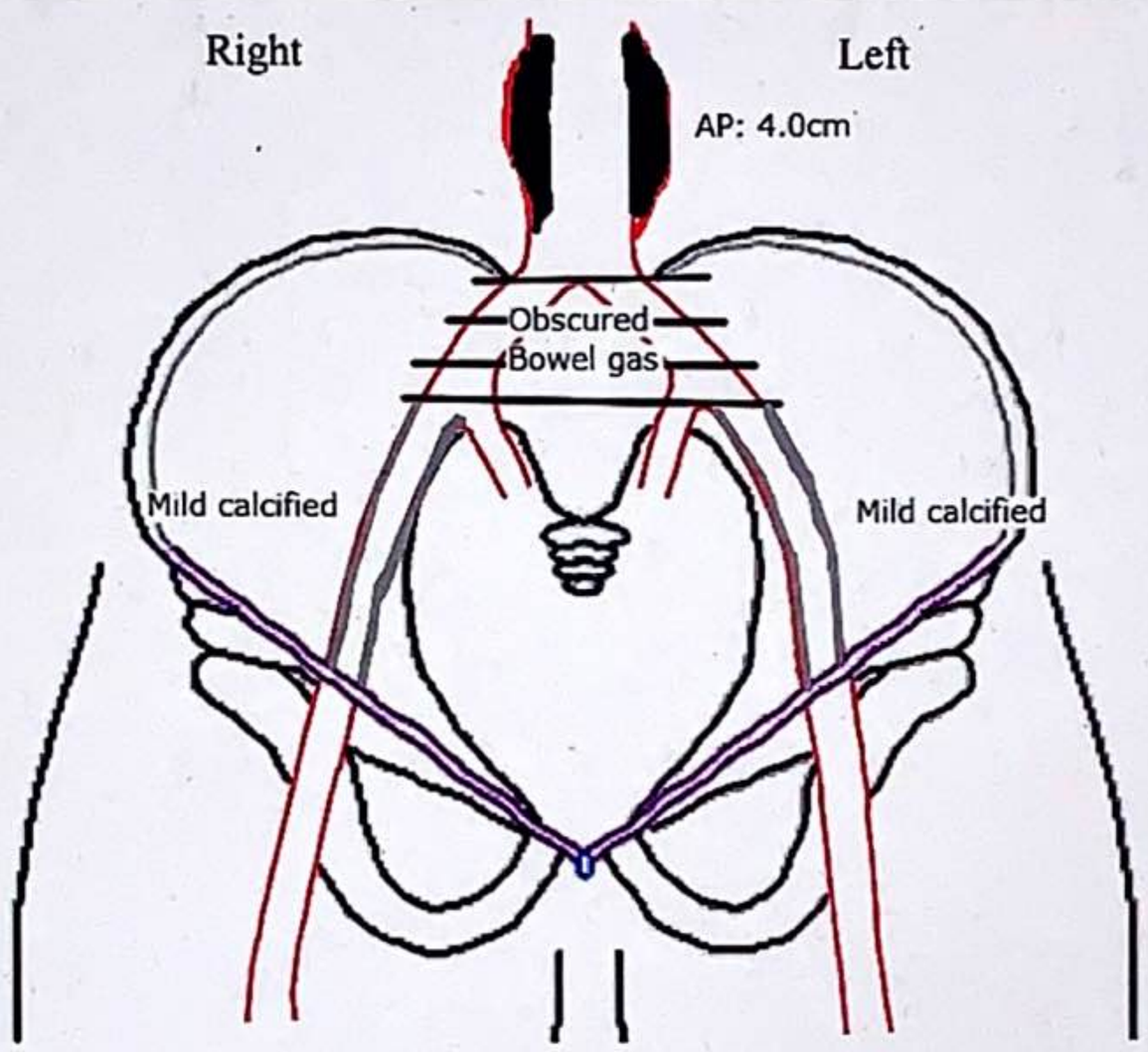
LEFT:

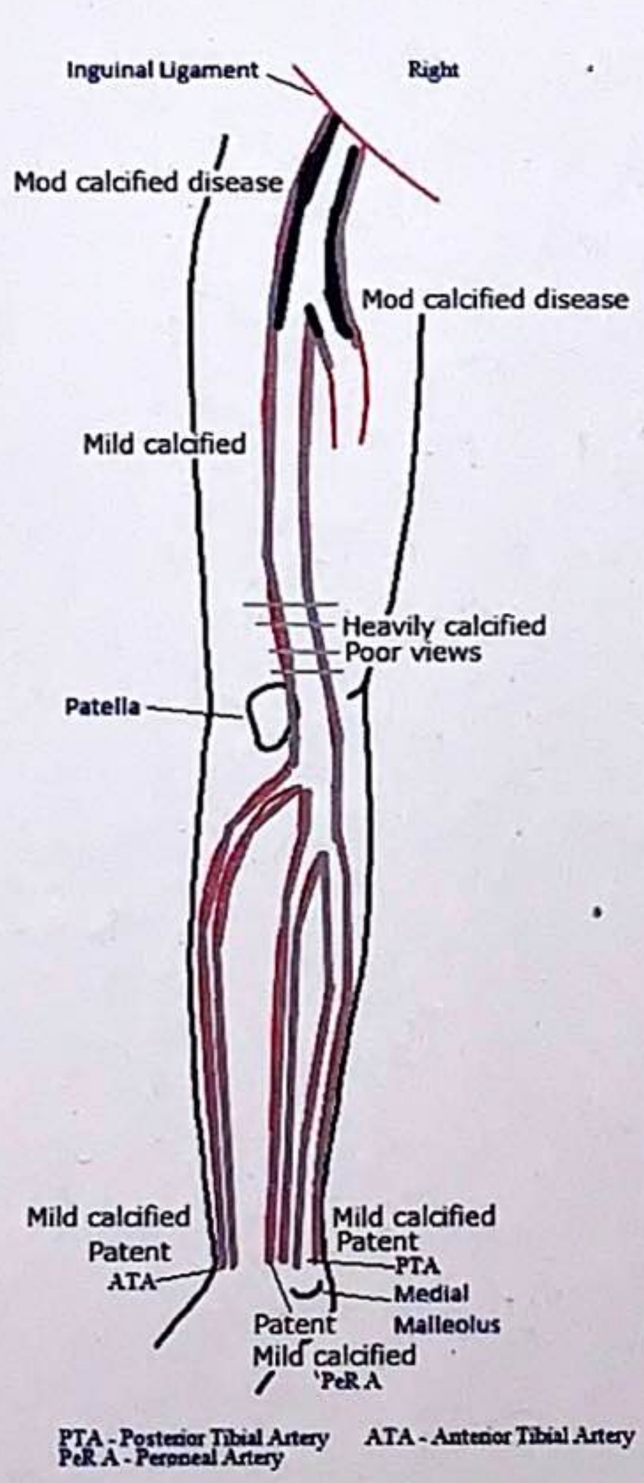
CIA: Obscured due to bowel gas.
EIA: Patent, mild calcified disease with slightly turbulent biphasic waveforms, PSV 173-297cm/s.

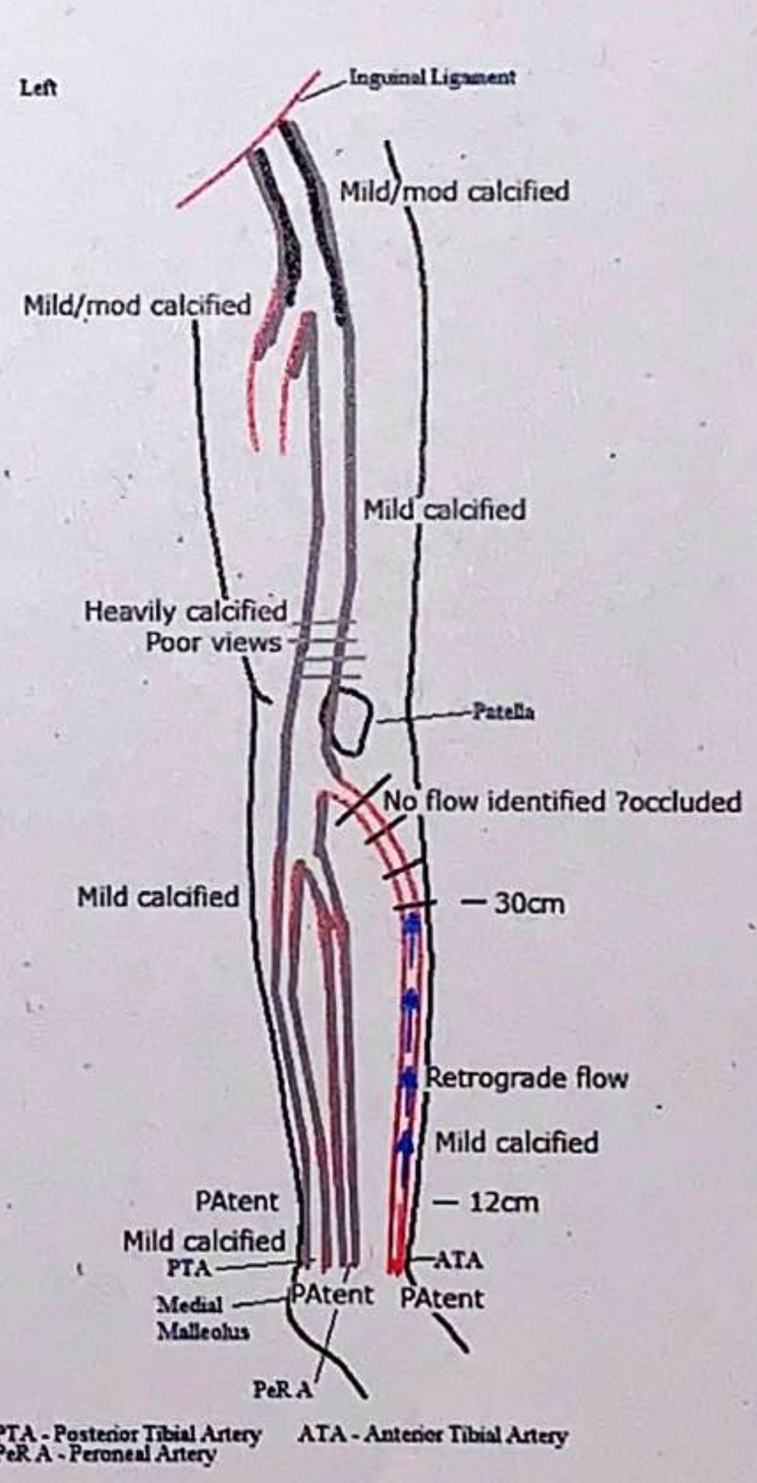
CFA: Patent, mild/mod calcified disease with good biphasic waveforms, PSV 156cm/s.
PFA: Patent, mild/mod calcified disease with good triphasic waveforms, PSV 224cm/s.
SFA: Patent, mild calcified disease along its length with good biphasic waveforms PSV 151-137cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along its length with good biphasic waveforms, PSV 63-53cm/s. TPT appears patent and mildly calcified disease, 2 vessel run off noted. ATA run off poorly visualised ?patency.
ATA: Poorly visualised proximally with no flow identified, ?occluded. Retrograde flow noted in mid-distal vessel supplied via collateral branch (12cm from MM). Antegrade flow returns at the ankle. Calcified vessel walls along its length, weak monophasic waveforms at the ankle, PSV 22cm/s.
PTA: Patent, calcified vessel walls along its length with good biphasic waveforms at the ankle, PSV 92cm/s.
PerA: Patent, calcified vessel walls along its length with good biphasic waveforms at the ankle, PSV 41cm/s.

ABPI: Resting ABPIs are within normal limits bilaterally.
Significant reduction noted in right ABPI following 1 minute foot flex exercise test.
No change in left ABPI following 1 minute foot flex exercise test.

Significant disease indicated due to reduction in right ABPI following exercise test ?significant common iliac disease - suggest further imaging for clinical correlation.





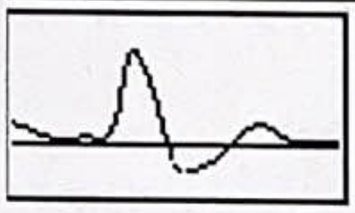
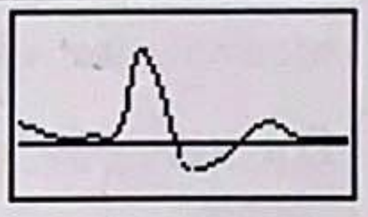
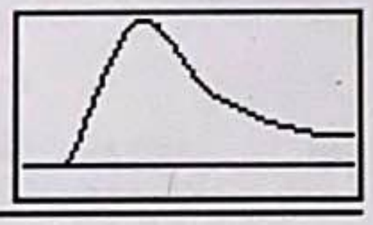
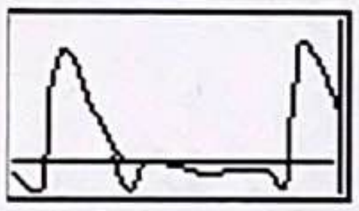
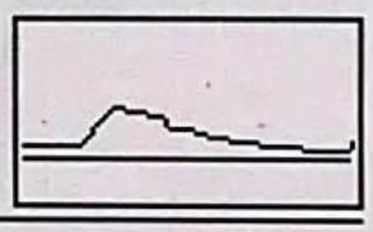


Assessed by David Barrett

Printed on 05/08/2022 at 4:18 pm Checked by _____

Reason Ulceration

Outcome Stenosis Severe, Signficant disease indicated

Right				Left
	140	1.00	**Brachial**	
	Good		**Common Femoral**	Good 
			High Thigh	
			Low Thigh	
			Popiteal	Turbulent 
	Good		**Anterior Tibial**	Reduced 
	168	1.20		112 0.80
	Good		**Posterior Tibial**	Reduced 
			Dorsalis Pedis	
			Toe Pressure	
			Post Exercise	

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

AORTA: Normal and uniform calibre with maximum inner-inner AP dimensions: TS plane - 1.48cm. Vessel appears mildly calcified with good biphasic waveforms, PSV 77cm/s.
CIA: Widely patent, good triphasic waveforms, PSV 105cm/s.
EIA: Widely patent, good triphasic waveforms, PSV 125cm/s.

CFA: Patent, mild disease with good triphasic waveforms, PSV 141cm/s.

Assessed by David Barrett

Printed on 05/08/2022 at 4:22 pm Checked by _____

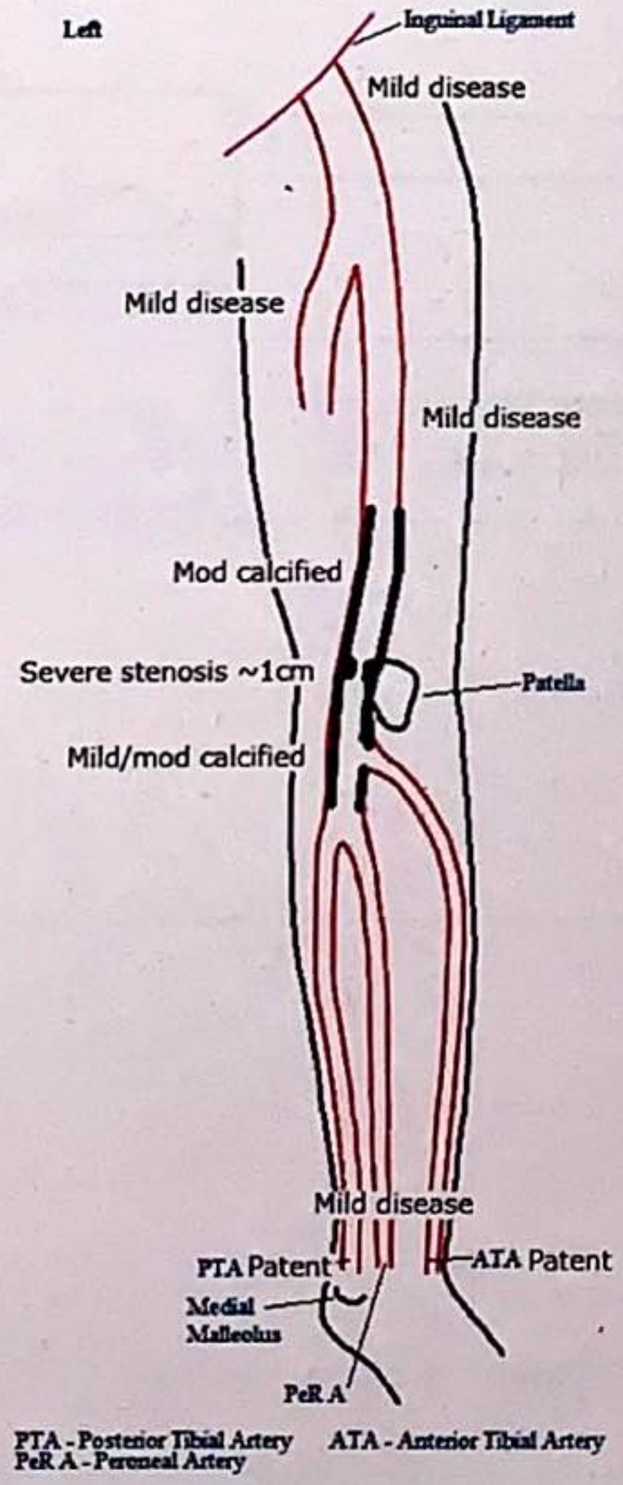
PFA: Patent, mild disease with good biphasic waveforms, PSV 67cm/s.
SFA: Patent prox-mid vessel with mild disease, good triphasic waveforms, PSV 64-67cm/s. Mild/mod calcified disease noted distally with good triphasic waveforms, PSV 67cm/s. Very distal vessel was poorly visualised due to acoustic shadowing however where seen severe stenosis identified distal SFA/Prox POPA at level of adductor canal, measuring ~1cm, velocities increasing from PSV 106cm/s to PSV +766cm/s, turbulent monophasic flow.
POPA: Patent, mild/mod calcified disease with reduced monophasic waveforms, PSV 44-72cm/s. TPT appears patent with 3 vessel run off.

ATA: Patent, mild calcified disease along length, reduced monophasic waveforms at the ankle, PSV 28cm/s.
PTA: Patent, mild calcified disease along length, reduced monophasic waveforms at the ankle, PSV 42cm/s.

ABPIs:
Right resting ABPI within normal limits.
Left resting ABPI is slightly reduced.

CONCLUSION: Evidence of severe left lower limb arterial disease.

Suggest vascular surgical opinion.



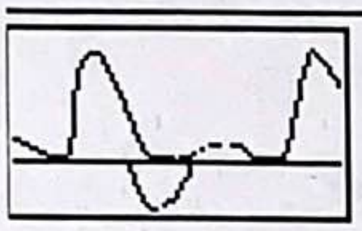
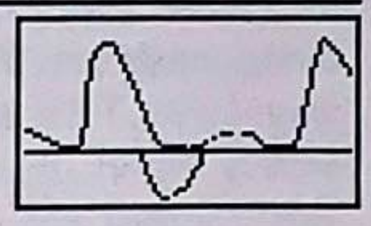
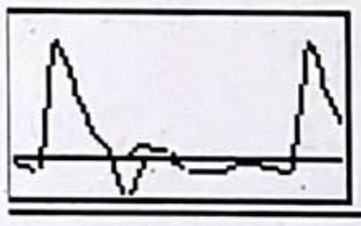
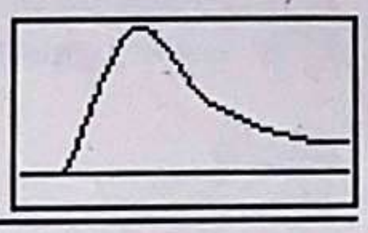
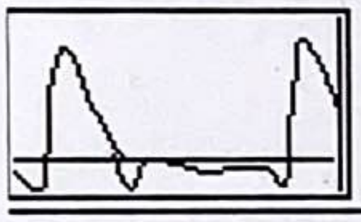
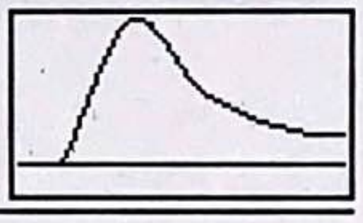
Assessed by David Barrett

Printed on 05/08/2022 at 4:22 pm

Checked by _____

Reason Routine, Ulceration

Outcome Stenosis Severe, Signficant disease indicated

Right				Left	
	140	1.00	**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Good		**Popiteal**	Slightly Reduced	
			High Calf		
			Peroneal		
	Absent		**Anterior Tibial**	Reduced	
				68 0.49	
	Good		**Posterior Tibial**	Slightly Reduced	
	138 0.99				
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Normal and uniform calibre with maximum inner-inner AP dimensions: TS - 1.58cm / LS - 1.52cm.
Vessel appears mildly calcified with good triphasic waveforms, PSV 121cm/s.

CIA: Patent with mild disease along length, good triphasic waveforms, PSV 209cm/s.
EIA: Patent with mild disease along length, good triphasic waveforms, PSV 298cm/s.

Assessed by David Barrett

Printed on 05/08/2022 at 4:24 pm Checked by _____

CFA: Patent, mild calcified disease with good triphasic waveforms, PSV 122cm/s.
PFA: Widely patent, good bouncy monophasic waveforms, PSV 198cm/s.
SFA: Mild/mod stenosis noted at origin measuring ~1.6cm, slightly reduced monophasic waveforms, PSV 92cm/s. Mild/mod disease noted prox-mid vessel with slightly reduced monophasic waveforms, PSV 110cm/s. Severe stenosis of mixed echogenicity noted in mid-distal vessel (68cm from MM) measuring ~0.93cm, velocities increasing from PSV 110cm/s to PSV 662cm/s. There is a further mod stenosis of mixed and echolucent ?soft plaque noted distally (65cm from MM) measuring ~1.2cm, turbulent monophasic waveforms, PSV 177cm/s. Mild disease noted in very distal vessel, reduced monophasic waveforms, PSV 89cm/s. Patent through adductor canal.
POPA: Patent, mild disease along length with slightly reduced monophasic waveforms, PSV 76-92cm/s.
TPT appears patent with 3 vessel run off.

ATA: Widely patent along length with reduced monophasic waveforms at the ankle, PSV 51cm/s.
PTA: Widely patent along length with slightly reduced monophasic waveforms at the ankle, PSV 143cm/s.

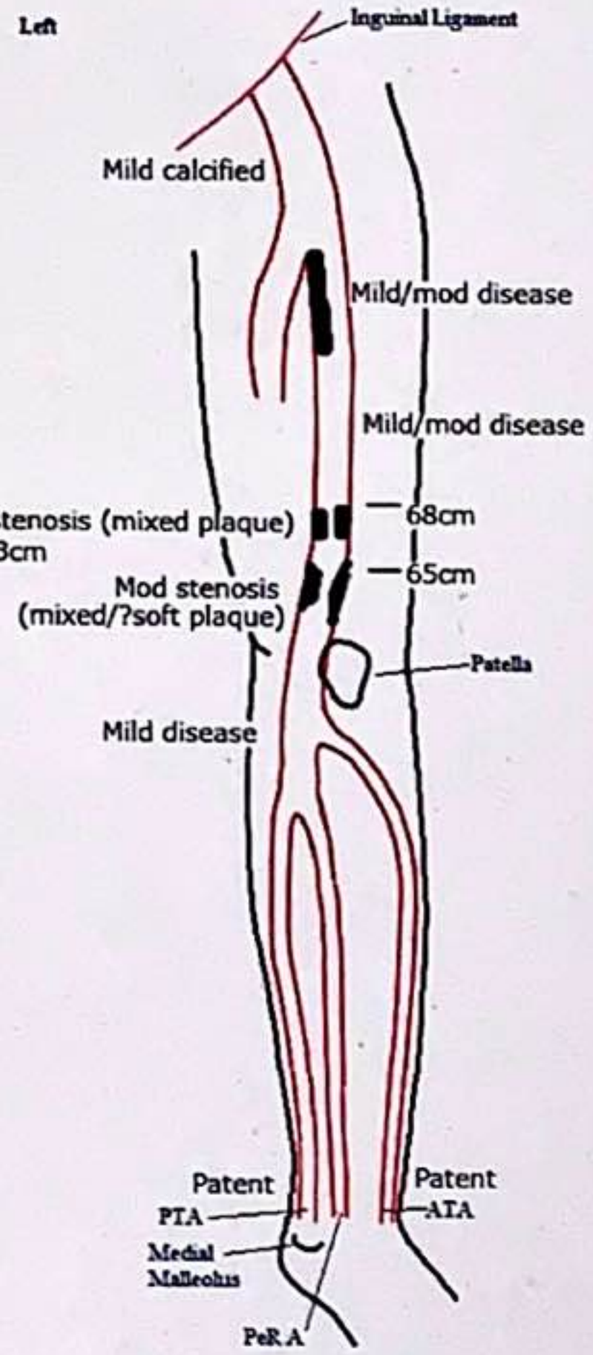
RIGHT
CFA: Patent, mild calcified disease with good biphasic waveforms, PSV 165cm/s.
ATA: Retrograde flow noted distally, supplied by collateral vessel. No flow noted at the ankle ?occluded.
PTA: Widely patent, good biphasic waveforms at the ankle, PSV 70cm/s.

ABPI:
Right resting ABPI within normal limits.
Left resting ABPI is significantly reduced.

Conclusion: Evidence of severe left lower limb arterial disease.

SUGGEST VASCULAR SURGICAL OPINION.

Assessed by David Barrett
Printed on 05/08/2022 at 4:24 pm Checked by _____



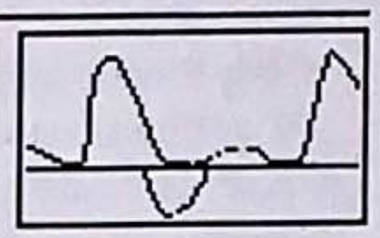
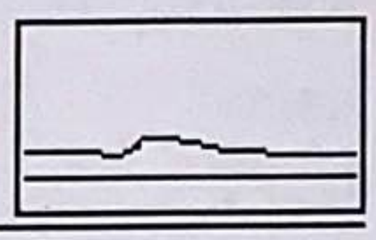
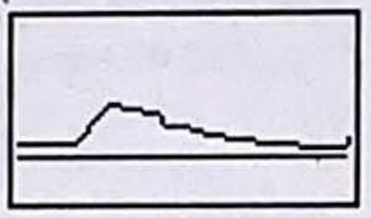
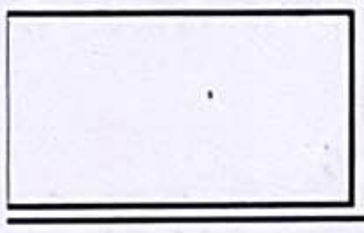
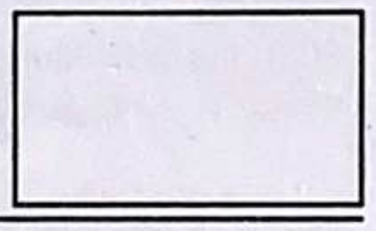
PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery

Assessed by David Barrett

Printed on 05/08/2022 at 4:24 pm Checked by _____

Reason Routine

Outcome disease severe, Occlusion, Calcified

Right				Left	
	110	1.00	**Brachial**		
	Good		**Common Femoral**	Good	
			High Thigh		
			Low Thigh		
	Weak		**Popiteal**	Weak	
			High Calf		
			Peroneal		
	Reduced		**Anterior Tibial**	Reduced	
	54	0.49		60	0.55
	Absent		**Posterior Tibial**	Absent	
			Dorsalis Pedis		
			Toe Pressure		
			Post Exercise		

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN
*Challenging assessment due to patient pain and movement.

AORTA/CIA/EIA: Not assessed due to patient discomfort with pressure.

RIGHT

Assessed by David Barrett

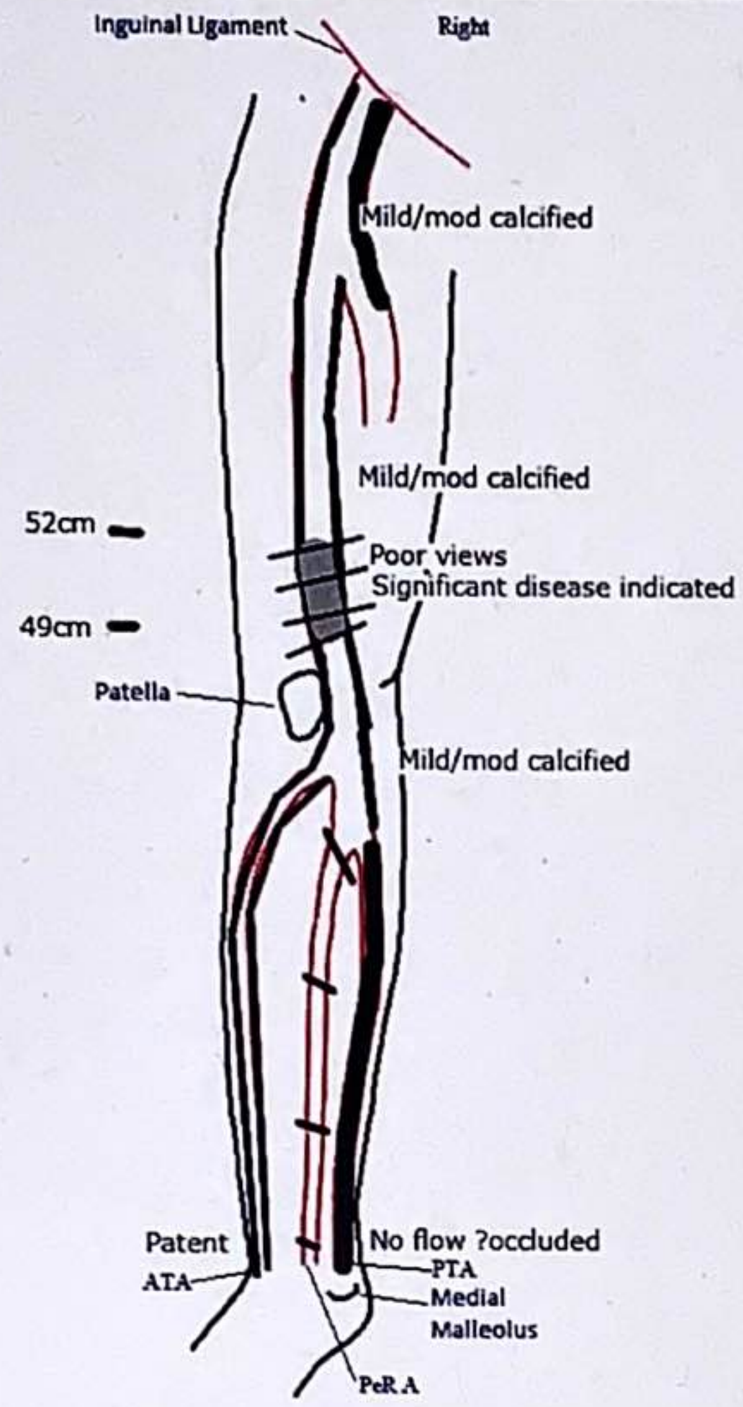
Printed on 05/08/2022 at 4:25 pm Checked by _____

CFA: Patent, mild/mod calcified disease with good triphasic waveforms, PSV 134cm/s.
PFA: Patent, mild/mod calcified disease with good triphasic waveforms, PSV 118cm/s.
SFA: Patent in the prox-mid vessel with mild/mod diffuse calcified disease, good bouncy monophasic waveforms PSV 79-68cm/s, heavily calcified walls noted along length. Vessel is obscured distally due to heavy calcification (52cm - 49cm from MM) with slightly turbulent monophasic waveforms changing to slightly reduced monophasic waveforms in very distal vessel, PSV 106-45cm/s. ?significant disease within obscured region.
POPA: Patent with mild/mod calcified disease along length, weak monophasic waveforms PSV 34-41cm/s.
TPT appears patent with 1 vessel run off noted.
ATA: Patent with heavily calcified walls along length, reduced monophasic waveforms at the ankle, PSV 30cm/s.
PTA: No flow identified, ?occluded.
PerA: Poor views due to calcification ?full patency.

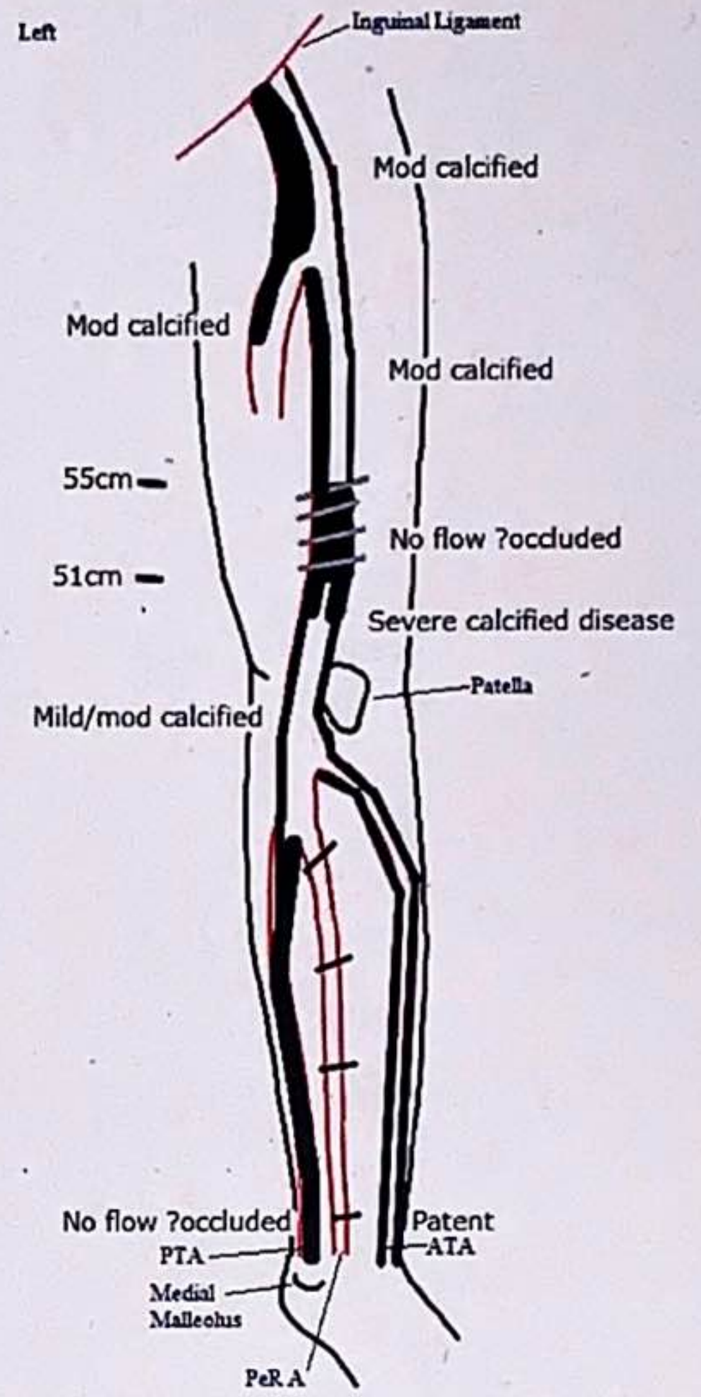
LEFT:

CFA: Patent, mod calcified disease, good triphasic waveforms, PSV 112cm/s.
PFA: Poorly visualised due to acoustic shadowing however origin appears patent with mod calcified disease, turbulent triphasic waveforms, PSV 220cm/s.
SFA: Patent prox-mid vessel with moderate diffuse calcified disease, slightly reduced monophasic waveforms, PSV 61-93cm/s. No flow identified in the mid vessel (55cm from MM) due to heavy calcification ?occluded, vessel appears to reformin mid-distal vessel (51cm from MM) via collateral flow with severe calcified disease, turbulent monophasic waveforms, PSV 367cm/s. Distal vessel is patent with mod calcified disease, reduced monophasic waveforms, PSV 31cm/s.
POPA: Patent, mild/mod calcified disease along its length, weak monophasic waveforms, PSV 39-40cm/s.
ATA: Patent with heavily calcified walls along length, reduced monophasic waveforms at the ankle, PSV 48cm/s.
PTA: No flow identified, ?occluded.
PerA: Poor views due to calcification ?full patency.

ABPI: Resting ABPIs reduced bilaterally.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery



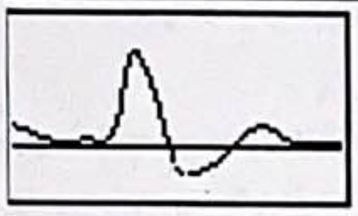
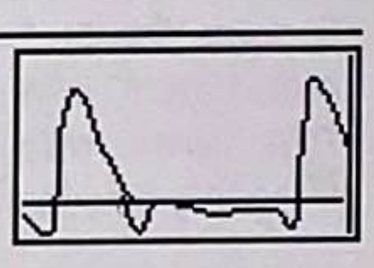
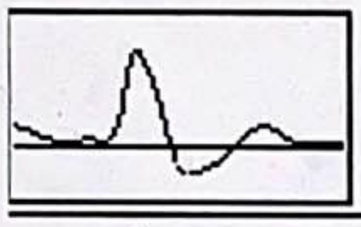
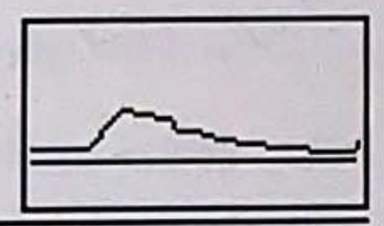
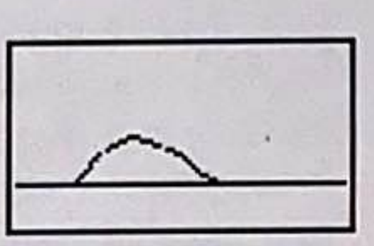
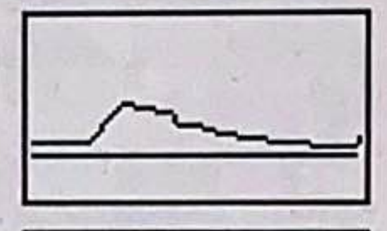
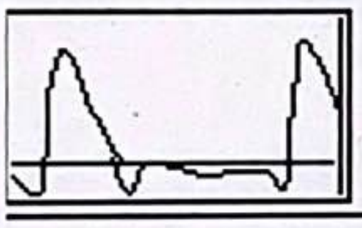
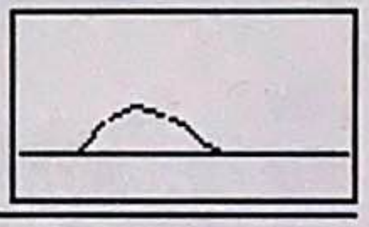
PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery

Assessed by David Barrett

Printed on 05/08/2022 at 4:25 pm Checked by _____

Reason Routine

Outcome disease severe, Calcified, Signficant disease indicated

Right				**Left**	
	100 / 1.00	**Brachial**			
	Good	**Common Femoral**	Turbulent		
		High Thigh			
		Low Thigh			
	Good	**Popiteal**	Reduced		
		High Calf			
	Absent	**Peroneal**	Weak		
	Good 120 / 1.20	**Anterior Tibial**	Reduced 86 / 0.86		
	Good	**Posterior Tibial**	Weak		
		Dorsalis Pedis			
		Toe Pressure			
		Post Exercise			

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Normal and uniform calibre with maximum inner-inner AP dimensions: TS plane: 1.56cm / LS plane: 1.48cm. Patent with mild calcified disease, good triphasic waveforms, PSV 38cm/s.

RIGHT:

CIA/EIA: Poor views, obscured due to bowel gas.

Assessed by David Barrett

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CFA: Patent, mild/mod calcified disease with good triphasic waveforms, PSV 200cm/s.
PFA: Patent, mild calcified disease with good biphasic waveforms, PSV 56cm/s.
SFA: Patent, mild calcified disease along length, good biphasic waveforms, PSV 114-49cm/s. Patent through adductor canal.
POPA: Patent, mild calcified disease along length, good bi/triphasic waveforms, PSV 64-61cm/s. TPT appears patent, 2 vessel run off noted.
ATA: Patent, mild calcified disease along length, good biphasic waveforms at the ankle, PSV 52cm/s.
PTA: Patent, mild calcified disease along length, good biphasic waveforms at the ankle, PSV 85cm/s.
PerA: No flow identified ?patency.

LEFT:

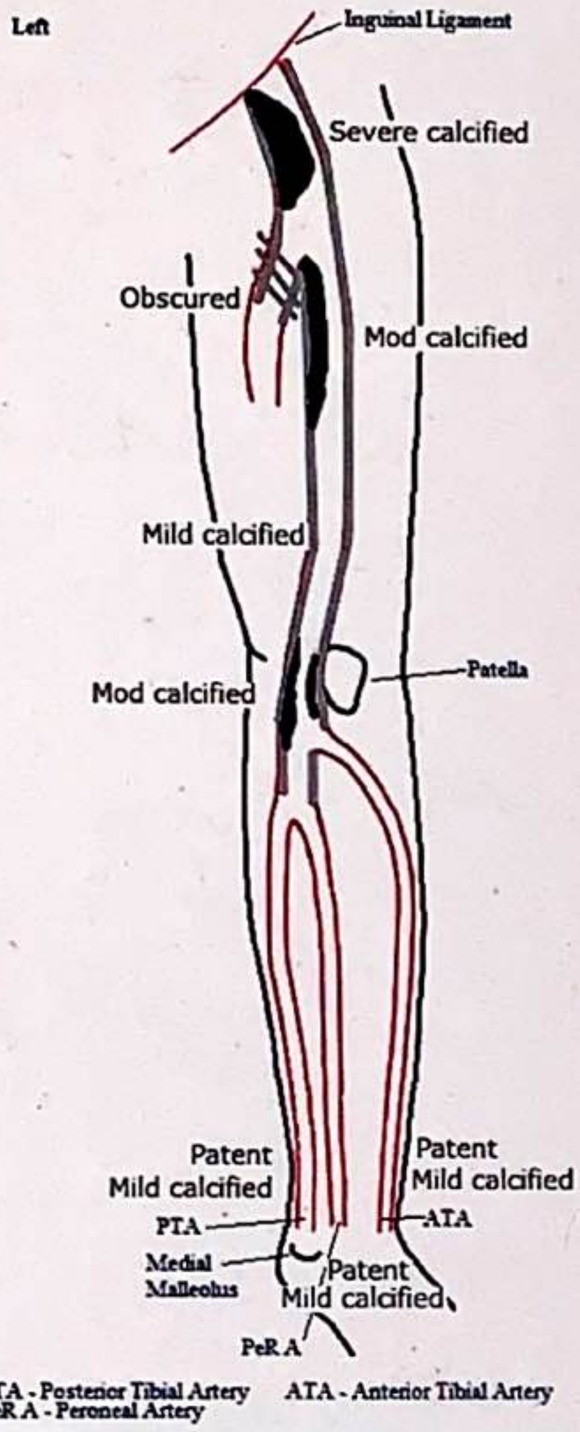
CIA/EIA: Poor views, obscured due to bowel gas.

CFA: Severe calcified disease noted with velocities increasing from PSV 111cm/s to PSV 468cm/s in the mid vessel, turbulent monophasic waveforms.
PFA: Patent, mild calcified disease with reduced monophasic waveforms, PSV 34cm/s.
SFA: Patent, moderate calcified disease proximally with turbulent monophasic waveforms, PSV 285cm/s. Patent in mid-distal vessel with mild calcified disease, slightly reduced biphasic waveforms, PSV 93-65cm/s. Patent through adductor canal.
POPA: Patent with mod calcified disease along length, reduced monophasic waveforms, PSV 40-47cm/s. TPT appears patent with 3 vessel run off.
ATA: Patent, mild calcified disease along length, reduced/weak monophasic waveforms at the ankle, PSV 52-23cm/s.
PTA: Patent, mild calcified disease along length, weak monophasic waveforms at the ankle, PSV 29cm/s.
PerA: Patent, mild calcified disease along length, weak monophasic waveforms at the ankle, PSV 25cm/s.

ABPI:
Right resting ABPI within normal limits.
Left resting ABPI slightly reduced ?accuracy due to calcified calf vessels.

Conclusion: Evidence of significant left lower limb arterial disease.

Suggest vascular surgical opinion.



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery

Assessed by David Barrett

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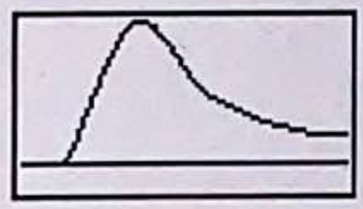
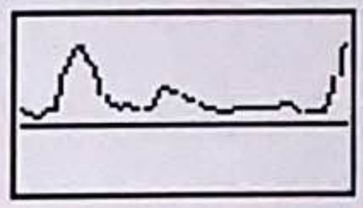
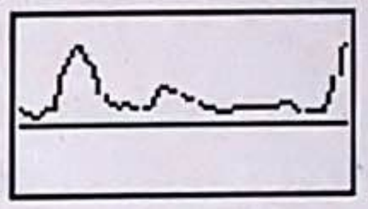
Reason Routine

Outcome Stenosis moderate, Stenosis severe, Significant disease

Right					**Left**
		Brachial	Reduced		
120	1.00		100	0.83	
		Radial	Reduced		
		Ulnar	Reduced		
		Post Exercise			

Notes

LEFT UPPER LIMB ARTERIAL DUPLEX ASSESSMENT

VertA: Open with orthograde flow.
CCA: Widely patent, good monophasic flow, PSV 92cm/s.
SCA: Widely patent along length, good triphasic waveforms, PSV 206-78cm/s.

AxA: Hypoechoic thickening noted in the prox-mid axillary artery forming a mod/severe stenosis with velocities increasing from PSV 103cm/s to PSV 675cm/s, falling to PSV 190cm/s distally.
Distal Axillary and brachial artery appear widely patent with reduced monophasic waveforms , PSV 38-28cm/s.

RadA: Widely patent at the wrist with reduced monophasic waveforms, PSV 21cm/s.
UlnarA: Widely patent at the wrist with reduced monophasic waveforms, PSV 22cm/s.

RIGHT
RadA/UlnarA: Widely patent, good triphasic waveforms at the wrist PSV 66-59cm/s.

Right brachial pressure: 120mmHg.
Left brachial pressure: 100mmHg.

Evidence of left mod/severe axillary stenosis identified from this scan ?due to vasculitis.

Assessed by David Barrett

Printed on 06/08/2022 at 3:31 pm

Checked by _____