

VERIFIED Verified By : Das Rajib Vascular Studies 26-Sep-2022
Typed By : Das Rajib Vascular Studies 26-Sep-2022

Clinical History :

prev right leg fem-pop bypass. CT A shows ? arteriovenous fistula. targeted duplex of the right leg. and Venous scan to rule out DVT. thank you

** Entered by Ordercomms **

Provisional Diagnosis: ? AV fistula. ? DVT

Clinical History :

US Doppler lower limb arteries Rt [RDE26404224] :

There is enhanced velocities seen of the CFA proximal to the proximal anastomosis, PSV 419cm/s, PSVR 2.5, haemodynamically suggestive of 50-74% stenosis.

Flow turbulence and enhanced velocities seen of the PFA at origin, PSV 315cm/s, demonstrated biphasic doppler waveforms.

Proximal anastomosis of the graft is patent; biphasic doppler signals, PSV 138cm/s.

Bypass graft is patent, no significant in-graft stenosis, PSV 65-138cm/s.

Distal anastomosis is also patent, demonstrated biphasic doppler signals, PSV 122cm/s.

Good run off visualised into the distal Pop A; biphasic doppler signals.

ATA and PTA at ankle is patent, showing biphasic doppler waveforms.

Significant stenosis of the CFA, proximal to the proximal anastomosis.

Event Number : E-25877910

Courier :

Examination Date : **26-Sep-2022**

Ref. Source : IQBAL J, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROAD

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 26-Sep-2022
Typed By : Das Rajib Vascular Studies 26-Sep-2022

Clinical History :

RT leg claudication 50 yds , palpable femoral pulse only . monophasic doppler signals

** Entered by Ordercomms **

Provisional Diagnosis: RT leg claudication 50 yds , palpable femoral pulse only .
monophasic doppler signals

Clinical History :

US Doppler lower limb arteries Rt [RDE26361739] :

Arterial system demonstrated extensive calcifications.

There is some heterogenous plaques seen of the CFA, extended into the proximal SFA and origin of PFA.

CFA is patent; triphasic doppler signals seen.

PFA at origin is not visualised due to acoustic shadowing, PFA into the proximal segment is patent.

SFA into origin and proximal segment is poorly seen, which appeared to be significantly diseased, PSV 286cm/s, haemodynamically suggestive of 50-75% stenosis.

Distal SFA is occluded into the adductor canal.

Pop A small calibre, calcified; attenuated monophasic doppler signals, PSV 20-25cm/s, no significant focal stenosis.

TPT is patent, PSV 29cm/s.

Tibial vessels suboptimally seen due to calcinosis.

ATA is patent; 19-25cm/s.

PTA is patent; PSV 27cm/s.

Per A is patent; 19cm/s.

SFA is occluded into the Distal segment.

Result informed and discussed with ~~Mr. Adam~~

Event Number : E-25839844

Courier :

Examination Date : **26-Sep-2022**

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 24-Sep-2022
Typed By : Das Rajib Vascular Studies 24-Sep-2022

Clinical History :

Bi lateral claudication after 4 mins, Rt worse than left , no palpable pulses, absent signals
RT , mono left, heavy smoker

** Entered by Ordercomms **

Provisional Diagnosis: Bi lateral claudication after 4 mins, Rt worse than left , no palpable
pulses, absent signals RT , mono left, heavy smoker

Clinical History :

US Doppler lower limb arteries Lt [RDE26349131] :

Arterial system demonstrated extensive severe calcifications.

CIA, EIA is patent, haemodynamically no significant lesion; tri/biphasic doppler signals.
There is 80-90% of the CFA seen.

PFA at origin is diseased, 50-75% stenosis.

SFA is occluded, flow reconstituted into the distal adductor canal.

Pop A is patent, no significant haemodynamic lesion, PSV 26 cm/s.

TPT is patent, PSV 20 cm/s.

ATA, is patent at ankle; pre occlusive doppler signals, PSV 10cm/s.

DPA is also patent.

Per A is patent at ankle, PSV 16 cm/s.

PTA is severely calcified, PSV 39cm/s.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based
on the clinical information provided on the request or which have not already been
documented based on the available history. This report must be urgently highlighted to a
SENIOR CLINICIAN for appropriate further management.

Result informed to ~~XXXXXXXXXX~~.

Event Number : E-25828500

Courier :

Examination Date : 24-Sep-2022

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 24-Sep-2022

Typed By : Das Rajib Vascular Studies 24-Sep-2022

Clinical History :

pt has bilateral claudication pain, onset around 50 meters.

Monophasic DP and PT bilaterally. Please scan and assess his arterial status.

Thank you

** Entered by Ordercomms **

Provisional Diagnosis: pt has bilateral claudication pain, onset around 50 meters.

Monophasic DP and PT bilaterally. Please scan and assess his arterial status.

Clinical History :

US Doppler lower limb arteries Lt [RDE26349127] :

Atherosclerotic and calcified arterial system.

CFA, PFA at origin, SFA, POP A, TPT is patent, haemodynamically there is no significant lesion seen.

Tibial vessels poorly assessed due to calcinosis.

ATA is mostly occluded, flow reformed at ankle.

DPA is patent.

Per A crosses ankle, PSV 78cm/s.

PTA is patent at ankle, PSV 62cm/s.

ATA is occluded segmentally.

Result informed to ~~Dr. [Signature]~~.

Event Number : E-25828496

Courier :

Examination Date : **24-Sep-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 24-Sep-2022
Typed By : Das Rajib Vascular Studies 24-Sep-2022

Clinical History :

bilateral calf claudication 100 yards. type 2 DM, IHD, ?PAD

** Entered by Ordercomms **

Provisional Diagnosis: bilateral calf claudication 100 yards. type 2 DM, IHD, ?PAD

Clinical History :

US Doppler lower limb arteries Lt [RDE26361720] :

CFA, PFA at origin and SFA is patent, demonstrated strong biphasic doppler signals.

P3 segment of the Popliteal artery demonstrated moderate stenosis.

TPT is patent; biphasic doppler signals.

Per A is patent proximal - mid segment, which is suboptimally seen into the distal segment, appeared to be patent.

ATA crosses ankle; demonstrated biphasic doppler signals, PSV 77cm/s.

No flow seen into the distal PTA, in keeping with the occlusion.

Moderate stenosis of the P3.

PTA is occluded ?

US Doppler lower limb arteries Rt [RDE26361721] :

CFA, PFA at origin and SFA is patent, demonstrated strong biphasic doppler signals.

Mid Popliteal artery showed ~50% narrowing, which seems to be not flow limiting, distal

Popliteal artery is patent, demonstrated biphasic doppler signals.

TPT is patent.

ATA, PTA, PER A at ankle is also patent, demonstrate biphasic doppler waveforms.

Moderate stenosis of the P2 segment.

Event Number : E-25839830

Courier :

Examination Date : **24-Sep-2022**

Ref. Source : AHMAD, I, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER RO

Examinations : **US Doppler lower limb arteries Lt, US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 24-Sep-2022
Typed By : Das Rajib Vascular Studies 24-Sep-2022

Clinical History :

Bi lateral claudication after 4 mins, Rt worse than left , no palpable pulses, absent signals
RT , mono left, heavy smoker

** Entered by Ordercomms **

Provisional Diagnosis: Bi lateral claudication after 4 mins, Rt worse than left , no palpable
pulses, absent signals RT , mono left, heavy smoker

Clinical History :

US Doppler lower limb arteries Rt [RDE26349130] :

Arterial system demonstrated extensive severe calcifications.

CIA is patent, haemodynamically no significant lesion.

EIA is occluded.

CFA is occluded.

SFA is occluded, flow reconstituted into the distal adductor canal.

Pop A is patent, no significant haemodynamic lesion, PSV 23cm/s.

TPT is patent, PSV 23cm/s.


PTA, ATA, is patent at ankle; pre occlusive doppler signals, PSV 12cm/s.

DPA is also patent.

Per A is patent at ankle, PSV 9.0cm/s.

***** URGENT *****

The above report contains URGENT clinical findings which are either unexpected based
on the clinical information provided on the request or which have not already been
documented based on the available history. This report must be urgently highlighted to a
SENIOR CLINICIAN for appropriate further management.

Result informed to 

Event Number : E-25828499

Courier :

Examination Date : **24-Sep-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 24-Sep-2022
Typed By : Das Rajib Vascular Studies 24-Sep-2022

Clinical History :

pt has bilateral claudication pain, onset around 50 meters.
Monophasic DP and PT bilaterally. Please scan and assess his arterial status.
Thank you

** Entered by Ordercomms **

Provisional Diagnosis: pt has bilateral claudication pain, onset around 50 meters.
Monophasic DP and PT bilaterally. Please scan and assess his arterial status.

Clinical History :

US Doppler lower limb arteries Rt [RDE26349126] :

Calcified and atherosclerotic arterial system.

CFA, PFA is patent; demonstrated triphasic doppler signals.
Proximal SFA is patent.
A short segment, ~3cm long of the mid SFA is occluded, rest of the vessel is patent.
Distal SFA is patent, demonstrated attenuated monophasic doppler signals, PSV 57cm/s.
Popliteal artery is patent, haemodynamically there is no significant lesion.
TPT is patent, PSV 69cm/s.
Per A crosses ankle, PSV 34cm/s.
PTA is patent at ankle, PSV 37cm/s.
ATA and DPA is occluded.

**

SFA is segmentally occluded.
ATA and DPA is occluded.

Result informed to ~~Dr. Rajib Das~~.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-25828495

Courier :

Examination Date : **24-Sep-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022
Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

65F - right CLTI with dusky toes. As per discussion with Hyrin, patient coming in to SAU at 10am. Many thanks.

** Entered by Ordercomms **

Provisional Diagnosis: Right CLI

Clinical History :

US Doppler lower limb arteries Rt [RDE26388515] :

Aorta is patent, PSV 24cm/s.

CIA suboptimally visualised, which seems to be patent.

EIA is patent; attenuated monophasic doppler signals, PSV 27cm/s.

CFA is patent; attenuated monophasic doppler signals, PSV 20cm/s.

PFA is patent; attenuated monophasic doppler signals, PSV 20cm/s.

SFA is patent; attenuated monophasic doppler signals, PSV 16-22cm/s.

Pop A is patent; attenuated monophasic doppler signals, PSV 21-23cm/s.

PTA is occluded.

Per A is mostly occluded, a short segment reconstituted into the distal segment.

ATA is patent at ankle, PSV 34cm/s.

Result discussed with ~~Dr. Hyrin~~

Event Number : E-25863825

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : CIOBOTARU S, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNE

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 21-Sep-2022

Typed By : Das Rajib Vascular Studies 21-Sep-2022

Clinical History :

76 M Day one post LEFT Embolectomy, CIA & pop angioplasty

Pt c/o pain RIGHT midfoot, movement and sensation intact

O/E = Good femoral pulse, absent popliteal and pedal pulse

Toes and forefoot cold

For Urgent US arteries R Lower limb

Imp ? Trashing R leg

** Entered by Ordercomms **

Provisional Diagnosis: ? Trashing R foot

Clinical History :

US Doppler lower limb arteries Rt [RDE26400838] :

CFA, PFA at origin is patent; triphasic doppler signals seen.

Proximal SFA is patent; demonstrated high resistance doppler signals; mid to distal SFA is occluded; flow reformed into the adductor canal.

Popliteal artery is patent; attenuated dampened monophasic doppler signals.

PTA is patent, pre occlusive doppler signals seen, appeared to be due to the proximal occlusion/ insufficient flow.

ATA is chronically occluded from mid to distal segment.

No flow detected into the distal Per A.

Mid-distal SFA is occluded.

Event Number : E-25874872

Courier :

Examination Date : **21-Sep-2022**

Ref. Source : THOMPSON-REIL COLETTE, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSP

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 16-Sep-2022
Typed By : Das Rajib Vascular Studies 16-Sep-2022

Clinical History :

legs discomfort, swelling, difficulty walking. low ABPIs.
for venous and arterial duplex scans both legs please. ?vascular insufficiency. uses
wheel chair.

** Entered by Ordercomms **

Provisional Diagnosis: legs discomfort, swelling, difficulty walking. low ABPIs.
for venous and arterial duplex scans both legs please. ?vascular insufficiency.

Clinical History :

US Doppler lower limb arteries Lt [RDE26355549] :

CFA, PFA at origin, SFA, POp A, ATA, PTA, PER A is patent, demonstrated tri/biphasic
doppler signals.
Haemodynamically there is no significant lesion.

US Doppler lower limb arteries Rt [RDE26358853] :

CFA, PFA at origin is patent, demonstrated triphasic doppler signal and normal
velocities.
SFA is patent, demonstrated monophasic doppler signals, PSV 62-73cm/s.
A short segment of proximal Popliteal is occluded, length of the occlusion measures 1.7
cm. mid to distal Pop A is patent.
TPT is patent.
PTA severely calcified, is patent patent, PSV 27cm/s.
ATA is patent at ankle, PSV 42cm/s.
Per A is also patent, PSV 25cm/s.

Proximal Popliteal artery is occluded.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based
on the clinical information provided on the request or which have not already been
documented based on the available history. This report must be urgently highlighted to a

Event Number : E-25834261

Courier :

Examination Date : 16-Sep-2022

Ref. Source : AHMAD, I, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER RO

Examinations : **US Doppler lower limb arteries Lt, US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 16-Sep-2022
Typed By : Das Rajib Vascular Studies 16-Sep-2022

Clinical History :

legs discomfort, swelling, difficulty walking. low ABPIs.
for venous and arterial duplex scans both legs please. ?vascular insufficiency. uses wheel chair.

** Entered by Ordercomms **

Provisional Diagnosis: legs discomfort, swelling, difficulty walking. low ABPIs.
for venous and arterial duplex scans both legs please. ?vascular insufficiency.

Clinical History :

US Doppler lower limb arteries Lt [RDE26355549] :

CFA, PFA at origin, SFA, POp A, ATA, PTA, PER A is patent, demonstrated tri/biphasic doppler signals.

Haemodynamically there is no significant lesion.

US Doppler lower limb arteries Rt [RDE26358853] :

CFA, PFA at origin is patent, demonstrated triphasic doppler signal and normal velocities.

SFA is patent, demonstrated monophasic doppler signals, PSV 62-73cm/s.

A short segment of proximal Popliteal is occluded, length of the occlusion measures 1.7 cm. mid to distal Pop A is patent.

TPT is patent.

PTA severely calcified, is patent patent, PSV 27cm/s.

ATA is patent at ankle, PSV 42cm/s.

Per A is also patent, PSV 25cm/s.

Proximal Popliteal artery is occluded.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a

Event Number : E-25834261

Courier :

Examination Date : **16-Sep-2022**

Ref. Source : AHMAD, I, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER RO

Examinations : **US Doppler lower limb arteries Lt, US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 15-Sep-2022
Typed By : Das Rajib Vascular Studies 15-Sep-2022

Clinical History :

known extensive PVD , planned back in Mar 22 for CFAE/ ilac stenting and fem pop ,
now attended CLI with numb left foot , beurgers positive, unable to obtain toe pressure/
no doppler signals
update scan

** Entered by Ordercomms **

Provisional Diagnosis: known extensive PVD , planned back in Mar 22 for CFAE/ ilac
stenting and fem pop , now attended CLI with numb left foot , beurgers positive, unable
to obtain toe pressure/ no doppler signals
update

Clinical History :

US Doppler lower limb arteries Lt [RDE26396377] :

EIA, CFA, SFA is completely occluded.

Unable to assess PFA.

Flow reformed into Popliteal artery by collaterals, patent, showing non pulsatile doppler
signals, PSV 21-30cm/s.

Per A is patent at ankle, no pulsatile doppler signals, PSV 23cm/s.

ATA is patent at ankle, no pulsatile doppler signals, PSV 15cm/s.

PTA is occluded.

DPA is patent, PSV 21cm/s.

Event Number : E-25870883

Courier :

Examination Date : **15-Sep-2022**

Ref. Source : VRIENS BIANCA, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT HOSPITAL, TOW

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 15-Sep-2022
Typed By : Das Rajib Vascular Studies 15-Sep-2022

Clinical History :

70M with left forefoot discolouration following traumatic injury 10 days ago. Clinically ischameic forefoot, no pedal pulse. Good popliteal pulse. Duplex to assess crural and pedal vessels please.

**** Entered by Ordercomms ****

Provisional Diagnosis: LEFT FOOT ISCHAEMIA

Clinical History :

US Doppler lower limb arteries Lt [RDE26396054] :

Mid to distal Popliteal artery demonstrated moderate to severe atherosclerotic disease, which is patent distally.

No flow detected into the proximal TP, which seems to be occluded? distal TP is patent.

ATA demonstrated multilevel segmental occlusions, flow reformed at ankle, PSV 11cm/s.

DPA is patent, demonstrated pre occlusive doppler waveforms, PSV 7.0cm/s.

PTA seems to have moderate narrowing into the mid segment, which is patent at ankle, PSV 17cm/s.

MPA is patent, PSV 13cm/s.

Per A demonstrated multilevel narrowing, patent at ankle, PSV 29cm/s.

Event Number : E-25870595

Courier :

Examination Date : **15-Sep-2022**

Ref. Source : S CHOKSY, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 12-Sep-2022
Typed By : Das Rajib Vascular Studies 12-Sep-2022

Clinical History :

fem fem x over, left fem pop (composite sequential bottom occluded)
left popliteal stent

** Entered by Ordercomms **

Provisional Diagnosis: fem fem x over, left fem pop (composite sequential bottom occluded)
left popliteal stent

Clinical History :

US Doppler lower limb arteries Lt [RDE26352646] :

Rt EIA suboptimally visualised, which is patent with strong biphasic doppler signals, PSV (168-217)cm/s, No significant stenosis.

Rt CFA/X- over graft anastomosis shows some atheroma, patent with strong biphasic doppler waveforms, PSV 228 cm/s.

Fem-fem X over graft is patent with bi/triphasic doppler signals, PSV (56-90)cm/s, no in-graft stenosis.

Distal anastomosis is patent with triphasic doppler signals, PSV 56cm/s.

Tortous Left Fem-Pop synthetic graft is patent, PSV (63-72)cm/s, no significant in-graft stenosis.

Both Proximal and distal anastomosis shows good patency, doppler waveforms strong biphasic.

Popliteal artery is patent, demonstrated strong biphasic doppler signals, PSV 59-134cm/s.

Tibial vessel suboptimally assessed due to calcinosis.

Per A is patent into the Proximal segment, beyond is occluded.

ATA is not assessed into the proximal and mid segment, which is patent at ankle, waveforms biphasic, PSV 34cm/s.

PTA is not assessed into the proximal and mid segment, patent at ankle, PSV 44cm/s.

No detectable significant stenosis of the grafts.

Event Number : E-25831683

Courier :

Examination Date : **12-Sep-2022**

Ref. Source : S CHOKSY, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 09-Sep-2022
Typed By : Das Rajib Vascular Studies 09-Sep-2022

Clinical History :

Poor mobility ; claudication pain and weakness rt. leg after walking short distances ; ex - smoker - ? peripheral vascular disease

** Entered by Ordercomms **

Provisional Diagnosis: Peripheral vascular disease / TAO

Clinical History :

US Doppler lower limb arteries Rt [RDE26337169] :

Atherosclerotic and calcified arterial system.

CFA, PFA at origin, SFA, POp A, ATA, PER A is patent, demonstrated bi/triphasic doppler signals.

PTA is poorly assessed into the proximal-mid segment, which is patent at ankle, showing biphasic doppler signals.

Event Number : E-25817763

Courier :

Examination Date : **09-Sep-2022**

Ref. Source : PILLAI A, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT HOSPITAL, TOWER ROAD

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 07-Sep-2022
Typed By : Das Rajib Vascular Studies 07-Sep-2022

Clinical History :

87F L CFA + Popliteal angioplasty
Urgent as patient has painful ulcer
Left ft has active OM

** Entered by Ordercomms **

Provisional Diagnosis: ? Om L foot, poor healing L ft ulcer

Clinical History :

US Doppler lower limb arteries Lt [RDE26388002] :

Limited scan due to patent body habitus.

Popliteal artery is patent, demonstrate monophasic doppler signals, PSV 86-134cm/s.

ATA crosses ankle, monophasic doppler signals seen, PSV 59-89cm/s.

DPA is also patent, PSV 60cm/s.

PTA is occluded into the proximal to mid shin, flow reconstituted via collaterals at ankle, PSV 17cm/s.

Event Number : E-25863370

Courier :

Examination Date : **07-Sep-2022**

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 07-Sep-2022
Typed By : Das Rajib Vascular Studies 07-Sep-2022

Clinical History :

Lt leg CLI , deteriorating foot wounds, SFA/Pop angioplasty 12/05/22 ? needs further intervention . discussed with april

** Entered by Ordercomms **

Provisional Diagnosis: Lt leg CLI , deteriorating foot wounds, SFA/Pop angioplasty 12/05/22 ? needs further intervention . discussed with april

Clinical History :

US Doppler lower limb arteries Lt [RDE26387245] :

Diseased/small calibre CFA, patent, demonstrated pulsatile doppler signals, PSV 142cm/s, no significant stenosis.

PFA poorly assessed, which is patent.

SFA diffusely diseased, demonstrated multilevel significant stenosis, Proximal > 75% (PSVR >5) and mid segment >75% (PSVR >5), patent into the distal segment at adductor canal, PSV 76cm/s.

Popliteal artery is patent, attenuated monophasic doppler signals, PSV 37cm/s - 74cm/s.

TPT suboptimally seen, which seems to be patent.

PER A crosses ankle, PSV 22cm/s.

ATA crosses ankle, PSV 30cm/s.

PTA is also patent at ankle, PSV 41cm/s.

Multilevel significant SFA stenosis.

Result discussed with ~~Dr. Rajib Das~~

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-25862676

Courier :

Examination Date : 07-Sep-2022

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 07-Sep-2022
Typed By : Das Rajib Vascular Studies 07-Sep-2022

Clinical History :

43 year old male, admitted with wernicke's encephalopathy. Known background of ALD and alcohol dependence. Prolonged admission with immobility. Developed pulmonary embolism this admission, started on anticoagulation 6 days ago. Over last few days, sudden onset painful swelling of lower limbs bilaterally, shiny, weak pulses. Swelling not responding to furosemide or spironolactone. ECHO normal. US doppler lower limbs ? acute limb ischaemia

** Entered by Ordercomms **

Provisional Diagnosis: acute limb ischaemia

Clinical History :

US Doppler lower limb arteries Both [RDE26388523] :

CFA, PFA at origin, SFA, POp A, ATA, PTA, PER A is patent bilaterally, demonstrated triphasic doppler signals.

There is no sonographic evidence of any arterial PVD.

Event Number : E-25863833

Courier :

Examination Date : **07-Sep-2022**

Ref. Source : GOODING IAN ROBERT, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL

Examinations : **US Doppler lower limb arteries Both**

VERIFIED Verified By : Das Rajib Vascular Studies 03-Sep-2022
Typed By : Das Rajib Vascular Studies 03-Sep-2022

Clinical History :

Right leg iliac/SFA and popliteal angioplasty summer 2021 - now recurrent symptoms - check right leg arterial system and ABPI.

** Entered by Ordercomms **

Provisional Diagnosis: Recurrent right leg PVD
Dr Sinha asked for the clinic letters to be checked before scanning
) on 29-Jul-2022 at 10:36) **Clinical History :**

US Doppler lower limb arteries Rt [RDE26330793] :

CFA, PFA at origin patent, showing normal tri/biphasic doppler signals.

A short segment, ~2cm long of mid SFA shows no colour flow or doppler signals, which seems to be occluded, however there is no difference between the doppler waveforms(biphasic) of the proximal and distal SFA, rest of the vessel is patent, demonstrated strong biphasic doppler signals.

Pop A is patent, demonstrated strong biphasic doppler signals, no significant stenosis.

TPT, ATA and Per A showed tri/biphasic doppler signals.

PTA is occluded into the proximal - distal shin, flow reformed at ankle.

Rt SFA appeared to be occluded into the mid thigh ?

PTA segmentally occluded.

Event Number : E-25812023

Courier :

Examination Date : **03-Sep-2022**

Ref. Source : SIDHARTHA SINHA, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TU

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 03-Sep-2022
Typed By : Das Rajib Vascular Studies 03-Sep-2022

Clinical History :

pt was seen in clinic c/o claudication with onset at 50 meters. Please could you scan and assess his arterial status

** Entered by Ordercomms **

Provisional Diagnosis: pt was seen in clinic c/o claudication with onset at 50 meters. Please could you scan and assess his arterial status

Clinical History :

US Doppler lower limb arteries Rt [RDE26330825] :

Arterial system extensively calcified (severe).

CFA, PFA at origin is patent demonstrated triphasic doppler signals.

SFA is occluded from the origin, flow reformed at distal adductor canal.

Pop A shows multilevel narrowing which is patent distally, PSV 42cm/s.

TPT is patent, PSV 35cm/s.

ATA is patent in the ankle, monophasic doppler signals, PSV 21cm/s.

PTA is patent at ankle, PSV 16cm/s.

Per A is also patent at ankle, PSV 11cm/s.

SFA is occluded.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-25812054

Courier :

Examination Date : 03-Sep-2022

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 03-Sep-2022
Typed By : Das Rajib Vascular Studies 03-Sep-2022

Clinical History :

pt was seen in clinic c/o claudication with onset at 50 meters. Please could you scan and assess his aetial status

** Entered by Ordercomms **

Provisional Diagnosis: pt was seen in clinic c/o claudication with onset at 50 meters.
Please could you scan and assess his aetial status

Clinical History :

US Doppler lower limb arteries Lt [RDE26330824] :

Arterial system is extensively calcified.

CFA, PFA, SFA, POA demonstrated multilevel severe narrowing, which is not haemodynamically significant, patent showing triphasic doppler signals.

TPT is patent.

Per A crosses ankle, PSV 38cm/s.

PTA is patent at ankle, PSV 63cm/s.

ATA seems to be occluded into the proximal segment, patent at ankle, PSV 21cm/s.

Event Number : E-25812053

Courier :

Examination Date : **03-Sep-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 27-Aug-2022
Typed By : Das Rajib Vascular Studies 27-Aug-2022

Clinical History :

ABPI reduced bilat Lt 0.65/RT 0.51, Lt toe wound , diabetic

** Entered by Ordercomms **

Provisional Diagnosis: ABPI reduced bilat Lt 0.65/RT 0.51, Lt toe wound , diabetic

Clinical History :

US Doppler lower limb arteries Lt [RDE26346219] :

CFA, PFA at origin is patent, demonstrated triphasic doppler signals.
SFA is occluded from the origin, flow reformed into the distal adductor canal.
Pop A is patent, PSV 36cm/s.
TPT is poorly assessed, which seems to patent into the proximal segment ?
ATA is patent at ankle, PSV 29cm/s.
DPA is patent, PSV 20cm/s.
PTA is patent at ankle, PSV 20cm/s.
Unable to asses Per A.

SFA is occluded.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-25825897

Courier :

Examination Date : **27-Aug-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT H

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 27-Aug-2022
Typed By : Das Rajib Vascular Studies 27-Aug-2022

Clinical History :

Bi lateral claudication 250 yards, monophasic pulses, foot cold to touch , previous spinal surgery following RTA
Previous cardiac history on A ans Statin

** Entered by Ordercomms **

Provisional Diagnosis: Bi lateral claudication 250 yards, monophasic pulses, foot cold to touch , previous spinal surgery following RTA
Previous cardiac history on A ans Statin

Clinical History :

US Doppler lower limb arteries Lt [RDE26324109] :

Inflow vessels suboptimally assessed due to overlying bowel gas.

There is significant narrowing seen of the origin/proximal CIA, associated with enhanced velocities, PSV 562cm/s, PSVR >5, haemodynamically suggestive of >75% stenosis. EIA is patent, demonstrated monophasic doppler signals, no detectable significant disease.

CFA, PFA at origin is patent, demonstrated monophasic doppler signals.

SFA diffusely diseased, seen with a significant short focal stenosis, >75% (PSVR >5), of the proximal segment, rest of the vessel is patent.

Popliteal artery is patent- attenuated monophasic doppler signals, PSV (28-42)cm/s, no significant focal stenosis.

TPT is patent.

Per A poorly assessed, patent, demonstrated pre occlusive doppler signals.

ATA is patent at ankle, PSV 16cm/s.

PTA is also patent at ankle, PSV 40cm/s.

Significant CIA and SFA disease.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-25806027

Courier :

Examination Date : **27-Aug-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 27-Aug-2022
Typed By : Das Rajib Vascular Studies 27-Aug-2022

Clinical History :

ABPI reduced bilat Lt 0.65/RT 0.51, Lt toe wound , diabetic

** Entered by Ordercomms **

Provisional Diagnosis: ABPI reduced bilat Lt 0.65/RT 0.51, Lt toe wound , diabetic

Clinical History :

US Doppler lower limb arteries Rt [RDE26346218] :

CFA, PFA at origin is patent, showing triphasic doppler signals.

Short segment, ~5cm of the proximal SFA is patent, beyond is occluded upto the distal segment, flow reformed into the distal adductor canal.

Popliteal artery is patent, showing monophasic doppler signals, PSV 42cm/s.

Patent TPT, PSV 33cm/s.

PTA is occluded.

ATA is patent at ankle, PSV 57cm/s.

DPA is patent.

Unable to assess Per A.

*** URGENT ***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-25825896

Courier :

Examination Date : **27-Aug-2022**

Ref. Source : UNKNOWN NURSE SPECIALIST, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT H

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 26-Aug-2022
Typed By : Das Rajib Vascular Studies 26-Aug-2022

Clinical History :

78 year old gentleman with known background of PVD suffering from left sided wet gangrene of the hallux and 3rd toe. Angiogram images display poor perfusion within left foot. Duplex to confirm arterial disease and potential options for need for revascularisation.

**** Entered by Ordercomms ****

Provisional Diagnosis: Critical Limb Ischaemia Left Leg

Clinical History :

US Doppler lower limb arteries Lt [RDE26378144] :

CFA, PFA at origin, SFA, Pop is patent, demonstrated tri/biphasic doppler signals. ATA demonstrated multilevel narrowing, mounting up to critical stenosis into the distal shin, PSVR >5, haemodynamically suggestive of >75% stenosis, length of the stenosis measures ~1cm, rest of the vessel up to the ankle is patent, PSV at ankle 80cm/s. Per A crosses ankle, demonstrate tri/biphasic doppler signals, PSV 59cm/s. PTA at ankle is patent, demonstrated multiphasic doppler signals, PSV 74cm/s.

Significant stenosis of the distal ATA.

There is an area of echogenicity/ avascular, overlying to the distal SFA, measures (8.2 X 5.0 X 7.0)cm.

Event Number : E-25854495

Courier :

Examination Date : **26-Aug-2022**

Ref. Source : GANNON DAVID, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : Das Rajib Vascular Studies 23-Aug-2022
Typed By : Das Rajib Vascular Studies 23-Aug-2022

Clinical History :

84 yr old lady. Right SFA angioplasty for occlusion on the 22-08-2022.
To confirm SFA patency and assess run-offs please.

** Entered by Ordercomms **

Provisional Diagnosis: Right SFA angioplasty

Clinical History :

US Doppler lower limb arteries Rt [RDE26374960] :

CFA is patent, demonstrated pulsatile doppler signals, PSV 122cm/s.
PFA is patent at origin, demonstrated pulsatile doppler signals, PSV 196cm/s.
SFA is patent, demonstrated multilevel narrowing, which is not significant haemodynamically, PSV 102-273cm/s, no significant focal stenosis.
Pop A is patent, PSV 97-182cm/s, no significant focal stenosis.
ATA and PTA is occluded at ankle.
Per A crosses ankle, PSV 117cm/s.

Event Number : E-25851682

Courier :

Examination Date : **23-Aug-2022**

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**

VERIFIED Verified By : Das Rajib Vascular Studies 19-Aug-2022
Typed By : Das Rajib Vascular Studies 19-Aug-2022

Clinical History :

Prev RT iliac stents and popliteal angioplasty , c/o calf pain on exertion ? stents patent

** Entered by Ordercomms **

Provisional Diagnosis: Prev RT iliac stents and popliteal angioplasty , c/o calf pain on exertion ? stents patent

Clinical History :

US Doppler lower limb arteries Rt [RDE26340082] :

Limited scan of the CIA, a short segment is scanned, is patent, PSV 151cm/s.
EIA, CFA, PFA at origin, SFA, POP A demonstrated multilevel calcific narrowing, which is not significant haemodynamically, patent- demonstrated tri/biphasic doppler signals.
TPT, ATA, PTA, PER A suboptimally assessed due to calcinosis, crosses ankle, demonstrated pulsatile doppler signals.

Event Number : E-25820396

Courier :

Examination Date : **19-Aug-2022**

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**