

Department of Vascular Surgery
Vascular Laboratory

(POO91)

Mater Misericordiae University Hospital Ltd

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Prof. C. McDonnell

Mr. E. Mulkern

Chief Technologist : Cleona Gray

Name	██████████	DOB	██████████	Age	62Y
Address	██████████ ██████████ ██████████	Gender	Female	MRN	██████████
		Procedure Date	22/09/2022		
		Report Date	22/09/2022		
		Ordered By	DCLARK		
		Location	Consultant Referral		
		Episode Type	Consultant Referral		

Consultant/GP O DONOHOE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason on or before SOPD 18/10/22

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: reduced left resting ABI and left-sided claudication.

The abdominal aorta and left common iliac artery demonstrate mild atheroma causing no significant stenosis.

The left external iliac artery (EIA) demonstrates calcific plaque proximally causing velocities in keeping with a greater than 75% stenosis. Note: limited imaging of this region due to acoustic shadowing from overlying bowel gas.
The remainder of the left EIA is patent.

The common and superficial femoral arteries demonstrate mild atheroma throughout causing no significant stenosis.

The popliteal artery and the tibio-peroneal trunk (TPT) are widely patent on duplex with no significant stenosis detected.

Note: monophasic flow is detected from the distal EIA to the TPT.

Follow-Up: SOPD 18/10/2022

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Address [REDACTED]

DOB [REDACTED] **Age** 58Y

Gender Male **MRN** [REDACTED]

Procedure Date 11/11/2022

Report Date 11/11/2022

Ordered By CGRAY

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason reduced ABI at rest and sopd same day please

Procedure VUS AORTOILIAC - Technologist Report

VUS AORTOILIAC - Technologist Report

Duplex Aorta and Iliac Arteries

Indication: bilaterally reduced ABIs.

Extremely technically limited imaging due to overlying bowel gas and scar tissue.

The abdominal aorta is patent in the very limited portions imaged on duplex.

The right common iliac artery demonstrates velocities in keeping with a greater than 50% stenosis (PSV = 224cm/s) where imaged in the distal vessel.

The left common iliac artery demonstrates irregular surfaced echogenic plaque causing velocities in keeping with a greater than 75% stenosis (PSV = 381cm/s).

The right external iliac artery demonstrates irregular surfaced calcific plaque in the proximal vessel causing a greater than 50% stenosis (PSV = 232cm/s).

The left external iliac artery demonstrates echogenic plaque in the mid-vessel causing a greater than 50% stenosis (PSV = 222cm/s).

Follow-Up: SOPD today.

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Name [REDACTED]

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DOB [REDACTED] **Age** 58Y

Gender Male **MRN** [REDACTED]

Procedure Date 11/11/2022

Report Date 11/11/2022

Ordered By CGRAY

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason reduced ABI at rest and sopd same day please.

Procedure VUS LOWER LIMB ARTERIES RT - Technologist Report

VUS LOWER LIMB ARTERIES RT - Technologist Report

Duplex Right Lower Limb Arteries

Indication: Bilaterally reduced ABIs and intermittent claudication.

The common femoral artery demonstrates mild atheroma causing no significant stenosis.

The profunda femoral artery demonstrates echogenic plaque at the origin of the vessel causing a greater than 75% stenosis (PSV = 362cm/s).

The superficial femoral artery demonstrates diffuse echogenic plaque throughout its length causing no significant stenosis.

The popliteal artery and the tibio-peroneal trunk demonstrate mild atheroma causing no significant stenosis.

The anterior and posterior tibial arteries are patent throughout the portions imaged in the calf with no significant stenosis detected.

The peroneal artery is patent where imaged proximally.

Follow-Up: SOPD today.

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Gender Male **MRN** [REDACTED]

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Report Date 11/11/2022

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Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

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Referral Reason reduced ABI at rest and sopd same day please

Procedure VUS AORTOILIAC - Technologist Report

VUS AORTOILIAC - Technologist Report

Duplex Aorta and Iliac Arteries

Indication: bilaterally reduced ABIs.

Extremely technically limited imaging due to overlying bowel gas and scar tissue.

The abdominal aorta is patent in the very limited portions imaged on duplex.

The right common iliac artery demonstrates velocities in keeping with a greater than 50% stenosis (PSV = 224cm/s) where imaged in the distal vessel.

The left common iliac artery demonstrates irregular surfaced echogenic plaque causing velocities in keeping with a greater than 75% stenosis (PSV = 381cm/s).

The right external iliac artery demonstrates irregular surfaced calcific plaque in the proximal vessel causing a greater than 50% stenosis (PSV = 232cm/s).

The left external iliac artery demonstrates echogenic plaque in the mid-vessel causing a greater than 50% stenosis (PSV = 222cm/s).

Follow-Up: SOPD today.

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Gender Male **MRN** [REDACTED]

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Report Date 11/11/2022

Ordered By CGRAY

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason reduced ABI at rest and sopd same day please

Procedure VUS LOWER LIMB ARTERIES LT - Technologist Report

VUS LOWER LIMB ARTERIES LT - Technologist Report

Duplex Left Lower Limb Arteries

Indication: Bilaterally reduced ABIs and intermittent claudication.

The common femoral artery demonstrates echogenic plaque causing no significant stenosis.

The profunda femoral artery demonstrates mild atheroma causing no significant stenosis where imaged proximally.

The superficial femoral artery demonstrates diffuse echogenic plaque in the upper and lower thigh causing no significant stenosis.

In the mid-thigh there is a short segment of calcific plaque causing an increase in flow velocities in keeping with a greater than 50% stenosis (PSV increased from 70cm/s to 169cm/s).

The popliteal artery and the tibio-peroneal trunk demonstrate moderate atheroma causing no significant stenosis.

The anterior tibial artery (ATA) demonstrates irregular surfaced mixed echogenic plaque extending for ~0.9cm in the lower calf causing an increase in velocities in keeping with a greater than 50% stenosis (PSV increased from 57cm/s to 148cm/s). The remainder of the ATA is patent with no significant stenosis.

The posterior tibial artery (PTA) demonstrates mixed echogenic plaque extending for ~0.6cm in the upper calf causing a greater than 50% stenosis (PSV = 224cm/s). The remainder of the PTA is patent with no significant stenosis.

The peroneal artery is patent where imaged proximally.

Follow-Up: SOPD today.

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Name [REDACTED]

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DOB [REDACTED] **Age** 61Y

Gender Female **MRN** [REDACTED]

Procedure Date 14/11/2022

Report Date 14/11/2022

Ordered By SACLARKE

Location GVSMCDONNGEN

Episode Type Outpatient

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason Resting ABI, AAA screen and Aorto-iliac for left LL arterial duplex

Procedure VUS AORTOILIAC - Technologist Report

VUS AORTOILIAC - Technologist Report

Duplex Aorta and Iliac Arteries

Indication: reduced left resting ABI and intermittent claudication.

The abdominal aorta demonstrates mild atheroma causing no significant stenosis.

The left common iliac artery demonstrates echogenic plaque causing a greater than 50% stenosis (PSV = 236cm/s).

The left external iliac artery demonstrates echogenic plaque proximally causing a 50-75% stenosis (PSV = 270cm/s).

Follow-Up: SOPD to be arranged.

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Procedure Date 14/11/2022

Report Date 14/11/2022

Ordered By IMC19517

Location GVSMCDONNGEN

Episode Type Outpatient

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason For Exercise test and Left Femoral Artery duplex

Procedure VUS LOWER LIMB ARTERIES LT - Technologist Report

VUS LOWER LIMB ARTERIES LT - Technologist Report

Duplex Left Lower Limb Arteries

Indication: reduced left resting ABI and intermittent claudication.

The common femoral artery demonstrates echogenic plaque causing no significant stenosis.

The profunda femoral artery is patent where imaged.

The superficial femoral artery (SFA) demonstrates calcific plaque in the upper thigh causing multiple regions of acoustic shadowing. Velocities detected between the shadowing are in keeping with a greater than 95% stenosis (PSV = 405cm/s), as before. In the mid-thigh the SFA demonstrates calcific plaque causing a region of acoustic shadowing, velocities detected distal to the shadowing are in keeping with a greater than 50% stenosis (PSV = 230cm/s), as before.

The remainder of the SFA demonstrates diffuse calcific plaque causing no significant stenosis in the portions imaged on duplex.

The popliteal artery is patent.

The tibio-peroneal trunk demonstrates echogenic plaque causing no significant stenosis.

The peroneal artery is patent where imaged.

The anterior and posterior tibial arteries are patent with no significant stenosis detected throughout the portions imaged in the calf.

Note; cannot out rule high grade stenosis behind regions of acoustic shadowing.

Follow-Up: SOPD to be arranged.

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Name	[REDACTED]	DOB	[REDACTED]	Age	51Y
Address	[REDACTED]	Gender	Female	MRN	[REDACTED]
	[REDACTED]	Procedure Date	16/11/2022		
	[REDACTED]	Report Date	16/11/2022		
	[REDACTED]	Ordered By	KNEWMAN		
Consultant/GP	O DONOHOE PROFESSOR MARTIN		Location	Consultant Referral	
Technologist	Sarah Clarke Senior Vascular Physiologist		Episode Type	Consultant Referral	
Authorised By	Prof. Martin O'Donohoe Consultant General/Vascular Surgeon				
Referral Reason	On or before SOPD 22/11/2022				
Procedure	VUS AORTOILIAC - Authorised Report				

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Bilaterally reduced ABIs post exercise. Left resting ABI 0.43.

The abdominal aorta and bilateral common iliac arteries demonstrate mild atheroma causing no significant stenosis.

The right external iliac artery is patent with no significant stenosis detected.

The left external iliac artery demonstrates echogenic plaque causing a greater than 50% stenosis (PSV = 218cm/s) in the mid-distal vessel.

Follow-Up: SOPD 22/11/2022

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Address	████████████████████ ████████████████████ ██████████ ██████████	Gender	Female	MRN	██████████
		Procedure Date	16/11/2022		
		Report Date	16/11/2022		
		Ordered By	KNEWMAN		
		Location	Consultant Referral		
		Episode Type	Consultant Referral		

Consultant/GP O DONOHOE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason On or before SOPD 22/11/2022

Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries

Indication: Bilaterally reduced ABIs post exercise.

The common femoral artery, the proximal profunda femoral artery and the superficial femoral artery demonstrates mild atheroma causing no significant stenosis.

The popliteal artery and the tibio-peroneal trunk demonstrate moderate atheroma causing no significant stenosis.

Follow-Up: SOPD 22/11/2022

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[REDACTED]
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DOB [REDACTED] **Age** 51Y
Gender Female **MRN** [REDACTED]
Procedure Date 16/11/2022
Report Date 16/11/2022
Ordered By KNEWMAN
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP O'DONOHUE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason On or before SOPD 22/11/2022

Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Bilaterally reduced ABIs post exercise. Left resting ABI 0.43.

The abdominal aorta and bilateral common iliac arteries demonstrate mild atheroma causing no significant stenosis.

The right external iliac artery is patent with no significant stenosis detected.

The left external iliac artery demonstrates echogenic plaque causing a greater than 50% stenosis (PSV = 218cm/s) in the mid-distal vessel.

Follow-Up: SOPD 22/11/2022

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DOB [REDACTED] **Age** 51Y
Gender Female **MRN** [REDACTED]
Procedure Date 16/11/2022
Report Date 16/11/2022
Ordered By KNEWMAN
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP O DONOHOE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason On or before SOPD 22/11/2022

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left Lower Limb Arteries

Indication: Bilaterally reduced ABIs post exercise.

The common femoral artery and the proximal profunda femoral artery demonstrate mild atheroma causing no significant stenosis.

The superficial femoral artery (SFA) demonstrates irregular surfaced predominantly echolucent material extending for ~2.6cm from the origin of the vessel causing no significant increase in flow velocities however, in B-mode appears to reduce the vessel lumen by greater than 50%. Low volume monophasic flow is detected throughout the SFA beyond this point.

In the mid-thigh the SFA demonstrates a short segment of smooth surfaced predominantly echolucent material causing an increase in flow velocities in keeping with a greater than 50% stenosis (PSV increases from 46cm/s to 119cm/s).

The popliteal artery and the tibio-peroneal trunk demonstrate mild atheroma and low volume monophasic flow throughout.

Follow-Up: SOPD 22/11/2022

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Name [REDACTED]
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DOB [REDACTED] **Age** 77Y
Gender Male **MRN** [REDACTED]
Procedure Date 16/11/2022
Report Date 16/11/2022
Ordered By SA CLARKE
Location GVSMULKERLUC
Episode Type Outpatient

Consultant/GP MULKERN MR. EDWARD
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason Aorto-iliac as part of left LL arterial duplex
Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Incompressible ABIs and reduced toe pressures bilaterally. Left foot ulcers.

The abdominal aorta demonstrates calcific plaque causing no significant stenosis.

The left common and external iliac arteries demonstrate moderate atheroma causing no significant stenosis.

Follow-Up: SOPD 30/11/2022

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Name [REDACTED]

Address [REDACTED]

DOB [REDACTED] **Age** 77Y

Gender Male **MRN** [REDACTED]

Procedure Date 16/11/2022

Report Date 16/11/2022

Ordered By IMC418607

Location GVSMULKERLUC

Episode Type Outpatient

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Ulcer left ankle

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left Lower Limb Arteries

Indication: Incompressible ABIs and reduced toe pressures bilaterally. Left foot ulcers.

****Note:** extremely irregular heart rate detected throughout the examination.*

The common femoral artery and the proximal profunda femoral artery demonstrate mild atheroma causing no significant stenosis.

The superficial femoral artery, popliteal artery and the tibio-peroneal trunk demonstrates calcific plaque causing no significant stenosis in the portions imaged.

The origin of the peroneal artery is patent.

The anterior tibial artery (ATA) is patent throughout the portions imaged in the calf to the level of the ankle. The ATA demonstrates extensive calcific plaque causing multiple regions of acoustic shadowing and velocities in the lower calf are in keeping with a 50-75% stenosis (PSV = 273cm/s). No significant stenosis is detected throughout the remainder of the vessel imaged on duplex.

The posterior tibial artery (PTA) demonstrates calcific plaque causing extensive acoustic shadowing throughout the length of the vessel. In the extremely limited portions imaged in the upper, mid and lower calf the vessel appears patent with no significant stenosis identified on duplex.

The ATA could not be imaged beyond the level of the ankle due to bandaging.
The PTA could not be imaged beyond the lower calf due to bandaging.

*****Unable to rule out a high grade stenosis / total vessel occlusion behind the regions of acoustic shadowing.*****

Follow-Up: SOPD 30/11/2022

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Name [REDACTED]
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DOB [REDACTED] **Age** 52Y
Gender Male **MRN** [REDACTED]
Procedure Date 29/11/2022
Report Date 29/11/2022
Ordered By CGRAY
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP O'DONOHUE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon.

Referral Reason see ABI report for the same day as sopd please.

Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Bilaterally reduced ABIs and intermittent claudication.

The abdominal aorta and iliac arteries are widely patent throughout the portions imaged with no significant plaque formation or flow abnormalities detected.

Follow-Up: SOPD today.

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DOB [REDACTED] **Age** 52Y
Gender Male **MRN** [REDACTED]
Procedure Date 29/11/2022
Report Date 29/11/2022
Ordered By CGRAY
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Episode Type Consultant Referral

Consultant/GP O DONOHOE PROFESSOR MARTIN
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon
Referral Reason see ABI report for the same day as sopd please
Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries

Indication: Bilaterally reduced ABIs and intermittent claudication.

The common femoral artery and proximal profunda femoral artery are widely patent.

The superficial femoral artery is widely patent throughout the upper and mid-thigh. In the mid-lower thigh the SFA demonstrates occlusive mixed echogenic material, no colour flow or Doppler signal is detected throughout the SFA in the lower thigh in keeping with an occlusion.

The popliteal artery refills via collateral vessels. The popliteal artery and the tibio-peroneal trunk are patent with low volume monophasic flow noted throughout.

Follow-Up: SOPD today.

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DOB [REDACTED] **Age** 52Y
Gender Male **MRN** [REDACTED]
Procedure Date 29/11/2022
Report Date 29/11/2022
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Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP O DONOHOE PROFESSOR MARTIN
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Referral Reason see ABI report for the same day as sopd please
Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Bilaterally reduced ABIs and intermittent claudication.

The abdominal aorta and iliac arteries are widely patent throughout the portions imaged with no significant plaque formation or flow abnormalities detected.

Follow-Up: SOPD today.

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Address [REDACTED]
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DOB [REDACTED] **Age** 52Y
Gender Male **MRN** [REDACTED]
Procedure Date 29/11/2022
Report Date 29/11/2022
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Episode Type Consultant Referral

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Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason see ABI report for the same day as sopd please

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left Lower Limb Arteries

Indication: Bilaterally reduced ABIs and intermittent claudication.

The common femoral artery and proximal profunda femoral artery are widely patent.

The proximal superficial femoral artery is patent with a low volume peripheral-type signal detected.

In the upper thigh the SFA is aneurysmal measuring 2.3cm x 2.5cm in maximum diameter, no colour flow or Doppler signal is detected within the aneurysm in keeping with an occlusion.

The SFA refills in the mid-thigh ~3-4cm beyond the aneurysm and demonstrates low volume monophasic flow for a short segment.

In the lower thigh the SFA is ectatic measuring 1.7cm x 1.7cm in maximum diameter and appears occluded with no colour flow or Doppler signal detected on duplex.

The distal SFA / proximal popliteal artery refills via collateral vessels.

The popliteal artery and the tibio-peroneal trunk demonstrate extensive mixed echogenic material and small channels of extremely low volume flow (PSV = 12cm/s).

The posterior tibial artery is widely patent throughout the calf to the level of the ankle.

Follow-Up: SOPD today

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Chief Technologist : Cleona Gray

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DOB [REDACTED] **Age** 55Y
Gender Female **MRN** [REDACTED]
Procedure Date 30/11/2022
Report Date 30/11/2022
Ordered By DCLARK
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason On or before SOPD 30/11/2022
Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Right resting ABI 0.58.

The abdominal aorta is widely patent with no significant plaque formation detected.

The right common iliac artery demonstrates irregular surfaced mixed echogenic plaque proximally extending for ~1.3cm causing a greater than 95% stenosis (PSV = 676cm/s). The remainder of the right CIA and the external iliac artery are widely patent with low volume monophasic flow detected throughout.

Follow-Up: SOPD today.

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DOB [REDACTED] **Age** 55Y
Gender Female **MRN** [REDACTED]
Procedure Date 30/11/2022
Report Date 30/11/2022
Ordered By CGRAY
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason for right LL arterial. Right resting ABI 0.58

Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries

Indication: Right resting ABI 0.58.

The right common femoral artery, superficial femoral artery and popliteal artery demonstrate mild atheroma.

The tibio-peroneal trunk demonstrates moderate atheroma causing no significant stenosis.

The origin of the peroneal artery is widely patent.

The anterior and posterior tibial arteries are patent throughout the portions imaged.

Note: low volume monophasic flow is noted throughout the right lower limb arterial system.

Follow-Up: SOPD today.

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	[REDACTED]	Procedure Date	30/11/2022		
	[REDACTED]	Report Date	30/11/2022		

Consultant/GP O DONOHOE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason Aortoiliac as part of bilateral LL arterial duplex

Procedure VUS AORTOILIAC - Authorised Report

Ordered By SA CLARKE

Location Consultant Referral

Episode Type Consultant Referral

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: bilateral claudication and reduced resting ABIs. RABI = 0.68, LABI = 0.57

The abdominal aorta demonstrates moderate atheroma causing no significant stenosis.

The right common iliac artery is patent with no significant stenosis detected.

The left common iliac artery is patent with no significant stenosis detected and is ectatic in nature measuring 1.8cm x 1.9cm maximally.

The right external iliac artery demonstrates echogenic plaque distally causing a 50-75% stenosis (PSV = 252cm/s).

The left external iliac artery demonstrates echogenic plaque in the mid-distal vessel causing a 50-75% stenosis (PSV = 255cm/s).

Follow-Up: SOPD 06/12/2022. Follow-up in 3 years for ectatic left CIA

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Address	████████████████████	Gender	Male	MRN	██████████
	████████████████████	Procedure Date	30/11/2022		
	██████████	Report Date	30/11/2022		

11

Consultant/GP O. DONOHOE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason Before or same day as SOPD

Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

Ordered By MIOHARE
Location Consultant Referral
Episode Type Consultant Referral

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries

Indication: bilateral claudication and reduced resting ABIs. RABI = 0.68, LABI = 0.57

The common femoral artery and the proximal profunda femoral artery are widely patent.

The superficial femoral artery (SFA) is patent for ~2.8cm from the origin of the vessel. Beyond this the SFA is occluded with no colour flow or Doppler signal detected throughout the upper thigh.

The SFA refills via collateral vessels in the mid-thigh.

The remainder of the SFA demonstrates mixed echogenic plaque and monophasic flow throughout.

The popliteal artery and the tibio-peroneal trunk are patent with monophasic flow noted throughout.

Follow-Up: SOPD 06/12/2022

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DOB [REDACTED] **Age** 68Y
Gender Male **MRN** [REDACTED]
Procedure Date 30/11/2022
Report Date 30/11/2022
Ordered By SACLARKE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP O'DONOHUE PROFESSOR MARTIN
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon
Referral Reason Aortoiliac as part of bilateral LL arterial duplex
Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: bilateral claudication and reduced resting ABIs, RABI = 0.68, LABI = 0.57

The abdominal aorta demonstrates moderate atheroma causing no significant stenosis.

The right common iliac artery is patent with no significant stenosis detected.
The left common iliac artery is patent with no significant stenosis detected and is ectatic in nature measuring 1.8cm x 1.9cm maximally.

The right external iliac artery demonstrates echogenic plaque distally causing a 50-75% stenosis (PSV = 252cm/s).
The left external iliac artery demonstrates echogenic plaque in the mid-distal vessel causing a 50-75% stenosis (PSV = 255cm/s).

Follow-Up: SOPD 06/12/2022. Follow-up in 3 years for ectatic left CIA

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DOB [REDACTED] **Age** 68Y
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Procedure Date 30/11/2022
Report Date 30/11/2022
Ordered By MIOHARE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP O DONOHOE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason Before or same day as SOPD

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left Lower Limb Arteries

Indication: bilateral claudication and reduced resting ABIs, RABI = 0.68, LABI = 0.57

The common femoral artery and the proximal profunda femoral artery demonstrate moderate atheroma causing no significant stenosis.

The superficial femoral artery (SFA) is patent for ~5-6cm from the origin of the vessel and demonstrates extensive mixed predominantly echolucent material within. Beyond this the SFA is occluded with no colour flow or Doppler signal detected throughout the upper and mid-thigh.

The SFA refills via collateral vessels in the lower thigh.

The remainder of the SFA, the popliteal artery and the tibio-peroneal trunk are patent with low volume monophasic flow noted throughout.

Follow-Up: SOPD 06/12/2022

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DOB [REDACTED] **Age** 58Y

Gender Male **MRN** [REDACTED]

Procedure Date 06/12/2022

Report Date 06/12/2022

Ordered By DCLARK

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP O'DONOHUE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason same day as or before SOPD 06/12/2022

Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: Reduced right resting ABI = 0.61.

The abdominal aorta demonstrates calcific plaque causing no significant stenosis.

The right common iliac artery demonstrates mild atheroma and no significant stenosis.

The right external iliac artery (EIA) demonstrates increased velocities proximally in keeping with a greater than 50% stenosis (PSV = 227cm/s) however, query partially due to angle of vessel. Unable to assess for plaque formation at this level due to overlying bowel gas.

The remainder of the right EIA is patent with no significant disease imaged on duplex.

Follow-Up: SOPD today.

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DOB [REDACTED] **Age** 58Y

Gender Male **MRN** [REDACTED]

Procedure Date 06/12/2022

Report Date 06/12/2022

Ordered By DCLARK

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP O'DONOHUE PROFESSOR MARTIN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Prof. Martin O'Donohoe Consultant General/Vascular Surgeon

Referral Reason same day as or before SOPD 06/12/2022

Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries

Indication: Reduced right resting ABI = 0.61.

The common femoral artery demonstrates calcific plaque causing regions of acoustic shadowing, no significant stenosis is detected between the shadowing.

The proximal profunda femoral artery demonstrates echogenic plaque causing no significant stenosis.

The superficial femoral artery (SFA) demonstrates extensive calcific plaque throughout its length causing multiple regions of acoustic shadowing. No significant stenosis is detected between the shadowing in the upper thigh.

In the mid-lower thigh there is a large branch noted arising from the SFA, no colour flow or Doppler signal is detected for ~2.1cm beyond this, then the SFA appears to refill via large well-developed collateral vessels. Query short segment occlusion / query Doppler signal obscured by acoustic shadowing.

The remainder of the SFA is patent with low volume monophasic flow detected between the regions of acoustic shadowing.

The popliteal artery demonstrates mixed echogenic plaque with calcific elements causing a greater than 75% stenosis (PSV = 331 cm/s). The remainder of the popliteal artery and the tibio-peroneal trunk are patent with low volume monophasic flow noted throughout.

Unable to rule out high-grade stenosis / total vessel occlusion behind the regions of acoustic shadowing.

Follow-Up: SOPD today

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DOB [REDACTED] **Age** 68Y
Gender Male **MRN** [REDACTED]
Procedure Date 02/12/2022
Report Date 02/12/2022
Ordered By SACLARKE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason On or before SOPD please (email sent to Mark to arrange SOPD)

Procedure VUS AORTOILIAC - Technologist Report

VUS AORTOILIAC - Technologist Report

Duplex Aorta and Iliac Arteries

Indication: Left intermittent claudication and left resting ABI of 0.55

The abdominal aorta and left iliac arteries are widely patent with no significant plaque formation or flow abnormalities detected.

Follow-Up: SOPD today.

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	[REDACTED]	Procedure Date	02/12/2022		
	[REDACTED]	Report Date	02/12/2022		

(14)

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

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Referral Reason On or before SOPD please (email sent to Mark to arrange SOPD)

Procedure VUS LOWER LIMB ARTERIES LT - Technologist Report

Ordered By SACLARKE

Location Consultant Referral

Episode Type Consultant Referral

VUS LOWER LIMB ARTERIES LT - Technologist Report

Duplex Left Lower Limb Arteries

Indication: Left intermittent claudication and left resting ABI of 0.55

The left common femoral artery demonstrates moderate atheroma causing no significant stenosis.

The proximal profunda femoral artery (PFA) is widely patent where imaged. There is a large calibre well-developed branch imaged in the upper thigh arising from the PFA.

The superficial femoral artery (SFA) is patent proximally. The SFA demonstrates low volume peripheral-type flow in the upper thigh. In the mid-thigh the SFA is occluded with no colour flow or Doppler signal detected.

The SFA refills in the lower thigh via collateral vessels.

The remainder of the SFA and the popliteal artery are patent with extremely low volume monophasic flow noted.

The tibio-peroneal trunk is widely patent with monophasic flow noted.

Follow-Up: SOPD today.

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DOB [REDACTED] **Age** 73Y

Gender Female **MRN** [REDACTED]

Procedure Date 06/12/2022

Report Date 06/12/2022

Ordered By SACLARKE

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Aorto-iliac as part of right LL arterial duplex

Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: reduced resting right ABI = 0.89.

The abdominal aorta and right iliac arteries are widely patent with no significant plaque formation or flow abnormalities detected.

Follow-Up: SOPD 11/01/2023

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DOB [REDACTED] **Age** 73Y

Gender Female **MRN** [REDACTED]

Procedure Date 06/12/2022

Report Date 06/12/2022

Ordered By MIOHARE

Location Consultant Referral

Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Before or same day as SOPD

Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries.

Indication: reduced resting right ABI = 0.89.

The common femoral artery and the proximal profunda femoral artery demonstrate mild atheroma causing no significant stenosis.

The superficial femoral artery, the popliteal artery and the tibio-peroneal trunk demonstrate moderate atheroma throughout the portions imaged with no significant stenosis detected.

Limited imaging of the calf arteries due to swelling.

The anterior and posterior tibial arteries are patent throughout the limited portions imaged on duplex with no significant stenosis detected.

The peroneal artery was not visualised on duplex today. Impression: due to depth / swelling.

Note: Anthill appearance imaged throughout the right calf in keeping with Lymphoedema.

Follow-Up: SOPD 11/01/2023

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DOB [REDACTED] **Age** 86Y
Gender Male **MRN** [REDACTED]
Procedure Date 07/12/2022
Report Date 07/12/2022
Ordered By CGRAY
Location GVSMULKERGEN
Episode Type Outpatient

Consultant/GP MULKERN MR. EDWARD
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason same day as sopd 3-4 weeks please
Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: reduced resting right ABI = 0.68

The abdominal aorta and right iliac arteries are widely patent throughout the portions imaged with no significant plaque formation or flow abnormalities detected.

Follow-Up: SOPD today..

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DOB [REDACTED] **Age** 86Y
Gender Male **MRN** [REDACTED]
Procedure Date 07/12/2022
Report Date 07/12/2022
Ordered By CGRAY
Location GVSMULKERGEN
Episode Type Outpatient

Consultant/GP MULKERN MR. EDWARD
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason same day as sopd 3-4 weeks please
Procedure VUS LOWER LIMB ARTERIES RT - Authorised Report

VUS LOWER LIMB ARTERIES RT - Authorised Report

Duplex Right Lower Limb Arteries

Indication: reduced resting right ABI = 0.68

The common femoral and proximal profunda femoral arteries demonstrate mild atheroma causing no significant stenosis.

The superficial femoral artery demonstrates calcific plaque causing multiple regions of acoustic shadowing throughout its length. No significant stenosis is detected in the regions imaged between the shadowing however, cannot out rule a high grade stenosis behind the shadowing.

The popliteal artery is aneurysmal measuring 1.2cm in maximum diameter and demonstrates echogenic plaque within causing no significant stenosis.

The tibio-peroneal trunk demonstrates moderate atheroma causing no significant stenosis.

The origin of the peroneal artery is widely patent.

The anterior tibial artery is patent where imaged throughout the upper and mid-calf. There is an increase in velocities detected in the mid-calf in keeping with a greater than 75% stenosis (PSV increases from 52cm/s to 194cm/s). The ATA demonstrates extensive calcific plaque in the lower calf and at the level of the ankle. The ATA appears patent to the level of the ankle. No colour flow or Doppler signal is detected in the foot. There are multiple patent collateral vessels imaged in the foot.

The posterior tibial artery is patent throughout the portions imaged in the upper and mid-calf. The PTA appears occluded in the lower calf, at the level of the ankle and into the foot with no colour flow or Doppler signal detected within.

Follow-Up: SOPD today

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DOB [REDACTED] **Age** 60Y
Gender Male **MRN** [REDACTED]
Procedure Date 07/12/2022
Report Date 07/12/2022
Ordered By DCLARK
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Julie emailed. SOPD to be brought forward, on or before SOPD.

Procedure VUS AORTOILIAC - Authorised Report

VUS AORTOILIAC - Authorised Report

Duplex Aorta and Iliac Arteries

Indication: reduced resting ^{LEFT} ~~right~~ ABI = 0.48. Known left SFA occlusion.

The abdominal aorta and left iliac arteries demonstrate mild atheroma causing no significant stenosis.

Follow-Up: SOPD today.

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DOB [REDACTED] **Age** 60Y
Gender Male **MRN** [REDACTED]
Procedure Date 07/12/2022
Report Date 07/12/2022
Ordered By DCLARK
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon

Referral Reason Julie emailed. SOPD to be brought forward. on or before SOPD

Procedure VUS LOWER LIMB ARTERIES LT - Authorised Report

VUS LOWER LIMB ARTERIES LT - Authorised Report

Duplex Left Lower Limb Arteries

Indication: reduced resting ^{LEFT}ABI = 0.48. Known left SFA occlusion.

The common femoral artery demonstrates echogenic plaque causing no significant stenosis.

The profunda femoral artery demonstrates mild atheroma throughout the portions imaged in the upper thigh.

The superficial femoral artery (SFA) is occluded from it's origin with no colour flow or Doppler signal detected within. The SFA refills via collateral vessels in the lower thigh.

The remainder of the SFA, the popliteal artery and the tibio-peroneal trunk are patent with monophasic flow noted throughout.

Follow-Up: SOPD today.

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[REDACTED]

DOB [REDACTED] **Age** 68Y
Gender Male **MRN** [REDACTED]
Procedure Date 09/12/2022
Report Date 09/12/2022
Ordered By CGRAY
Location GVSMCDONNGEN
Episode Type Outpatient

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason bilat reduced ABI cold toes, unable to obtain a steady recordable waveform in either rt or lt great toe

Procedure VUS AORTOILIAC - Technologist Report

VUS AORTOILIAC - Technologist Report

Duplex Aorta and Iliac Arteries

Indication: bilateral moderately reduced resting ABIs.

The abdominal aorta demonstrates mild atheroma causing no significant stenosis.

The right common iliac artery (CIA) demonstrates echogenic plaque extending for ~1.3cm from the origin of the vessel causing a greater than 95% stenosis (PSV = 489cm/s). The remainder of the right CIA demonstrates echogenic plaque causing no significant stenosis.

The right external iliac artery is patent with monophasic flow noted throughout.

The left common and external iliac arteries demonstrate echogenic plaque causing no significant stenosis.

Follow-Up: SOPD to be arranged.

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DOB [REDACTED] **Age** 68Y
Gender Male **MRN** [REDACTED]
Procedure Date 09/12/2022
Report Date 09/12/2022
Ordered By CGRAY
Location GVSMCDONNGEN
Episode Type Outpatient

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason bilat reduced ABI cold toes, unable to obtain a steady recordable waveform in either rt or lt great toe

Procedure VUS LOWER LIMB ARTERIES RT - Technologist Report

VUS LOWER LIMB ARTERIES RT - Technologist Report

Duplex Right Lower Limb Arteries

Indication: bilateral moderately reduced resting ABIs.

The right common femoral artery demonstrates mobile predominantly echolucent plaque distally causing an increase in flow velocities in keeping with a greater than 50% stenosis (PSV increases from 58cm/s to 120cm/s).

The proximal profunda femoral artery demonstrates mild atheroma causing no significant stenosis.

The superficial femoral artery is patent with low volume monophasic flow noted throughout. No significant plaque formation imaged throughout.

The popliteal artery and the tibio-peroneal trunk are patent with low volume monophasic flow detected throughout.

Results discussed with Professor McDonnell & images to be reviewed with CMcD.

Follow-Up: SOPD to be arranged.

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DOB [REDACTED] **Age** 68Y
Gender Male **MRN** [REDACTED]
Procedure Date 09/12/2022
Report Date 09/12/2022
Ordered By CGRAY
Location GVSMCDONNGEN
Episode Type Outpatient

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason bilat reduced ABI cold toes, unable to obtain a steady recordable waveform in either rt or lt great toe

Procedure VUS AORTOILIAC - Technologist Report

VUS AORTOILIAC - Technologist Report

Duplex Aorta and Iliac Arteries

Indication: bilateral moderately reduced resting ABIs.

The abdominal aorta demonstrates mild atheroma causing no significant stenosis.

The right common iliac artery (CIA) demonstrates echogenic plaque extending for ~1.3cm from the origin of the vessel causing a greater than 95% stenosis (PSV = 489cm/s). The remainder of the right CIA demonstrates echogenic plaque causing no significant stenosis.

The right external iliac artery is patent with monophasic flow noted throughout.

The left common and external iliac arteries demonstrate echogenic plaque causing no significant stenosis.

Follow-Up: SOPD to be arranged.

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Procedure VUS LOWER LIMB ARTERIES LT - Technologist Report

VUS LOWER LIMB ARTERIES LT - Technologist Report

Duplex Left Lower Limb Arteries

Indication: bilateral moderately reduced resting ABIs.

The left common femoral and profunda femoral arteries demonstrate mild atheroma causing no significant stenosis.

The superficial femoral artery (SFA) demonstrates moderate atheroma and low volume peripheral-type flow proximally. The SFA is occluded in the upper thigh with no colour flow or Doppler signal detected in the upper and mid-thigh. The SFA refills via collateral vessels in the lower thigh. The remainder of the vessel is patent with low volume monophasic flow detected.

The popliteal artery and the tibio-peroneal trunk are patent with low volume monophasic flow noted throughout.

Follow-Up: SOPD to be arranged.

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DOB: [REDACTED] **Age:** 77Y

Gender: Female **MRN:** [REDACTED]

Procedure Date: 09/12/2022

Report Date: 09/12/2022

Ordered By: MIOHARE

Location: Consultant Referral

Episode Type: Consultant Referral

Consultant/GP: MCDONNELL PROF. CIARAN

Technologist: Sarah Clarke Senior Vascular Physiologist

Authorised By:

Referral Reason: On or before SOPD

Procedure: VUS LOWER LIMB ARTERIES RT - Technologist Report

VUS LOWER LIMB ARTERIES RT - Technologist Report

Duplex Right Lower Limb Arteries

Indication: bilaterally reduced resting ABIs.

The abdominal aorta and right common iliac artery demonstrate moderate atheroma causing no significant stenosis.

The right external iliac artery demonstrates calcific plaque distally causing a greater than 95% stenosis (PSV = 602cm/s).

The right common femoral and proximal profunda femoral arteries demonstrate echogenic plaque causing no significant stenosis.

The superficial femoral artery (SFA) demonstrates extensive echogenic plaque throughout the upper thigh with a small channel of low volume flow noted proximally. Increased velocities in keeping with a greater than 75% stenosis are detected in the upper thigh (PSV = 331cm/s). The SFA is occluded from ~8cm from it's origin with no colour flow or Doppler signal detected throughout the mid and lower thigh.

The popliteal artery refills via collateral vessels. The popliteal artery and tibio-peroneal trunk are patent with low volume monophasic flow noted throughout.

Follow-Up: SOPD today.

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Procedure Date 09/12/2022
Report Date 09/12/2022
Ordered By MIOHARE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By

Referral Reason On or before SOPD

Procedure VUS LOWER LIMB ARTERIES LT - Technologist Report

VUS LOWER LIMB ARTERIES LT - Technologist Report

Duplex Left Lower Limb Arteries

Indication: bilaterally reduced resting ABIs.

The abdominal aorta and left common iliac artery demonstrate moderate atheroma causing no significant stenosis.

The left external iliac artery demonstrates calcific plaque in the mid-distal vessel causing a 50-75% stenosis (PSV = 274cm/s).

The left common femoral and proximal profunda femoral arteries demonstrate echogenic plaque causing no significant stenosis.

The superficial femoral artery is patent for ~2.5cm from it's origin with extensive echogenic plaque and a small channel of low volume monophasic flow noted within. Beyond this no colour flow or Doppler signal is detected throughout upper and mid-thigh. The SFA refills distally via collateral vessels.

The remainder of the SFA, the popliteal artery and tibio-peroneal trunk are patent with low volume monophasic flow noted throughout.

Follow-Up: SOPD today

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DOB [REDACTED] **Age** 69Y
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Procedure Date 12/12/2022
Report Date 12/12/2022
Ordered By EQUILTY
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason 1 year follow up please.
Procedure VUS POPLITEAL ARTERY RT - Authorised Report

VUS POPLITEAL ARTERY RT - Authorised Report

Duplex Right Lower Limb Arteries:

Indication: popliteal artery aneurysm surveillance.

The abdominal aorta and right iliac arteries demonstrate moderate atheroma causing no significant stenosis.

The right common femoral artery is aneurysmal measuring 1.8cm x 2.0cm and demonstrates mild atheroma causing no significant stenosis.

The proximal profunda femoral artery is patent and within normal limits.

The superficial femoral artery (SFA) demonstrates mild atheroma throughout it's length causing no significant stenosis. The SFA is ectatic proximally measuring 1.5cm maximally.

The popliteal artery demonstrates echogenic plaque causing no significant stenosis and is aneurysmal measuring 1.6cm in maximum diameter, as before.

The tibio-peroneal trunk demonstrates moderate atheroma causing no significant stenosis.

Follow-Up: 1 year.

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Procedure Date 12/12/2022
Report Date 12/12/2022
Ordered By EQUILTY
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MULKERN MR. EDWARD
Technologist Sarah Clarke Senior Vascular Physiologist
Authorised By Mr. Edward Mulkern Consultant Vascular Surgeon
Referral Reason 1 year follow up please.
Procedure VUS POPLITEAL ARTERY LT - Authorised Report

(23)

VUS POPLITEAL ARTERY LT - Authorised Report

Duplex Left Lower Limb Arteries

Indication: popliteal artery aneurysm surveillance.

The abdominal aorta and left iliac arteries demonstrate moderate atheroma causing no significant stenosis.

The left common femoral artery is aneurysmal measuring 1.8cm x 2.0cm and demonstrates mild atheroma causing no significant stenosis.

The proximal profunda femoral artery is patent and within normal limits.

The superficial femoral artery (SFA) demonstrates mild atheroma throughout it's length causing no significant stenosis. The SFA is ectatic proximally measuring 1.6cm maximally and distally measuring 1.5cm maximally.

The popliteal artery demonstrates moderate atheroma causing no significant stenosis and is aneurysmal measuring 1.7cm in maximum diameter, previously 1.6cm.

The tibio-peroneal trunk demonstrates moderate atheroma causing no significant stenosis.

Follow-Up: 1 year.

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Procedure Date 16/12/2022
Report Date 16/12/2022
Ordered By MIOHARE
Location Consultant Referral
Episode Type Consultant Referral

Consultant/GP MCDONNELL PROF. CIARAN

Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason before or same day as SOPD

Procedure VUS LOWER LIMB ARTERIES RT - Technologist Report

VUS LOWER LIMB ARTERIES RT - Technologist Report

Duplex Right Lower Limb Arteries

Indication: Bilateral reduced resting ABI. RABI = 0.57, LABI = 0.33

The abdominal aorta and right common iliac artery are patent where imaged with no significant stenosis detected.

The right external iliac artery demonstrates echogenic plaque causing a greater than 75% stenosis (PSV = 381cm/s) in the mid-distal vessel.

The common femoral artery demonstrates echogenic plaque causing no significant stenosis.

The proximal profunda femoral artery is patent.

The superficial femoral artery (SFA) demonstrates echogenic plaque proximally causing no significant stenosis.

In the mid-thigh the SFA demonstrates irregular surfaced mixed echogenic plaque causing a 50-75% stenosis (PSV = 296cm/s).

In the lower thigh the SFA demonstrates irregular surfaced mixed echogenic plaque causing a subsequent 50-75% stenosis (PSV = 288cm/s).

The remainder of the SFA is patent with monophasic flow noted throughout.

The popliteal artery and tibio-peroneal trunk demonstrate mild atheroma and monophasic flow throughout.

The origin of the peroneal artery, the posterior and anterior tibial arteries are patent with monophasic flow noted throughout throughout the calf crossing the ankle into the foot.

Follow-Up: SOPD today.

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Episode Type Consultant Referral

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Technologist Sarah Clarke Senior Vascular Physiologist

Authorised By

Referral Reason before or same day as SOPD

Procedure VUS LOWER LIMB ARTERIES LT - Technologist Report

VUS LOWER LIMB ARTERIES LT - Technologist Report

Duplex Left Lower Limb Arteries

Indication: Bilateral reduced resting ABI. RABI = 0.57, LABI = 0.33

The abdominal aorta and left common iliac artery are patent where imaged with no significant stenosis detected.

The left external iliac artery (EIA) appears occluded with no colour flow or Doppler signal detected throughout the portions imaged. The left EIA appears to refill distally.

The common femoral artery demonstrates calcific plaque causing no significant stenosis and demonstrates monophasic flow within.

The proximal profunda femoral artery is patent.

The superficial femoral artery (SFA) demonstrates echogenic plaque proximally causing no significant stenosis.

The remainder of the SFA is patent with no significant plaque formation imaged and monophasic flow throughout.

The popliteal artery and tibio-peroneal trunk demonstrate mild atheroma and low volume monophasic flow throughout.

The origin of the peroneal artery, the posterior tibial artery and the anterior tibial artery are patent with low volume monophasic flow noted throughout crossing the ankle into the foot.

Follow-Up: SOPD today.