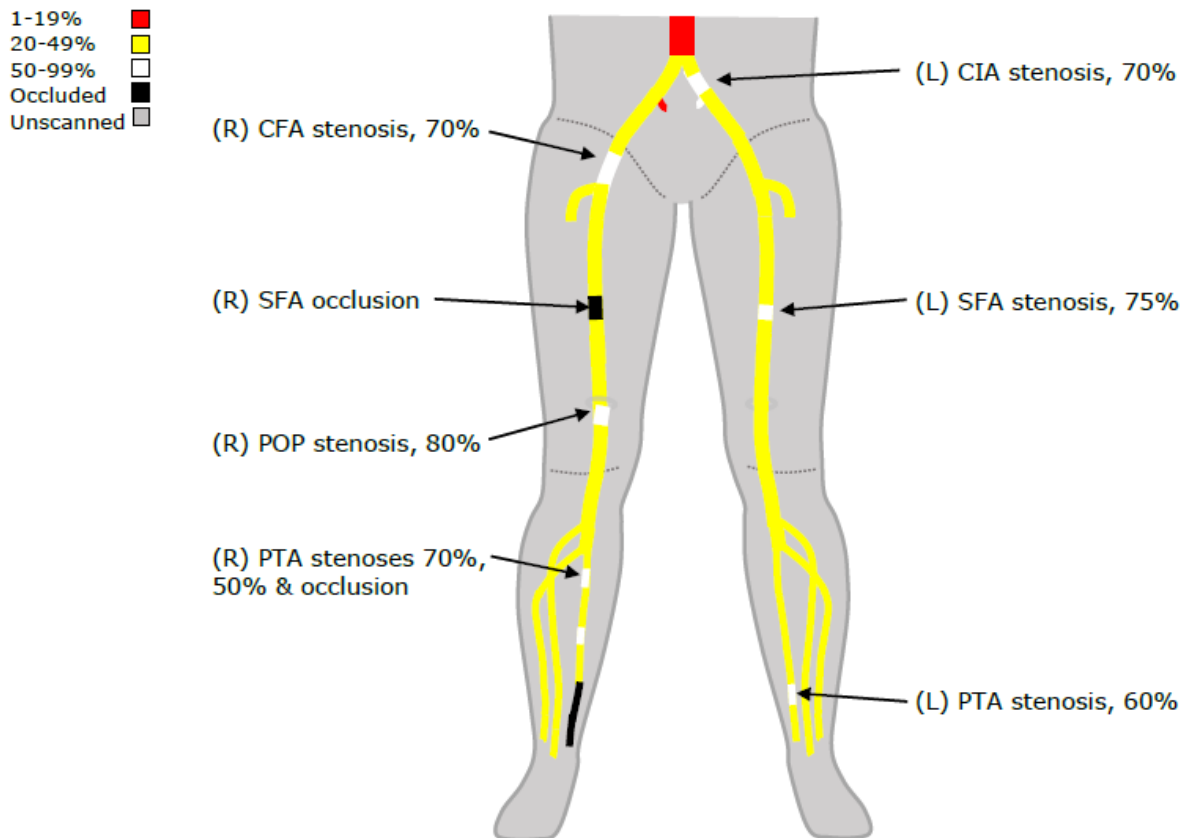


DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 05.01.2023



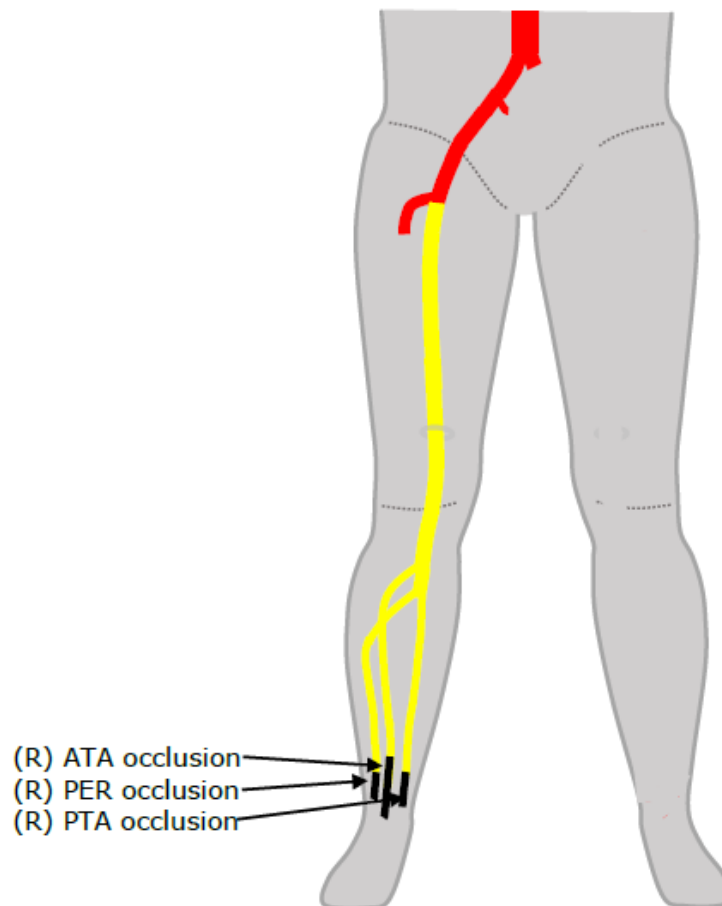
Conclusion:

1. (L) CIA distal stenosis, 50-99% (nearer 70%). Elevated velocities detected in the (L) IIA origin suggestive of a stenosis.
2. (L) SFA stenosis at mid-thigh, 50-99% (nearer 75%).
3. (L) PTA distal stenosis, 50-99% (nearer 60%).
4. (R) CFA stenosis, 50-99% (nearer 70%).
5. (R) SFA short segment occlusion at mid-thigh, ~2cm in length.
6. (R) POP proximal stenosis, 50-99% (nearer 80%).
7. (R) PTA stenoses, 50-99%, proximally (nearer 70%) and mid-calf (nearer 50%). Then PTA occludes distally.
8. Moderate disease in remaining bilateral lower limb arteries, 20-49%.

Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

1-19% ■
 20-49% ■
 50-99%
 Occluded ■
 Unscanned ■



Conclusion:

Limited assessment of (R) tibial arteries due to heavy calcification.

1. (R) CFA patent post-embolectomy, 1-19%.
2. (R) ATA occludes distally.
3. (R) PER occludes at ankle
4. (R) PTA occludes at ankle.
5. Moderate disease in (R) SFA, POP and remaining tibial arteries, 20-49%.
6. Minor disease in remaining (R) lower limb arteries, 1-19%.

Reported by: W. Navarro *[Signature]*
 Clinical Vascular Ultrasound Sci.

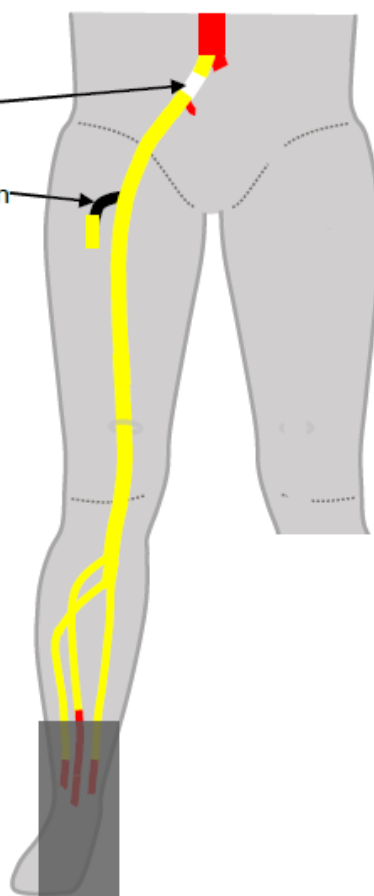
DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 05.01.2023

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■

(R) CIA stenosis 55%


(R) PFA origin occlusion



Conclusion:

Limited assessment, (R) tibial arteries below mid-calf level not assessed due to ulcer dressings. Vessels heavily calcified.

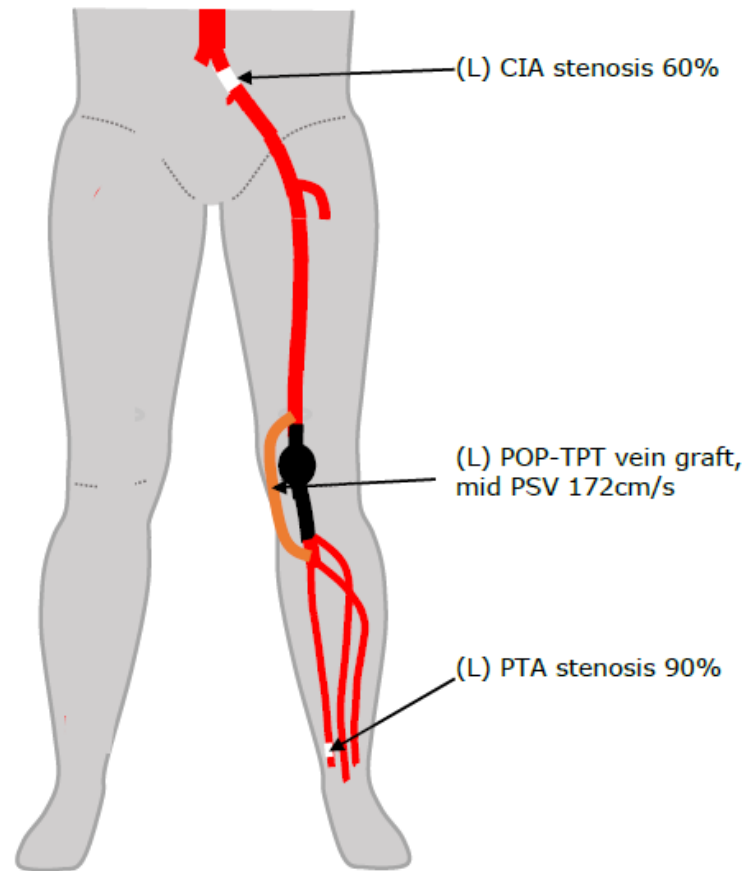
1. (R) CIA stenosis, 50-99% (nearer 55%).
2. (R) PFA origin occluded, flow reforms distally.
3. Moderate disease in (R) proximal PTA, 20-49% (nearer 49%).
4. Diffuse disease in remaining (R) lower limb arteries, 20-49%.

Reported by: W. Navarro 
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB GRAFT

Scan Date: 05.01.2023

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■




Conclusion:

1. (L) POP – TPT vein graft patent, mid PSV 172cm/s.
2. (L) residual POP aneurysm thrombosed, maximum diameter 2.2cm.
3. (L) CIA stenosis, 50-99% (nearer 60%).
4. (L) PTA stenosis at ankle, 50-99% (nearer 90%).
5. Minor disease in remaining (L) lower limb arteries, 1-19%.

Summary and next planned surveillance:

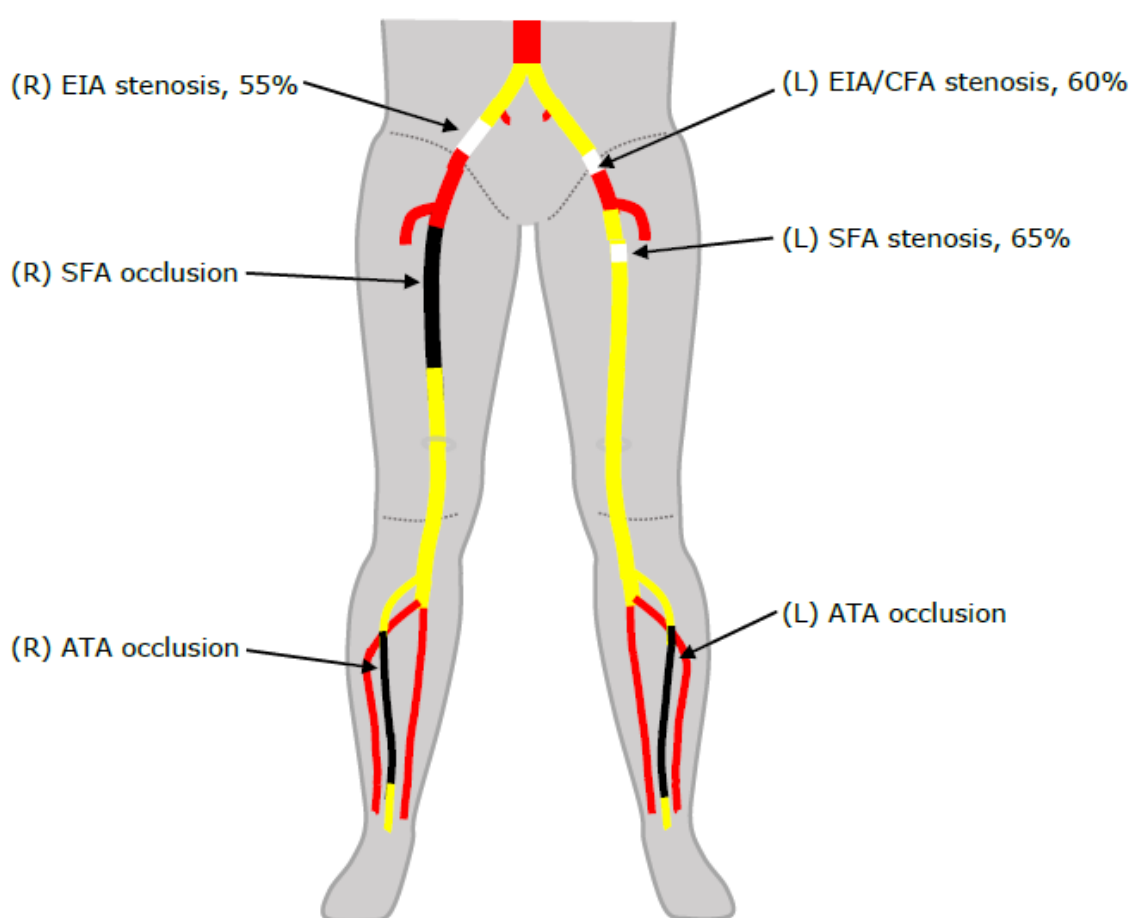
Initial UA scan. Graft widely patent. Next planned scan 16/02/2023 (6weeks).

Reported by: W. Navarro 
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 03.01.2023

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

1. (R) EIA stenosis, 50-99% (nearer 55%).
2. (R) SFA occludes ~9.7mm from origin, flow reforms at mid-thigh.
3. (R) ATA occludes proximally, very low flow reforms distally.
4. (L) EIA/CFA stenosis, 50-99% (nearer 60%).
5. (L) SFA proximal stenosis, 50-99% (nearer 65%).
6. (L) ATA occludes proximally, retrograde flow reforms at ankle.
7. Moderate disease in remaining bilateral iliac arteries, SFAs, POPs, TP-trunks and ATAs, 20-49%.
8. Minor disease in remaining bilateral lower limb arteries, 1-19%.

See separate report for ABPI assessment.

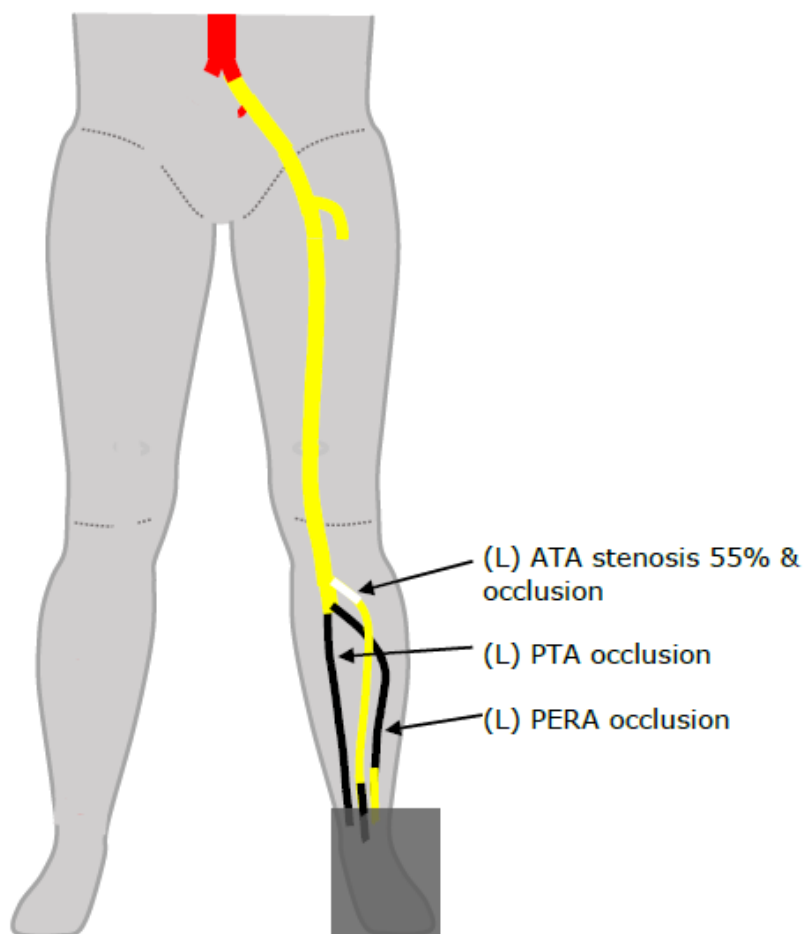
Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 03.01.2023

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

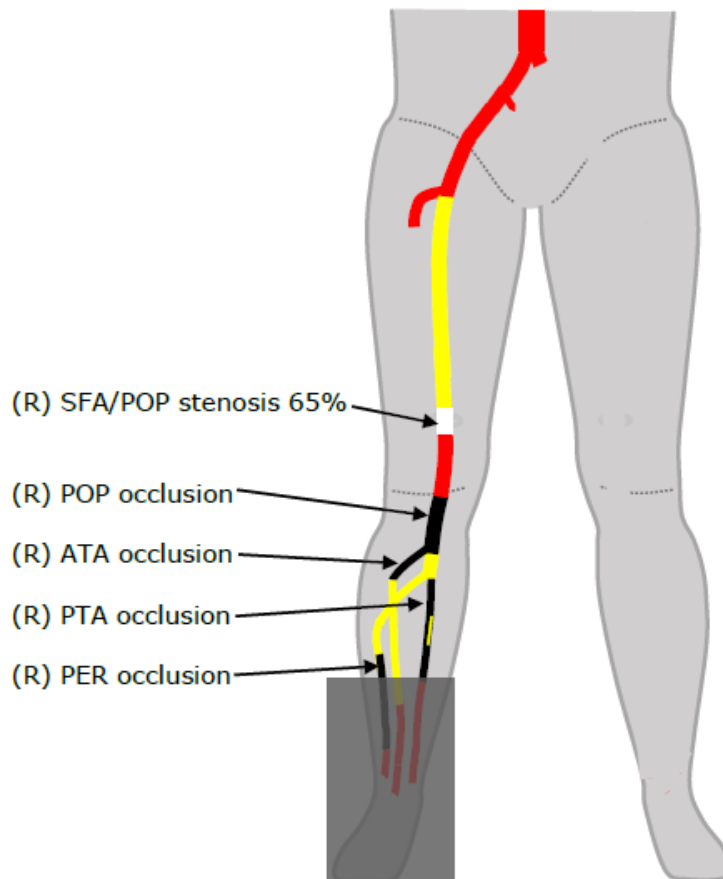
Limited assessment, (L) tibial arteries at ankle not assessed due to bandage.

1. (L) ATA origin stenosis, 50-99% (nearer 55%). Then ATA occludes distally.
2. (L) PTA occluded.
3. (L) PERA occluded, flow reforms distally.
4. Moderate disease detected in remaining (L) lower limb arteries, 20-49%.

Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

1-19% ■
 20-49% ■
 50-99% ■
 Occluded ■
 Unscanned ■



Conclusion:

Limited assessment, (R) tibial arteries below mid-calf level not assessed due to ulcer bandage.

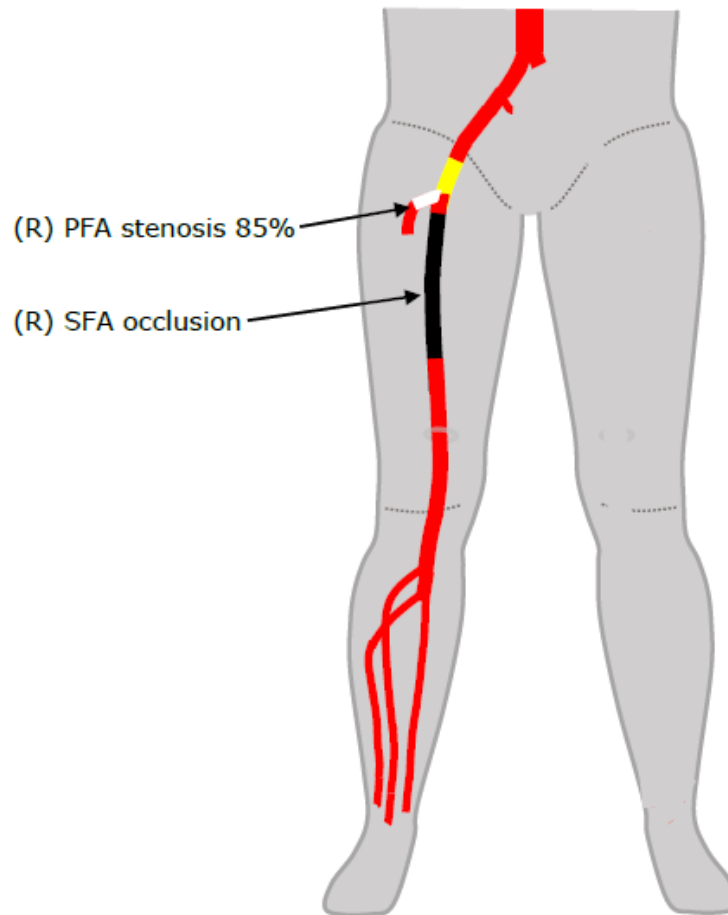
1. (R) distal SFA/ POP stenosis, 50-99% (nearer 65%).
2. (R) POP BK occluded, flow reforms in TP-trunk and proximal ATA. ATA origin occluded.
3. (R) PER occludes above mid-calf level.
4. (R) PTA occluded. Some recanalisation demonstrated in proximal calf.
5. Moderate disease in remaining (R) SFA, 20-49%.
6. Minor disease in remaining (R) lower limb arteries, 1-19%.

Reported by: W. Navarro *[Signature]*
 Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 29.12.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■

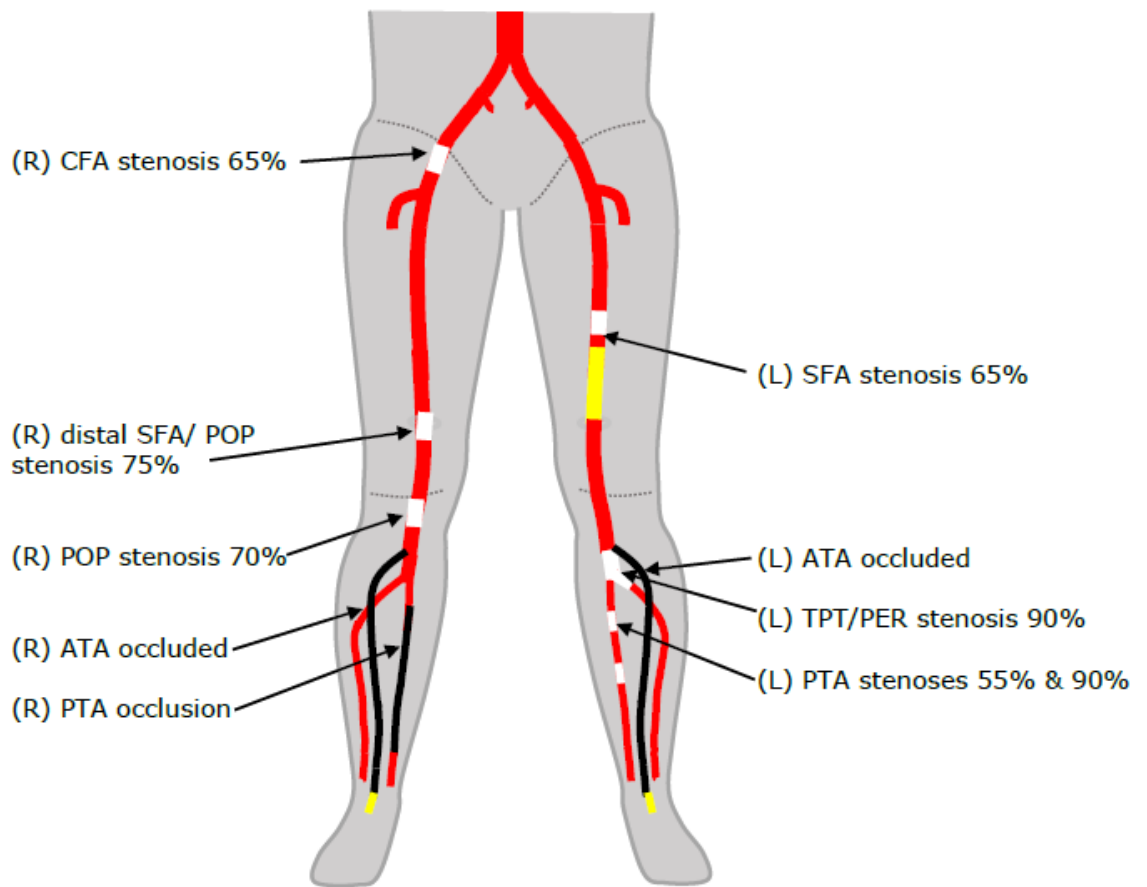


Conclusion:

1. (R) SFA occludes ~2mm after the origin, flow reforms distally.
2. (R) PFA origin stenosis, 50-99% (nearer 85%).
3. Moderate disease in (R) CFA, 20-49%.
4. Abdominal aorta ectatic, maximum AP diameter 2.5cm.
5. Minor disease in remaining (R) lower limb arteries, 1-19%.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

1-19% ■
 20-49% ■
 50-99% ■
 Occluded ■
 Unscanned ■

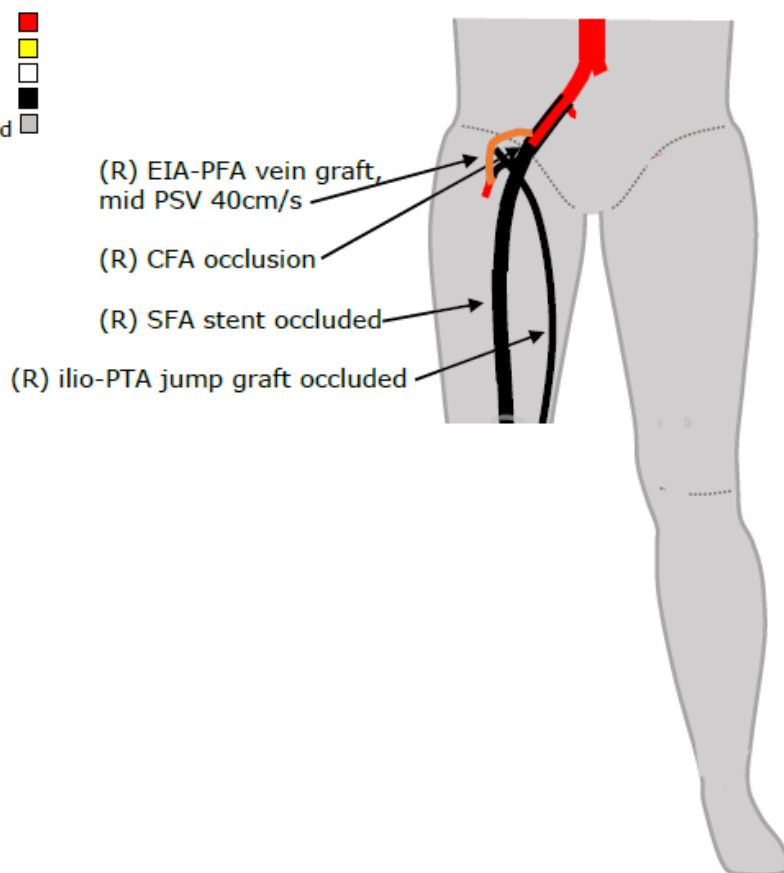


Conclusion:

1. (R) CFA stenosis, 50-99% (nearer 65%).
2. (R) distal SFA/POP stenosis, 50-99% (nearer 75%).
3. (R) POP just BK stenosis, 50-99% (nearer 70%).
4. (R) ATA occluded, flow reforms in DP.
5. (R) PTA occludes proximally, flow reforms at ankle.
6. (L) mid SFA stenosis, 50-99% (nearer 65%).
7. (L) ATA occluded, flow reforms in DP.
8. (L) TP-trunk/PER origin stenosis, 50-99% (nearer 90%).
9. (L) PTA stenoses, 50-99%, proximally (nearer 55%) and at mid (nearer 90%).
10. Moderate disease in distal (L) SFA, 20-49%.
11. Minor disease in remaining bilateral lower limb arteries, 1-19%.

Reported by: W. Navarro
 Clinical Vascular Ultrasound Sci.

1-19% ■
 20-49% ■
 50-99% ■
 Occluded ■
 Unscanned ■



Conclusion:

1. (R) EIA stent patent, 1-19%.
2. (R) EIA-PFA vein graft patent, mid PSV 40cm/s. PFA just distal to graft patent.
3. (R) ilio-PTA jump graft occluded.
4. (R) CFA and SFA stent occluded.
5. Minor disease in abdominal aorta and (R) CIA, 1-19%.

Summary and next planned scan:

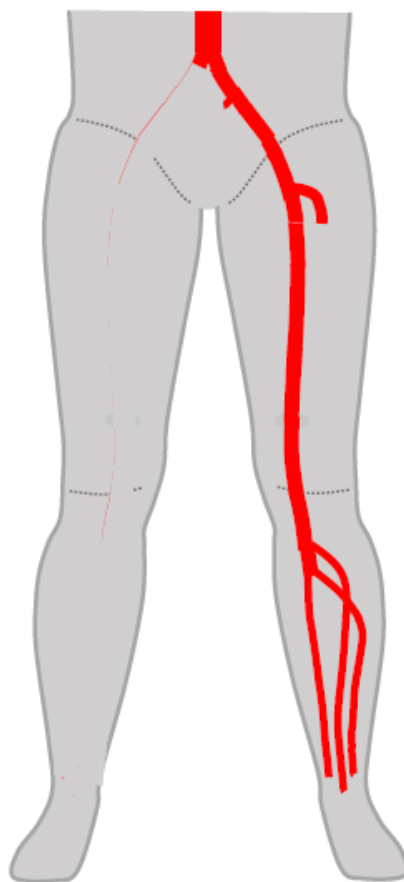
(R) EIA-PFA graft patent. Known occluded jump graft and recent AK amputation – no next planned scan.
 Please request on EPR if further surveillance scans required.

Reported by: W. Navarro *[Signature]*
 Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 20.12.2022


1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

1. Minor disease detected in (L) lower limb arteries, 1-19%.

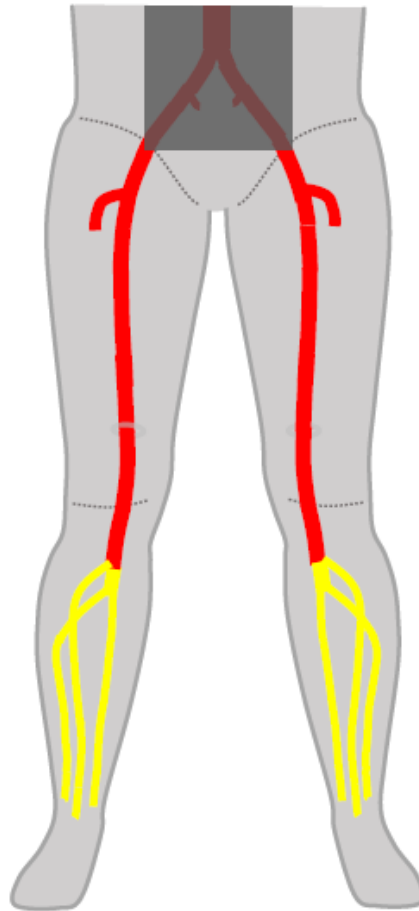
Reported by: L. Stone
Tr. Clinical Scientist

Authorised by: W. Navarro 
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 09.12.2022


1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



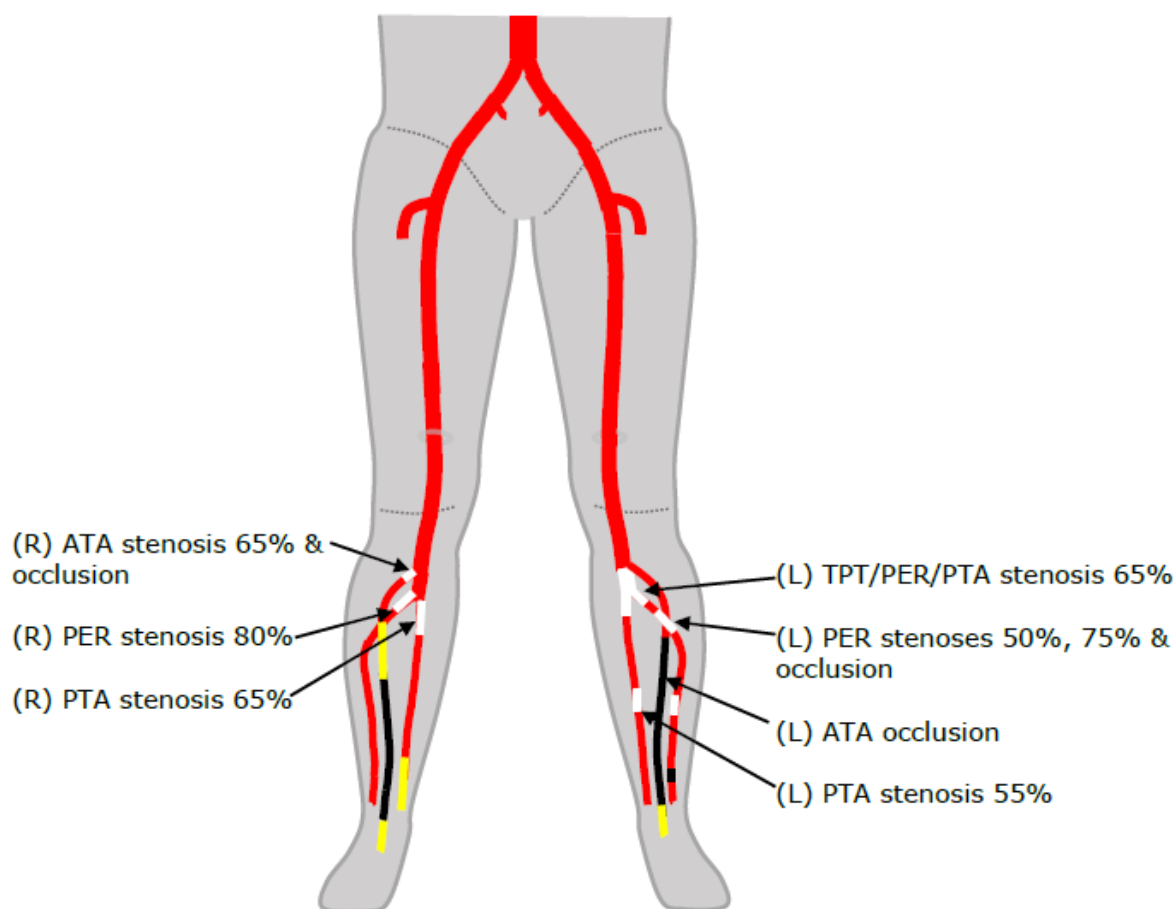
Conclusion:

Limited assessment, aorto-iliac arteries not visualised due to habitus. Tibial vessels heavily calcified.

1. Moderate disease in bilateral tibial arteries, 20-49%.
2. Minor disease in bilateral CFAs, PFA origins, SFAs and POPs, 1-19%.

Reported by: W. Navarro 
Clinical Vascular Ultrasound Sci.

1-19% ■
 20-49% ■
 50-99% ■
 Occluded ■
 Unscanned ■



Conclusion:

1. (R) ATA origin stenosis, 50-99% (nearer 65%). Irregular flow lumen in proximal ATA suggests previously occluded, now recanalised. Then ATA occludes proximally, flow reforms in DP.
2. (R) PER origin stenosis, 50-99% (nearer 80%).
3. (R) PTA origin stenosis, 50-99% (nearer 65%). Moderate disease in distal PTA, 20-49%.
4. (L) ATA occludes proximally, retrograde flow reforms below ankle level.
5. (L) distal TP-trunk stenosis extending into both PER and PTA origins, 50-99% (nearer 65%).
6. (L) PER stenoses, 50-99%, proximally (nearer 50%) and mid (nearer 75%). Short segment occlusion in PER above ankle, length 8mm.
7. (L) PTA stenosis at mid, 50-99% (nearer 55%).
8. Minor disease in remaining bilateral lower limb arteries, 1-19%.

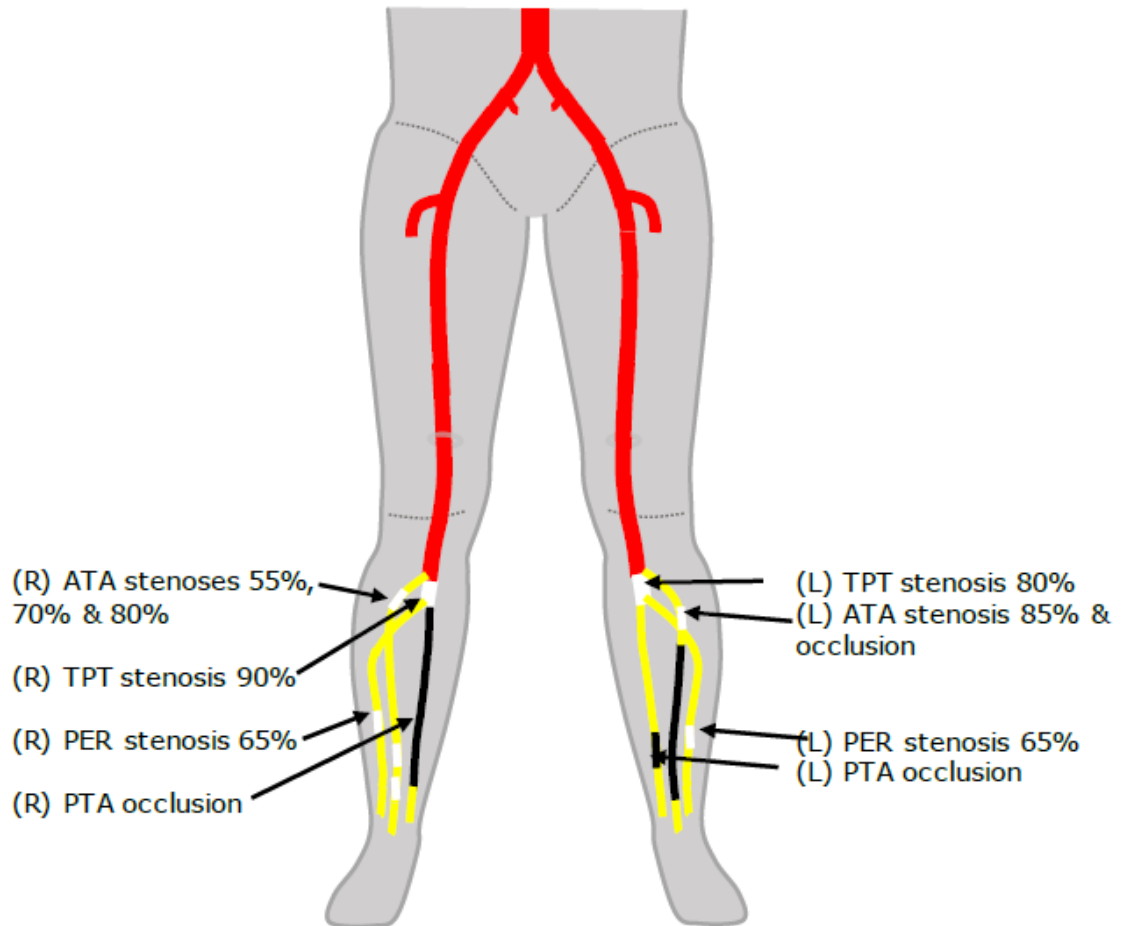
See separate report for bilateral lower limb venous duplex assessment.

Reported by: W. Navarro *[Signature]*
 Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 01.12.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

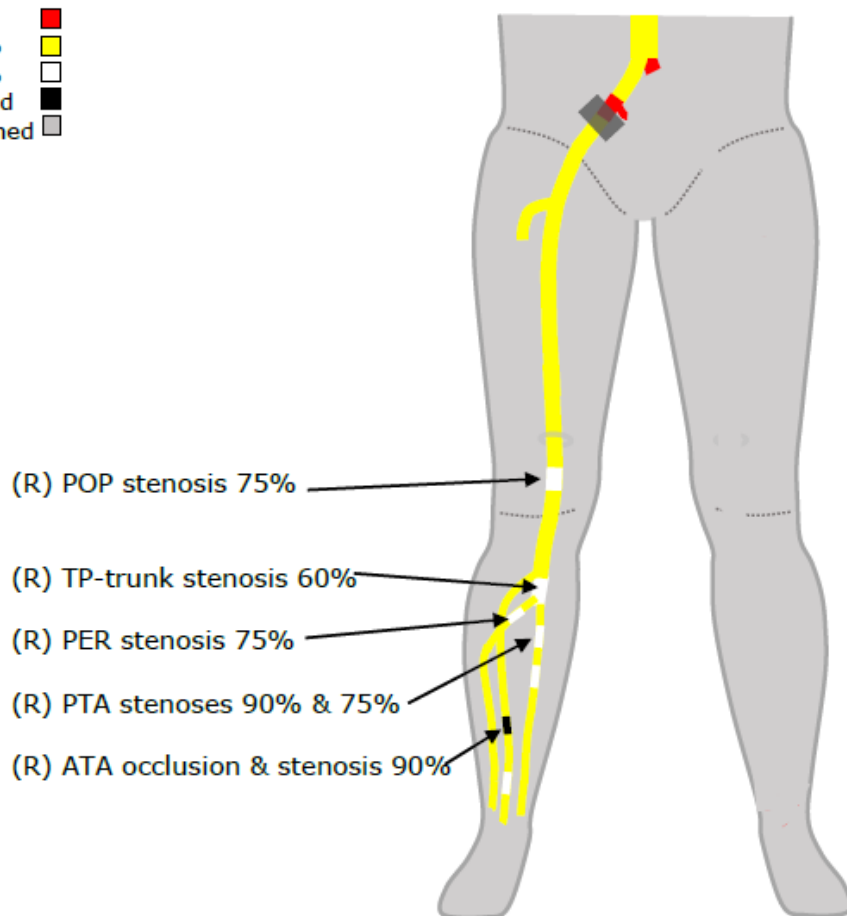
1. (L) ATA proximal stenosis, 50-99% (nearer 85%). Then ATA occludes proximally, flow reforms above ankle.
2. (L) TP-trunk stenosis, 50-99% (nearer 80%).
3. (L) PER distal stenosis, 50-99% (nearer 65%).
4. (L) PTA occludes distally, flow reforms above ankle.
5. (R) ATA stenoses, 50-99%, at origin (nearer 55%) and two distally (nearer 70% and nearer 80%).
6. (R) TP-trunk stenosis, 50-99% (nearer 90%).
7. (R) PER mid stenosis, 50-99% (nearer 65%).
8. (R) PTA occluded, flow reforms distally.
9. Moderate disease in remaining bilateral tibial arteries, 20-49%.
10. Minor disease in remaining bilateral lower limb arteries, 1-19%.

Reported by: W. Navarro
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 29.11.2022

1-19% ■
20-49% ■
50-99%
Occluded ■
Unscanned ■



Conclusion:

Limited assessment, (R) proximal EIA not detected due to bowel gas. Tibial vessels heavily calcified.

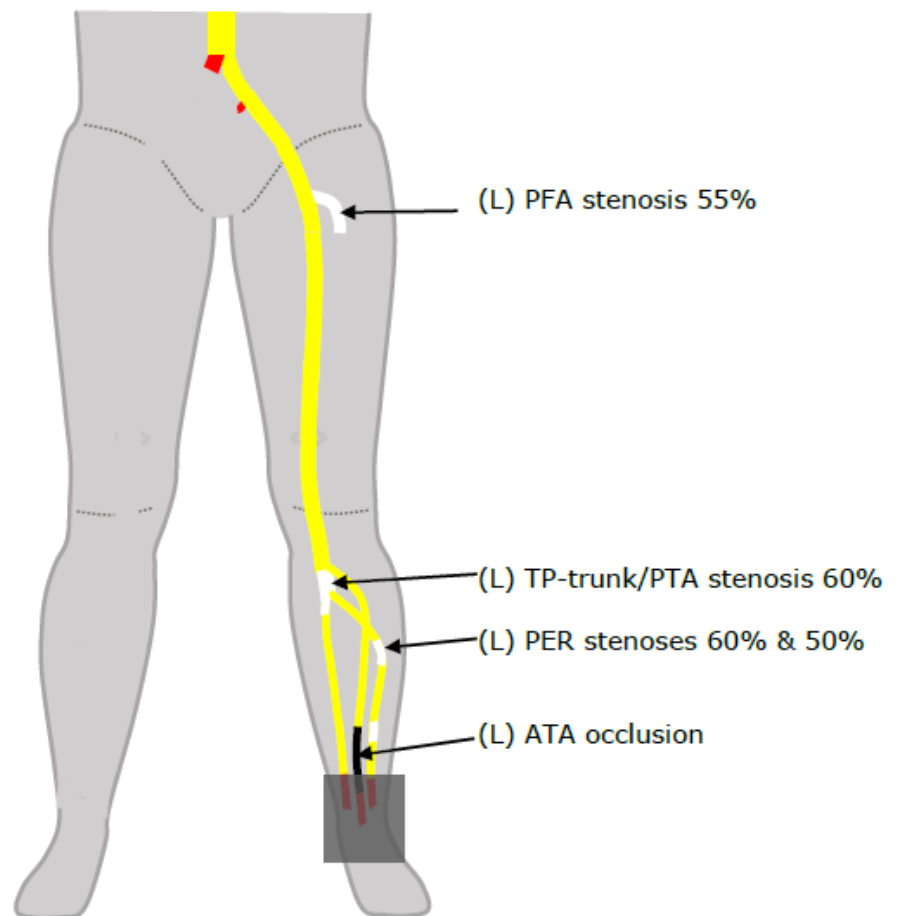
1. (R) POP AK stenosis, 50-99% (nearer 75%).
2. (R) TP-trunk stenosis, 50-99% (nearer 60%).
3. (R) ATA short segment occlusion at mid-calf, length ~1.4cm. Stenosis in distal ATA, 50-99% (nearer 90%).
4. (R) PTA stenoses proximally, 50-99% (nearer 90% and nearer 75%).
5. (R) PER stenosis proximally, 50-99% (nearer 75%).
6. Diffuse disease in remaining (R) lower limb arteries, 20-49%.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 28.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

Limited assessment, (L) tibial arteries at ankle not assessed due to bandage.

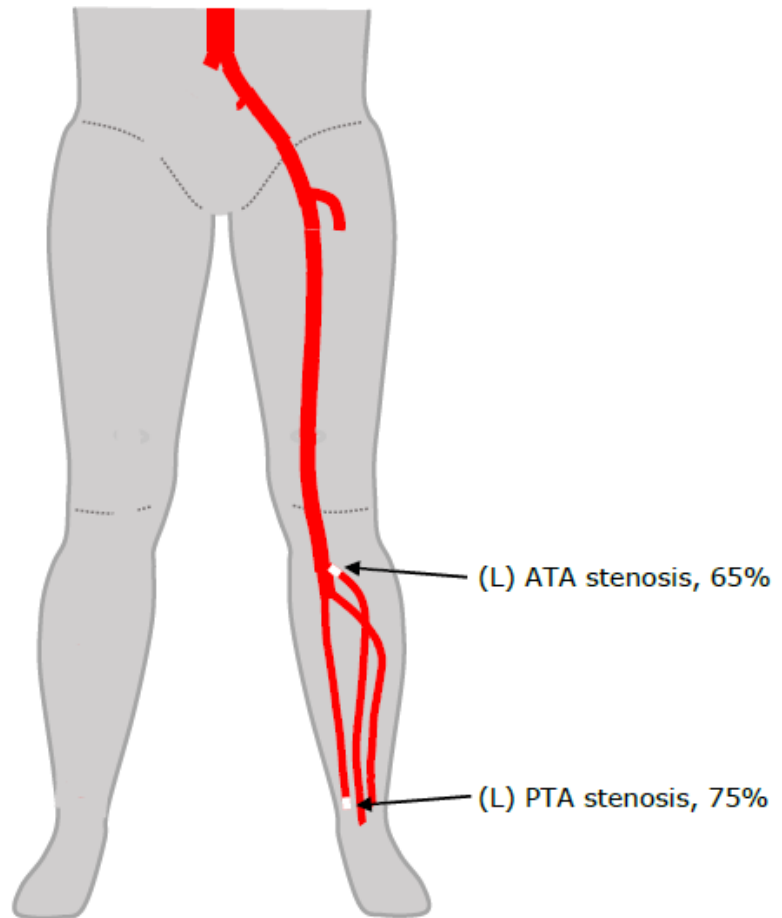
1. (L) PFA origin stenosis, 50-99% (nearer 55%).
2. (L) ATA occludes distally.
3. (L) distal TP-trunk/PTA origin stenosis, 50-99% (nearer 60%).
4. (L) PER stenoses, 50-99%, proximally (nearer 60%) and below mid-calf level (nearer 50%).
5. Moderate disease in (L) mid SFA, distal PTA and remaining PER, 20-49% (nearer 45%).
6. Diffuse calcification in remaining (L) lower limb arteries, 20-49%.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 22.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

1. (L) ATA stenosis at origin, 50-99% (nearer 65%).
2. (L) PTA stenosis at ankle level, 50-99% (nearer 75%).
3. Minor disease in remaining (L) lower limb arteries, 1-19%.

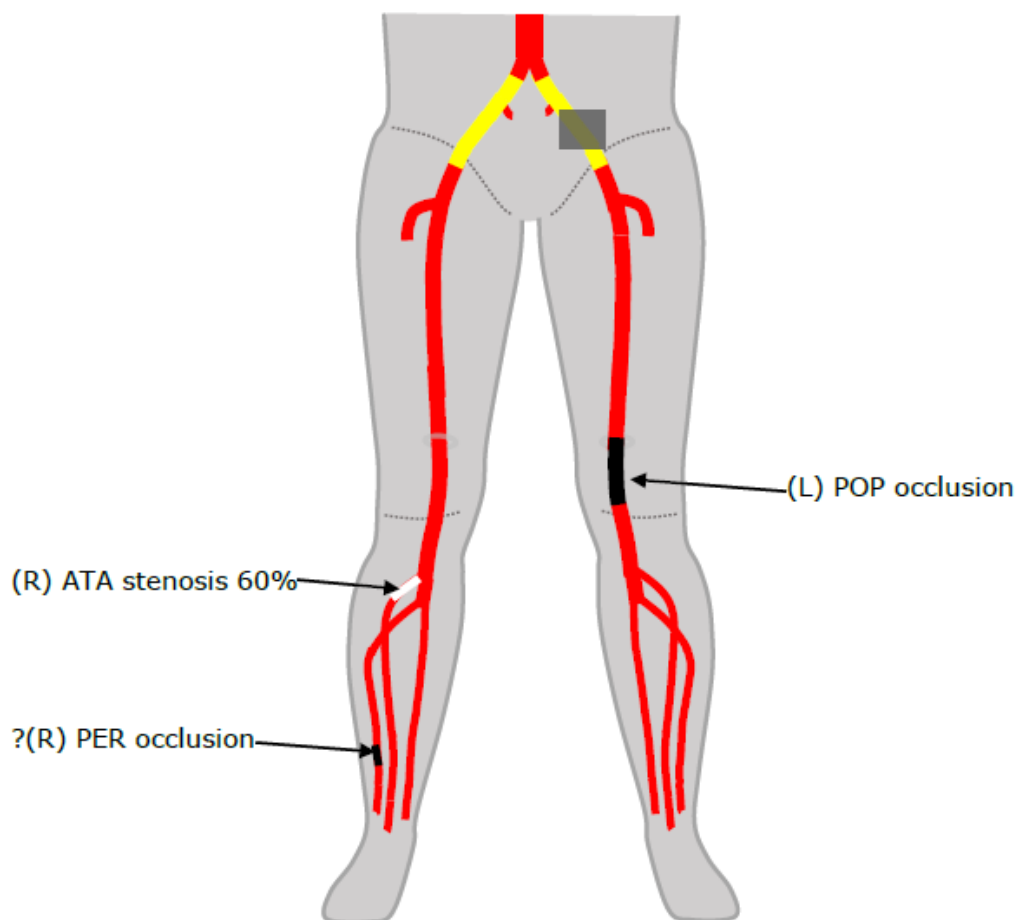
Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 22.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

Limited assessment, (L) proximal EIA not detected due to extensive bowel gas.

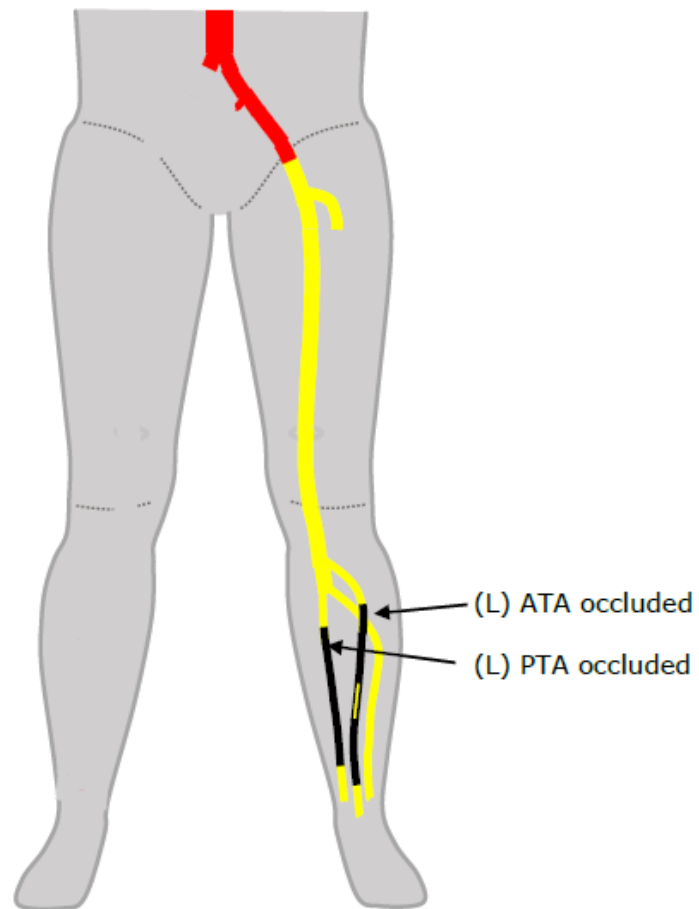
1. (L) POP AK occluded, flow reforms in mid POP.
2. (R) ATA origin stenosis, 50-99% (nearer 65%).
3. No flow detected in (R) distal PER suggests an occlusion.
4. Moderate disease in bilateral CIAs and EIAs, 20-49% (nearer 49%).
5. Minor disease in remaining bilateral lower limb arteries, 1-19%.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 21.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

Limited assessment of (L) lower limb arteries due to heavy calcification.

1. (L) ATA occludes proximally, flow reforms distally. Minor recanalisation detected at mid-calf.
2. (L) PTA occludes proximally, flow reforms at the ankle.
3. Moderate disease in remaining (L) lower limb arteries, 20-49%. Very limited assessment of PER due to heavy calcification.

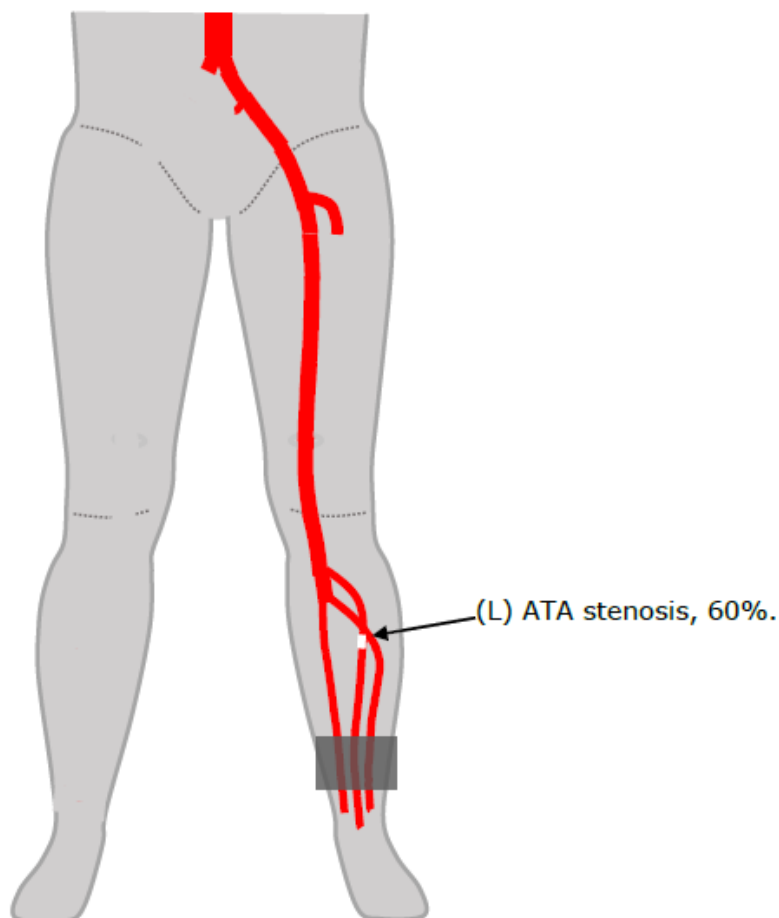
Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 21.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

Limited assessment due to patient habitus. (L) tibial arteries in distal calf not assessed due to ulcer dressing.

1. (L) ATA proximal stenosis, 50-99% (nearer 60%).
2. Minor disease in remaining (L) lower limb arteries, 1-19%.
3. ABPIs erroneous, ankle pressures greater than 220mmHg.
4. Abdominal aorta ectatic, maximum AP diameter 2.8cm.

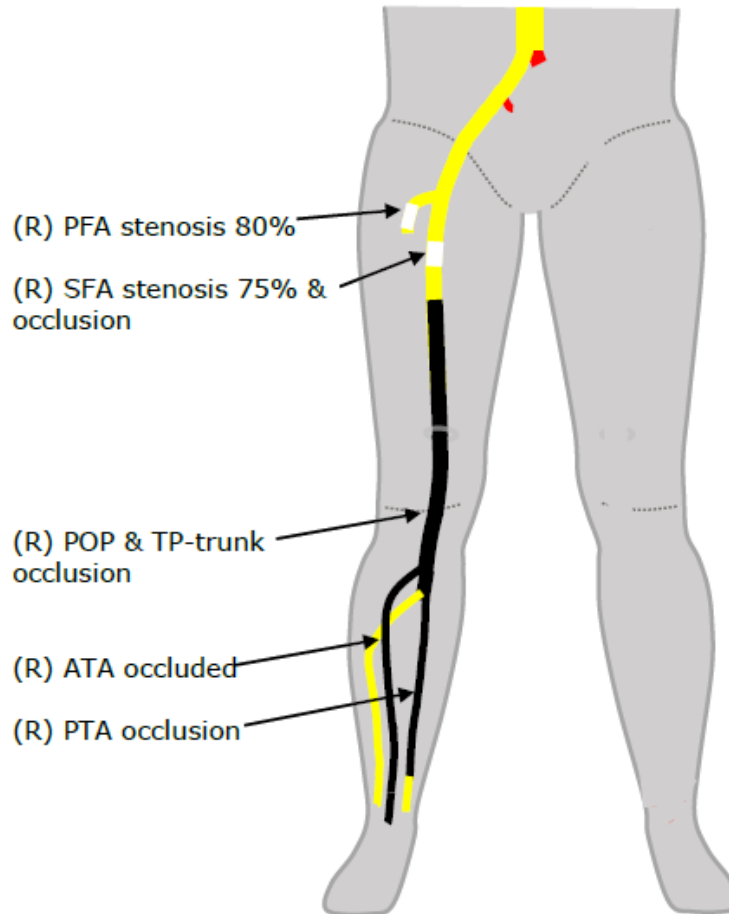
Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 21.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

Limited assessment of abdominal aorta and (R) iliac arteries due to habitus and bowel gas.

1. (R) SFA proximal stenosis, 50-99% (nearer 75%). Then SFA occludes ~15cm below groin skin crease.
2. (R) PFA stenosis below the origin, 50-99% (nearer 80%).
3. (R) POP and TP-trunk occluded, flow reforms in proximal PER.
4. (R) PTA occluded, flow reforms at ankle.
5. (R) ATA occluded.
6. Diffuse disease in remaining (R) lower limb arteries, 20-49%.

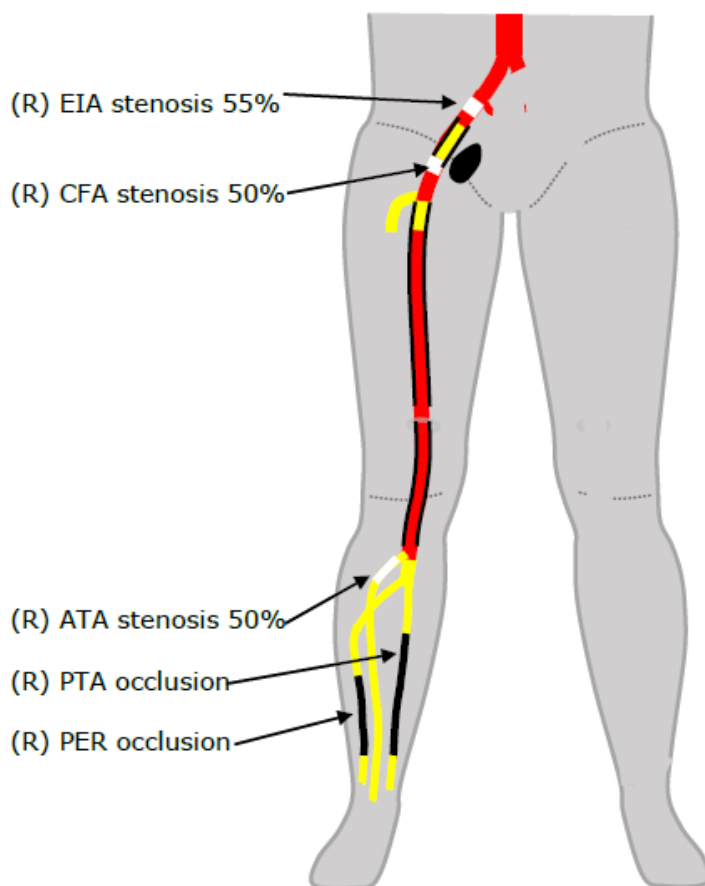
Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 21.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

1. (R) EIA proximal stenosis, 50-99% (nearer 55%).
2. (R) EIA stent patent with moderate narrowing, 20-49%.
3. (R) CFA stenosis distal to stent, 50-99% (nearer 50%) -?due to change in calibre.
4. (R) SFA and POP stents patent with moderate narrowing at the origin, 20-49%.
5. (R) ATA stenosis after the origin, 50-99% (nearer 50%).
6. (R) PER occludes at mid-calf, flow reforms distally.
7. (R) PTA occludes proximally, flow reforms at ankle.
8. Diffuse disease in (R) PFA origin and remaining tibial arteries, 20-49%.
9. Minor disease in remaining (R) lower limb arteries, 1-19%.
10. Non-vascularised, predominantly echolucent mass detected superficial to (R) EIA/CFA level, dimension 3.2cm x 2.4cm - ?haematoma.

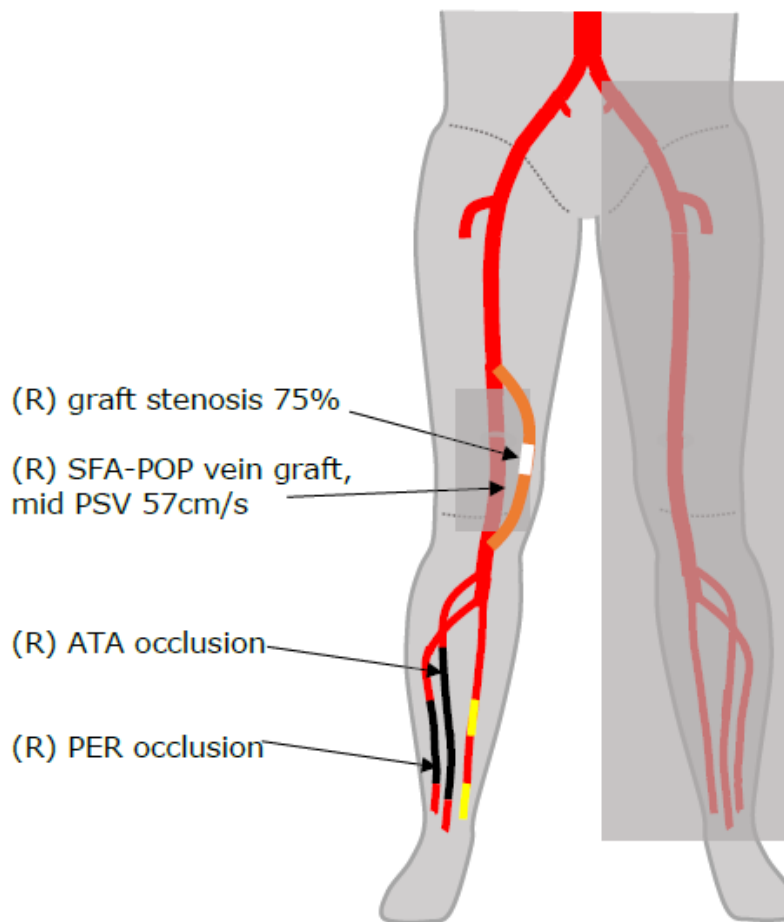
Reported by: S. Poyntz
Tr. Clinical Scientist

Authorised by: W. Navarro *[Signature]*
Clin. Vascular Ult. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 15.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

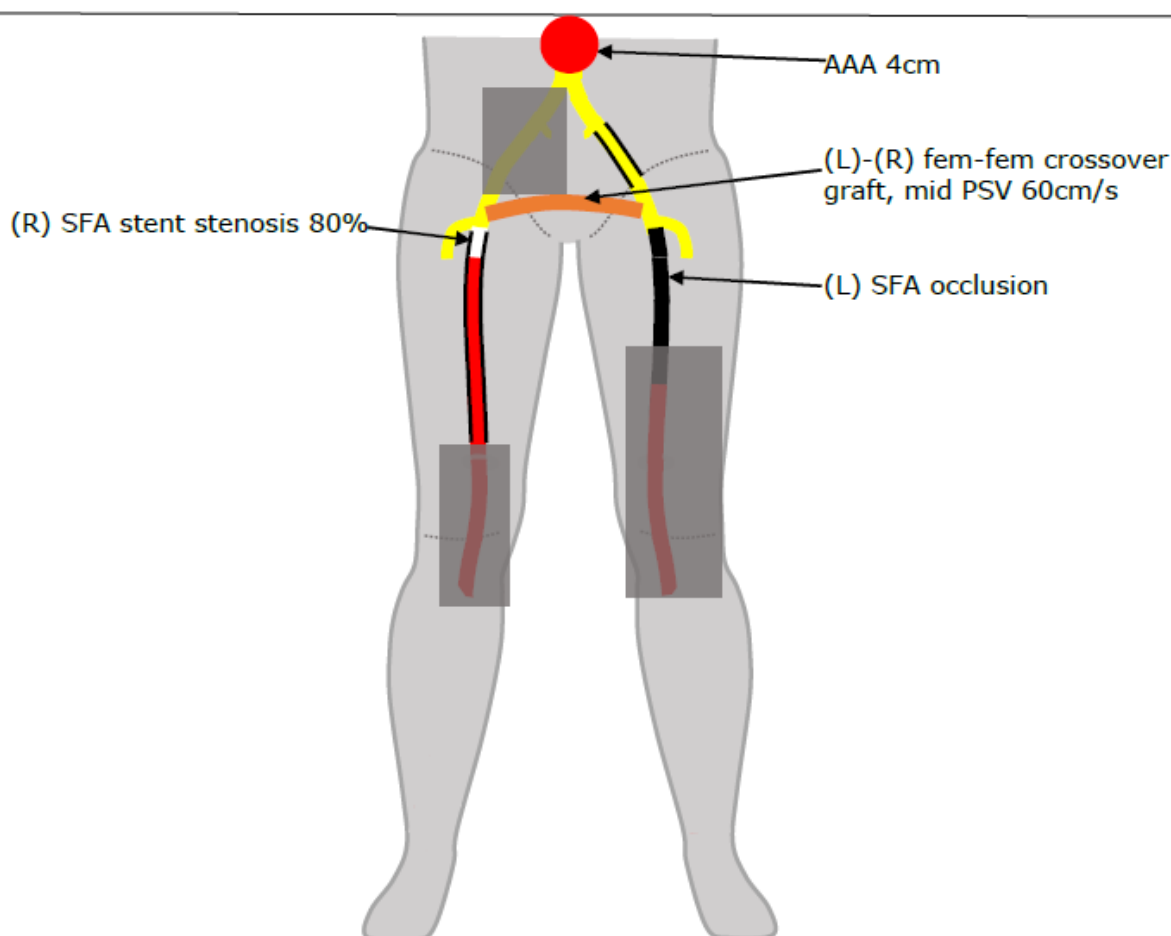
1. (R) SFA-POP vein graft patent, mid PSV 57cm/s. Stenosis in graft ~5cm AK, 50-99% (nearer 75%).
2. (R) ATA occludes proximally, flow reforms at ankle.
3. (R) PER occludes at mid-calf, flow reforms at ankle.
4. Moderate disease in (R) PTA at mid-calf and ankle, 20-49%.
5. Minor disease in abdominal aorta, (R) CIA, EIA, CFA, PFA origin, SFA proximal to graft, POP distal to graft and remaining (R) tibial arteries, 1-19%.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 15.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

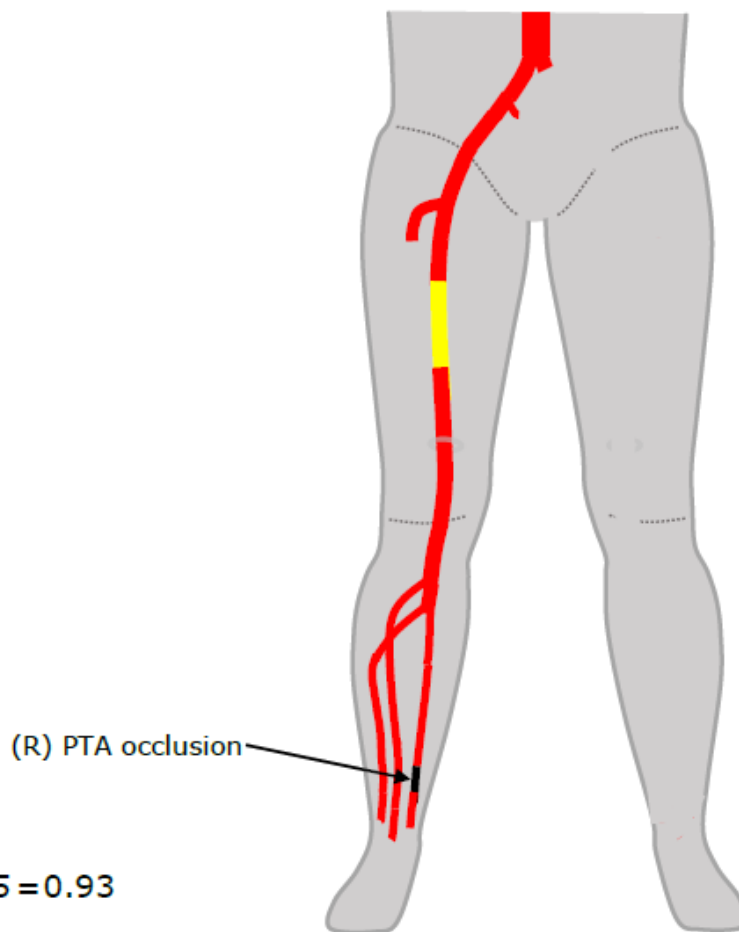
1. Abdominal aortic aneurysm, maximum AP and lateral diameter 4cm. Diameters of (L) CIA 1.7cm and (R) CIA 1.2cm.
2. (L) EIA stent patent with moderate narrowing, 20-49%.
3. (L)-(R) fem-fem crossover graft patent, mid PSV 60cm/s.
4. (L) SFA occludes below the origin.
5. (R) SFA stent origin stenosis, 50-99% (nearer 80%). Remaining SFA stent patent, 1-19%.
6. Moderate disease in (L) CIA, remaining (L) EIA, bilateral CFAs and PFAs, 20-49%.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 14.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■

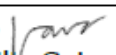


ABI= 135/ 145 = 0.93

Conclusion:

1. (R) PTA occludes ~5cm above ankle, retrograde flow reforms at ankle.
2. Moderate disease in (R) mid SFA, 20-49%.
3. Minor disease detected in remaining (R) lower limb arteries, 1-19%.
4. (R) ABPI within normal range, 135/145=0.93.

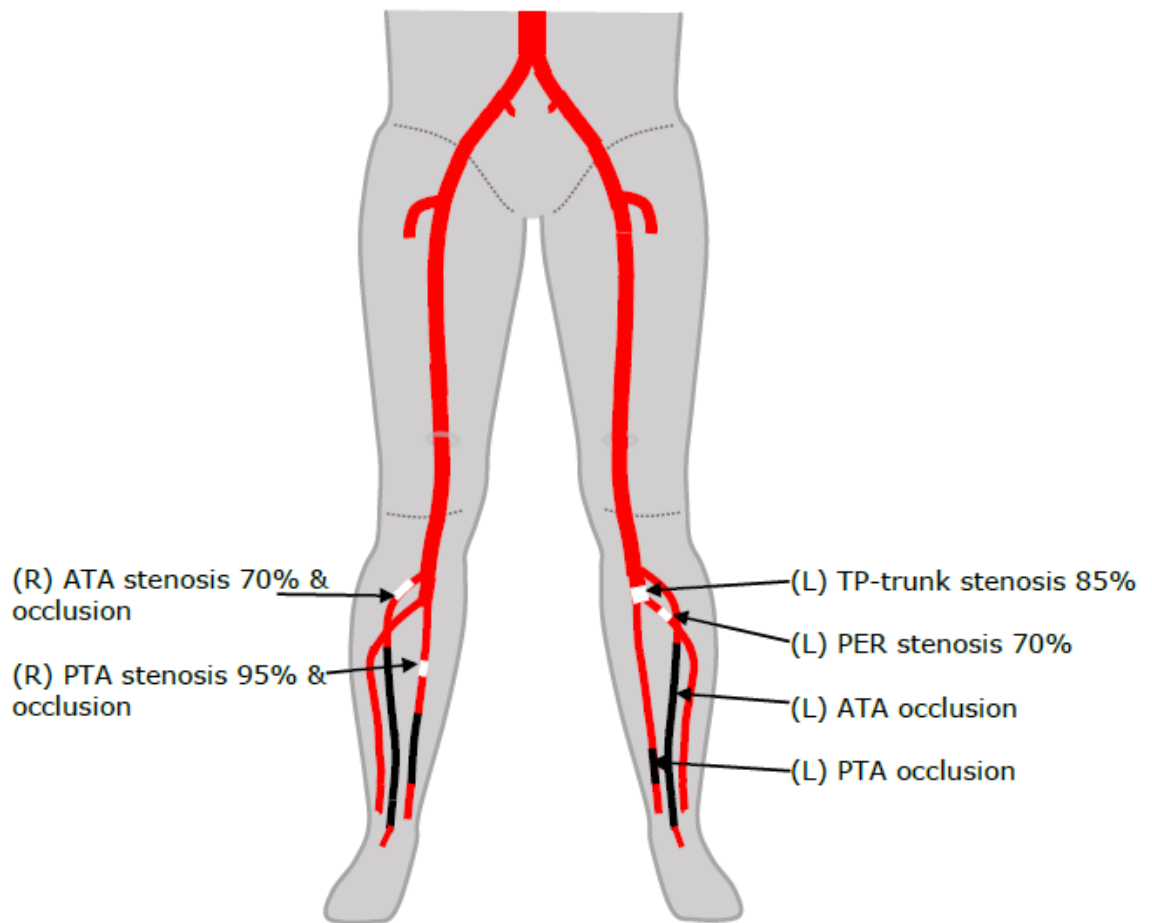
Reported by: Lionel Stone
Tr. Clinical Scientist

Authorised by: Wanda Navarro 
Clin. Vascular Ul. Sci.

DUPLEX ASSESSMENT LOWER LIMB ARTERIAL

Scan Date: 07.11.2022

1-19% ■
20-49% ■
50-99% ■
Occluded ■
Unscanned ■



Conclusion:

See separate ABPI report.

1. (L) distal TP-trunk stenosis, 50-99% (nearer 85%).
2. (L) PER stenosis after the origin, 50-99% (nearer 70%).
3. (L) ATA occludes proximally, low flow reforms in DP.
4. (L) PTA occludes distally, flow reforms at ankle.
5. (R) ATA stenosis after the origin, 50-99% (nearer 70%). Then ATA occludes proximally, flow reforms in DP.
6. (R) PTA proximal stenosis, 50-99% (nearer 95%). Then PTA occludes at mid-calf, flow reforms at ankle.
7. Minor disease in remaining bilateral lower limb arteries, 1-19%.

Reported by: W. Navarro *[Signature]*
Clinical Vascular Ultrasound Sci.