

VERIFIED Verified By : EXTERNAL RADIOLOGIST 04-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 04-Apr-2023

Clinical History : Clinical Information: probable l>r claudication
Reason For Exam: Per Vas Dis

Clinical History: Clinical Information: probable l>r claudication
Reason For Exam: Per Vas Dis

US Doppler lower limb arteries Both,04/04/2023, 08:43

On the Right:

The common femoral artery and proximal profunda femoris artery are calcified but patent with triphasic waveforms.

The superficial femoral artery is noted with generalised atheromatous disease throughout causing 50% stenosis at the proximal segment and mid segment with biphasic waveforms distally.

The popliteal artery is patent with no significant stenosis and biphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with biphasic waveforms.

On the Left:

The common femoral artery and proximal profunda femoris artery are calcified but patent with triphasic waveforms.

The superficial femoral artery is noted with generalised atheromatous disease throughout causing a long 50-75% (closer to 75% and ~3cm in length) mid segment stenosis with biphasic waveforms distally.

The popliteal artery is patent with no significant stenosis and biphasic waveforms. The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with biphasic waveforms.

Conclusion:

Rt: 50% prox and mid SFA stenosis.

Lt: Long 50-75% mid SFA stenosis (closer to 75 %).

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82741558	Examination Date : 04-Apr-2023
Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts	
Examinations : US Doppler lower limb arteries Both	

VERIFIED Verified By : EXTERNAL RADIOLOGIST 29-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 29-Mar-2023

Clinical History : Clinical Information: Arteriovenous doppler of right lowe limb please.
Has a bad cellulitic rash and would like to examine blood supply
Reason For Exam: Arteriovenous doppler of right lowe limb please. Has a bad
cellulitic rash and would like to examine blood supply

Clinical History: Clinical Information: Arteriovenous doppler of right lowe limb please.
Has a bad cellulitic rash and would like to examine blood supply
Reason For Exam: Arteriovenous doppler of right lowe limb please. Has a bad
cellulitic rash and would like to examine blood supply

US Doppler artery map lower limb Rt,29/03/2023, 14:38

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral
artery and popliteal artery are patent with no significant stenosis and triphasic
waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with
normal triphasic waveforms.

Conclusion:

Rt: Normal arterial assessment.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82837973

Examination Date : **29-Mar-2023**

Ref. Source : YEONG K F, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map lower limb Rt**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: T2DM

Reason For Exam: Monophasic L- pedal pulses , wound failing to heal

Clinical History: Clinical Information: T2DM

Reason For Exam: Monophasic L- pedal pulses , wound failing to heal

US Doppler lower limb arteries Lt,05/04/2023, 11:38

On the Left:

The common femoral artery and proximal profunda femoris artery are patent but calcified with biphasic waveforms.

The superficial femoral artery is seen with generalised atherosclerosis causing a 50% stenosis at the proximal segment and 75% stenosis at the mid segment and monophasic waveforms distally.

The popliteal artery is patent but calcified with 50% stenosis at proximal segment and monophasic waveforms distally.

The posterior tibial artery appears occluded.

The anterior tibial artery and peroneal artery are patent with monophasic waveforms.

Conclusion:

Lt: 50% prox SFA stenosis.

Lt: 75% mid SFA stenosis.

Lt: 50% POP A stenosis.

Lt: PTA appears occluded.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82870643

Examination Date : **05-Apr-2023**

Ref. Source : RUSSELL-JONES DL, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 10-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 10-Apr-2023

Clinical History : Clinical Information: Bilateral IC L>>R
Reason For Exam: Bilateral IC L>>R

Clinical History: Clinical Information: Bilateral IC L>>R
Reason For Exam: Bilateral IC L>>R

US Doppler artery map lower limb Both,05/04/2023, 08:45

Abdomen:

The aorta and bilateral CIAs were poorly visualised due to patient's body habitus.
The right EIA is patent with 50% stenosis and biphasic waveforms.
The left EIA is patent with monophasic waveforms.

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but calcified with biphasic waveforms.
The posterior tibial artery and peroneal artery are calcified with biphasic waveforms.
The anterior tibial artery was poorly visualised however distal segment is patent with biphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but calcified with monophasic waveforms.
The posterior tibial artery and anterior tibial artery are patent with monophasic waveforms.
The peroneal artery was poorly visualised.

Conclusion:

Rt: 50% EIA stenosis.

Lt: Monophasic waveforms in EIA suggestive of a tight stenosis in ipsilateral CIA.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82759797

Examination Date : **05-Apr-2023**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map lower limb Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Mar-2023

Clinical History : Clinical Information: Recent right sfa in-stent stenosis
Reason For Exam: Recent right sfa in-stent stenosis

Clinical History: Clinical Information: Recent right sfa in-stent stenosis
Reason For Exam: Recent right sfa in-stent stenosis

US Doppler lower limb arteries Rt,08/03/2023, 09:36

On the Right:

The common femoral artery is calcified with triphasic waveforms.

The proximal profunda femoris artery is patent with 50-75% stenosis.

The superficial femoral artery/stent is patent with triphasic waveforms distally.

There is a short distal SFA segment that was poorly visualised due to acoustic shadowing.

The popliteal artery is patent with triphasic waveforms.

The distal ATA is patent with strong biphasic waveforms.

To be scanned in 6 months time Sept 23.
Procedure date Jan 2023.

Reported by:

Tara Roberto (Vascular Sonographer)
Julie Andrews Unit

Event Number : E-82584228

Examination Date : **08-Mar-2023**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Mar-2023

Clinical History : Clinical Information: Arterial disease of the left lower limb
Reason For Exam: left lower limb pain with walking

Clinical History: Clinical Information: Arterial disease of the left lower limb
Reason For Exam: left lower limb pain with walking

US Doppler lower limb arteries Lt,08/03/2023, 14:45

On the Left:

The common femoral artery, proximal profunda femoris artery and popliteal artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The superficial femoral artery is patent with calcified plaque at the proximal segment causing 50-75% stenosis (closer to 50%) and triphasic waveforms distally.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with strong biphasic waveforms.

Conclusion:

Lt: 50-75% (closer to 50%) prox SFA stenosis.

Investigator: Tara Roberto SVT 928

Julie Andrews Unit

Event Number : E-82736040

Examination Date : **08-Mar-2023**

Ref. Source : PATEL NB, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, S

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Mar-2023

Clinical History : Clinical Information: Rt upper limb surveillance 6/12
Reason For Exam: rt upper limb surveillance 6/12

Clinical History: Clinical Information: Rt upper limb surveillance 6/12
Reason For Exam: rt upper limb surveillance 6/12

US Doppler upper limb arteries Rt,08/03/2023, 13:40

US Doppler upper limb arteries Rt :
The brachio-cephalic artery is patent.
The origin of the subclavian artery appears stented (difficult views).
There is a 50-75% (closer to
75%) stenosis at the origin of the subclavian artery (in stent).
The axillary artery, brachial artery, radial artery and ulnar artery are patent with
damped mono waveforms.
The right vertebral artery is noted with retrograde flow suggestive of a subclavian
steal syndrome.

Note: Patient mentioned about right arm weakness and sometimes painful.

To be relayed to the consultant.

To be scanned in a year time, unless advised otherwise.

Reported by: Tara Roberto SVT 928
Vascular Sonographer

Event Number : E-82458296

Examination Date : **08-Mar-2023**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 14-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 14-Mar-2023

Clinical History : Clinical Information: Right leg severe IC
Reason For Exam: Right leg severe IC

Clinical History: Clinical Information: Right leg severe IC
Reason For Exam: Right leg severe IC

US Doppler lower limb arteries Rt, 14/03/2023, 12:39

On the Right:

The common femoral artery and proximal profunda femoris artery are patent but mildly calcified with triphasic waveforms.

The superficial femoral artery is chronically occluded (flush occlusion).

The proximal popliteal artery is calcified and nearly occluded. The mid to distal POP A is calcified but patent with monophasic waveforms.

The posterior tibial artery is only patent in the mid segment.

The anterior tibial artery and peroneal artery are patent but calcified with monophasic waveforms.

Conclusion:

Rt: Occluded SFA.

Rt: Nearly occluded prox POP.

Rt: Occluded prox and distal PTA.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82428626

Examination Date : **14-Mar-2023**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 21-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 21-Mar-2023

Clinical History : Clinical Information: severely cold feet ?cause
Reason For Exam: severely cold feet ?cause

Clinical History: Clinical Information: severely cold feet ?cause
Reason For Exam: severely cold feet ?cause

US Doppler artery map lower limb Both,21/03/2023, 09:44

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

Conclusion:

Normal arterial assessment bilaterally.

Event Number : E-82621399

Examination Date : **21-Mar-2023**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map lower limb Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 04-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 04-Apr-2023

Clinical History : Clinical Information: probable l>r claudication
Reason For Exam: Per Vas Dis

Clinical History: Clinical Information: probable l>r claudication
Reason For Exam: Per Vas Dis

US Doppler lower limb arteries Both,04/04/2023, 08:43

On the Right:

The common femoral artery and proximal profunda femoris artery are calcified but patent with triphasic waveforms.

The superficial femoral artery is noted with generalised atheromatous disease throughout causing 50% stenosis at the proximal segment and mid segment with biphasic waveforms distally.

The popliteal artery is patent with no significant stenosis and biphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with biphasic waveforms.

On the Left:

The common femoral artery and proximal profunda femoris artery are calcified but patent with triphasic waveforms.

The superficial femoral artery is noted with generalised atheromatous disease throughout causing a long 50-75% (closer to 75% and ~3cm in length) mid segment stenosis with biphasic waveforms distally.

The popliteal artery is patent with no significant stenosis and biphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with biphasic waveforms.

Conclusion:

Rt: 50% prox and mid SFA stenosis.

Lt: Long 50-75% mid SFA stenosis (closer to 75 %).

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82741558

Examination Date : **04-Apr-2023**

Ref. Source : DAWSON KJP, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Mar-2023

Clinical History : Clinical Information: 6 week follow up post angioplasty
Reason For Exam: 6 week follow up post angioplasty

Clinical History: Clinical Information: 6 week follow up post angioplasty
Reason For Exam: 6 week follow up post angioplasty

US Doppler artery map upper limb Both,01/03/2023, 11:23

Post Angioplasty

Rt:

The CIA is patent with biphasic waveforms.

The proximal to mid EIA is stented and is patent with biphasic waveform.

The distal EIA is heavily calcified with 50-75% stenosis and biphasic waveforms.

The CFA is calcified is 50-75% stenosis and biphasic waveforms.

The PFA and SFA is patent with biphasic waveforms.

To be scanned in 6 months time (August 2023).

Reported by: Tara Roberto SVT 928
Vascular Sonographer

Event Number : E-82445308

Examination Date : **01-Mar-2023**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map upper limb Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 07-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 07-Mar-2023

Clinical History : Clinical Information: Arterial occlusion/Limb ischaemia
Reason For Exam: Known vascular patient with previous vascular surgery, presenting with painful foot, had CT angio-Reviewed by Vascular surgeons @ SGH, advised arterial duplex

Clinical History: Clinical Information: Arterial occlusion/Limb ischaemia
Reason For Exam: Known vascular patient with previous vascular surgery, presenting with painful foot, had CT angio-Reviewed by Vascular surgeons @ SGH, advised arterial duplex

US Doppler lower limb arteries Rt,07/03/2023, 14:20

On the Right:

The common femoral artery, proximal profunda femoris artery and superficial femoral artery are patent but mildly calcified with biphasic waveforms.

The popliteal artery is patent with >75% stenosis in the mid segment and 50-75% stenosis at the distal segment with monophasic waveforms.

The peroneal artery origin is noted with raised velocities suggestive of 50-75% stenosis (closer to 50%) and monophasic waveforms distally.

The PTA and ATA appears occluded.

Investigator: Tara Roberto (Vascular Sonographer) SVT 928

Event Number : E-82730421

Examination Date : **07-Mar-2023**

Ref. Source : ADDO JK, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, S

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: short distance claudication - R>L
Reason For Exam: PVD

Clinical History: Clinical Information: short distance claudication - R>L
Reason For Exam: PVD

US Doppler artery map lower limb Rt,01/02/2023, 08:45

On the Right:

The common femoral artery and proximal profunda femoris artery are patent but mildly calcified with triphasic waveforms.

There is flush occlusion noted in the superficial femoral artery and flow reconstitute distally via collateral and seen with monophasic waveforms.

The popliteal artery is patent but mildly calcified with monophasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with monophasic waveforms.

Conclusion:

Rt: Flush occlusion seen in SFA.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82375556

Examination Date : **01-Feb-2023**

Ref. Source : Moawad Magdy Mr, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Ch

Examinations : **US Doppler artery map lower limb Rt**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 31-Jan-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 31-Jan-2023

Clinical History : Clinical Information: pvd
Reason For Exam: co right nocturnal foot pain no doppler signals

Clinical History: Clinical Information: pvd
Reason For Exam: co right nocturnal foot pain no doppler signals

US Doppler lower limb arteries Both,31/01/2023, 12:51

On the Right:

The common femoral artery and proximal profunda femoris artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The superficial femoral artery is patent with 50% stenosis at the distal segment with triphasic waveforms.

The popliteal artery is patent with 50% stenosis at the proximal segment and triphasic waveforms distally.

The posterior tibial artery appears occluded.

The proximal to mid anterior tibial artery is patent however the distal segment is occluded. The flow reforms at DPA via collaterals with tri/biphasic waveforms.

The peroneal artery is patent with triphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The posterior tibial artery appears occluded.

The anterior tibial artery and peroneal artery are patent with triphasic waveforms.

The DPA is patent with triphasic waveforms.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82492444

Examination Date : **31-Jan-2023**

Ref. Source : ALI T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, Surrey

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: arterial occlusion
Reason For Exam: right foot and ankle pain, ulcers, CML patient

Clinical History: Clinical Information: arterial occlusion
Reason For Exam: right foot and ankle pain, ulcers, CML patient

US Doppler artery map lower limb Rt,05/04/2023, 15:39

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The origin of posterior tibial artery is seen with raised velocities suggestive of 50% stenosis. The mid to distal segment of PTA is patent with triphasic waveforms.

The origin of peroneal artery is seen with raised velocities suggestive of 50% stenosis. The mid to distal segment of peroneal artery is patent with triphasic waveforms.

The DPA is patent with triphasic waveforms.

The anterior tibial artery is patent from proximal to mid segment however the distal segment appears occluded.

Conclusion:

Rt: 50% PTA and peroneal artery origin stenosis.

Rt: Distal ATA appears occluded.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82873097

Examination Date : **05-Apr-2023**

Ref. Source : SHEIKH IW, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map lower limb Rt**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: arterial occlusion
Reason For Exam: right foot and ankle pain, ulcers, CML patient

Clinical History: Clinical Information: arterial occlusion
Reason For Exam: right foot and ankle pain, ulcers, CML patient

US Doppler artery map lower limb Rt,05/04/2023, 15:39

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The origin of posterior tibial artery is seen with raised velocities suggestive of 50% stenosis. The mid to distal segment of PTA is patent with triphasic waveforms.

The origin of peroneal artery is seen with raised velocities suggestive of 50% stenosis. The mid to distal segment of peroneal artery is patent with triphasic waveforms.

The DPA is patent with triphasic waveforms.

The anterior tibial artery is patent from proximal to mid segment however the distal segment appears occluded.

Conclusion:

Rt: 50% PTA and peroneal artery origin stenosis.

Rt: Distal ATA appears occluded.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82873097

Examination Date : **05-Apr-2023**

Ref. Source : SHEIKH IW, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map lower limb Rt**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 05-Apr-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 05-Apr-2023

Clinical History : Clinical Information: T2DM

Reason For Exam: Monophasic L- pedal pulses , wound failing to heal

Clinical History: Clinical Information: T2DM

Reason For Exam: Monophasic L- pedal pulses , wound failing to heal

US Doppler lower limb arteries Lt,05/04/2023, 11:38

On the Left:

The common femoral artery and proximal profunda femoris artery are patent but calcified with biphasic waveforms.

The superficial femoral artery is seen with generalised atherosclerosis causing a 50% stenosis at the proximal segment and 75% stenosis at the mid segment and monophasic waveforms distally.

The popliteal artery is patent but calcified with 50% stenosis at proximal segment and monophasic waveforms distally.

The posterior tibial artery appears occluded.

The anterior tibial artery and peroneal artery are patent with monophasic waveforms.

Conclusion:

Lt: 50% prox SFA stenosis.

Lt: 75% mid SFA stenosis.

Lt: 50% POP A stenosis.

Lt: PTA appears occluded.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82870643

Examination Date : **05-Apr-2023**

Ref. Source : RUSSELL-JONES DL, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 28-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 28-Feb-2023

Clinical History : Clinical Information: NON HEALING LEFT HEEL ULCER
Reason For Exam: NON HEALING LEFT HEEL ULCER

Clinical History: Clinical Information: NON HEALING LEFT HEEL ULCER
Reason For Exam: NON HEALING LEFT HEEL ULCER

US Doppler lower limb arteries Lt,28/02/2023, 08:13

On the Left:

The common femoral artery and proximal profunda femoris artery are noted with calcified plaques however no significant stenosis with triphasic waveforms.
The superficial femoral artery is calcified with >75% stenosis at the proximal segment and 50-75% stenosis at the distal segment with monophasic waveforms.
The popliteal artery is mildly calcified with monophasic waveforms.
The posterior tibial artery is occluded.
The peroneal artery appears occluded.
The anterior tibial artery is patent but mildly calcified with monophasic waveforms.

Conclusion:

Lt: >75% prox SFA stenosis.
Lt: 50-75% distal SFA stenosis.
Lt: Occluded PTA.
Lt: Peroneal artery appears occluded.

Last result was emailed to vascular secretary.

Reported by:

Tara Roberto (Vascular Sonographer)
Julie Andrews Unit

Event Number : E-82610464

Examination Date : **28-Feb-2023**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 24-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 24-Feb-2023

Clinical History : Clinical Information: Pre diabetes - inaudible dorsalis pedis
Reason For Exam: L-2md toe ulcer -bone exposed

Clinical History: Clinical Information: Pre diabetes - inaudible dorsalis pedis
Reason For Exam: L-2md toe ulcer -bone exposed

US Doppler lower limb arteries Lt,24/02/2023, 09:51

On the Left:

The common femoral artery, proximal profunda femoris artery and superficial femoral artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The popliteal artery is patent with 75% stenosis in the mid segment and biphasic waveforms distally.

The posterior tibial artery is narrowed but patent with biphasic waveforms.

The anterior tibial artery is patent with 75% stenosis in the proximal segment and monophasic waveforms distally.

The peroneal artery was poorly visualised however with pulsatile hyperaemic waveforms distally.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82676275

Examination Date : **24-Feb-2023**

Ref. Source : RUSSELL-JONES DL, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 21-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 21-Feb-2023

Clinical History : Clinical Information: To investigate for vascular causes of leg ulcers
Reason For Exam: Non healing leg ulcer

Clinical History: Clinical Information: To investigate for vascular causes of leg ulcers
Reason For Exam: Non healing leg ulcer

US Doppler artery map lower limb Rt,21/02/2023, 10:18

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and monophasic waveforms.

The posterior tibial artery and anterior tibial artery are patent with monophasic waveforms.

Conclusion: Monophasic waveforms in CFA suggestive of aorto-iliac disease not visualised due to patient's body habitus.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82657511

Examination Date : **21-Feb-2023**

Ref. Source : SAMES E, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey, S

Examinations : **US Doppler artery map lower limb Rt**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 08-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 08-Feb-2023

Clinical History : Clinical Information: Investigate peripheral vascular disease causing limb touch pain

Reason For Exam: Oacemaker, poor distal perfusion and soft tissue breakdown on right malleoli

Clinical History: Clinical Information: Investigate peripheral vascular disease causing limb touch pain

Reason For Exam: Oacemaker, poor distal perfusion and soft tissue breakdown on right malleoli

US Doppler lower limb arteries Both,08/02/2023, 13:19

On the Right:

The common femoral artery and proximal profunda femoris artery are patent but calcified with tri/biphasic waveforms.

The superficial femoral artery is patent with heterogeneous plaque noted at the proximal segment causing >75% stenosis, there is biphasic waveforms distally.

The popliteal artery is patent but mildly calcified with biphasic waveforms.

The posterior tibial artery was not visualised, ?occluded.

The proximal anterior tibial artery is patent with 50-75% stenosis. The mid to distal ATA is patent with biphasic waveforms.

The peroneal artery is patent but mildly calcified with biphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with tri/biphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with biphasic waveforms.

Conclusion:

Rt: >75% prox SFA stenosis.

Rt: ? occluded PTA

Investigator: Tara Roberto SVT 928

Julie Andrews Unit

Event Number : E-82523990

Examination Date : **08-Feb-2023**

Ref. Source : BAXTER MA, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 07-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 07-Feb-2023

Clinical History : Clinical Information: unable to walk further than 50 metres without pain, history of leg ulceration, very painful right foot
Reason For Exam: very painful lower limb exceding maligned digital deformity

Clinical History: Clinical Information: unable to walk further than 50 metres without pain, history of leg ulceration, very painful right foot
Reason For Exam: very painful lower limb exceding maligned digital deformity

US Doppler lower limb arteries Both,07/02/2023, 13:13

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with normal triphasic waveforms.

Conclusion:

Normal arterial assessment bilaterally.

Cardiac arrythmia noted.

Significant subcutaneous oedema noted throughout the bilateral lower extremities.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82521637

Examination Date : **07-Feb-2023**

Ref. Source : NICHOLAS MASUCCI, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 07-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 07-Feb-2023

Clinical History : Clinical Information: CLAUDICATIO CRAMPS SEVERE DIFFUSE
VESSELS STENOSIS

Reason For Exam: not walking severe pain and cramps

Clinical History: Clinical Information: CLAUDICATIO CRAMPS SEVERE DIFFUSE
VESSELS STENOSIS

Reason For Exam: not walking severe pain and cramps

US Doppler artery map lower limb Both,07/02/2023, 10:20

On the Right:

The common femoral artery and proximal profunda femoris artery are calcified with no stenosis and triphasic waveforms.

The narrowed proximal superficial femoral artery is only patent for few cm then becomes occluded.

The popliteal artery is patent but calcified with monophasic waveforms.

The posterior tibial artery appears occluded.

The mid anterior tibial artery appears occluded however monophasic flow noted distally and in DPA.

The proximal peroneal artery is patent with monophasic waveforms however distal segment was poorly visualised.

On the Left:

The common femoral artery and proximal profunda femoris artery are calcified with no stenosis and triphasic waveforms.

The superficial femoral artery is nearly occluded with trickle flow seen in few segments.

The popliteal artery is patent but calcified with monophasic waveforms.

The PTA appears occluded.

The ATA, peroneal artery and DPA are calcified but patent with low velocities monophasic waveforms.

Investigator: Tara Roberto SVT 928

Julie Andrews Unit

Event Number : E-82528957

Examination Date : **07-Feb-2023**

Ref. Source : AFFLEY B T, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

Examinations : **US Doppler artery map lower limb Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Feb-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Feb-2023

Clinical History : Clinical Information: ?progressive PVD
Reason For Exam: bilateral non healing ulcer, trigger /PVD

Clinical History: Clinical Information: ?progressive PVD
Reason For Exam: bilateral non healing ulcer, trigger /PVD

US Doppler lower limb arteries Both,01/02/2023, 13:24

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with tri/biphasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and triphasic waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent but mildly calcified with tri/biphasic waveforms.

Conclusion:

Mild atherosclerosis noted throughout with triphasic waveforms.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82507224

Examination Date : **01-Feb-2023**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Mar-2023

Clinical History : Clinical Information: T2DM-R- pedal pulses monophasic
Reason For Exam: T2DM R- foot non healing wound

Clinical History: Clinical Information: T2DM-R- pedal pulses monophasic
Reason For Exam: T2DM R- foot non healing wound

US Doppler lower limb arteries Rt,01/03/2023, 10:34

Abdomen:

The aorta is patent with biphasic waveforms.

The right CIA is calcified but patent with biphasic waveforms.

The right EIA is calcified but patent with bi/monophasic waveforms.

Right:

The CFA is mildly calcified but patent with strong monophasic waveforms.

The PFA is occluded for approximately 2cm but patent distally via collateral with monophasic waveforms.

The SFA is narrowed throughout with >75% stenosis in the mid segment and monophasic waveforms distally.

The POP A is patent with monophasic waveforms.

There is no flow in PTA.

The ATA, PTA and DPA are patent with damped monophasic waveforms.

Reported by: Tara Roberto SVT 928
Vascular Sonographer

Event Number : E-82699186

Examination Date : **01-Mar-2023**

Ref. Source : RUSSELL-JONES DL, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road,

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Mar-2023

Clinical History : Clinical Information: NON HEALING ULCER LEFT AND HEALED
RIGHT LEG ULCER

Reason For Exam: NON HEALING ULCER LEFT AND HEALED RIGHT LEG ULCER

Clinical History: Clinical Information: NON HEALING ULCER LEFT AND HEALED
RIGHT LEG ULCER

Reason For Exam: NON HEALING ULCER LEFT AND HEALED RIGHT LEG ULCER

US Doppler lower limb arteries Lt,01/03/2023, 09:03

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral
artery and popliteal artery are patent with no significant stenosis and triphasic
waveforms.

The posterior tibial artery, anterior tibial artery and peroneal artery are patent with
normal triphasic waveforms.

Conclusion:

Lt: Normal arterial assessment.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82610965

Examination Date : **01-Mar-2023**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey

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

VERIFIED Verified By : EXTERNAL RADIOLOGIST 03-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 03-Mar-2023

Clinical History : Clinical Information: signifiant leg swelling ? reason
Reason For Exam: signifiant leg swelling ? reason

Clinical History: Clinical Information: signifiant leg swelling ? reason
Reason For Exam: signifiant leg swelling ? reason

US Doppler artery map lower limb Both,28/02/2023, 16:10

On the Right:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with no significant stenosis and biphasic waveforms.

The posterior tibial artery and peroneal artery were poorly visualised however short segments were noted patent with monophasic waveforms.

The ATA is patent with 50% stenosis at the proximal segment and a possible short occluded segment. The distal ATA is patent with monophasic waveforms.

On the Left:

The common femoral artery, proximal profunda femoris artery, superficial femoral artery and popliteal artery are patent but mildly calcified with biphasic waveforms.

The prox POP A is patent with 50% stenosis.

The posterior tibial artery appears chronically occluded.

The peroneal artery was poorly visualised.

The ATA is patent with >75% stenosis at the proximal segment.

The distal ATA is patent with monophasic waveforms.

Investigator: Tara Roberto SVT 928
Julie Andrews Unit

Event Number : E-82621681

Examination Date : **28-Feb-2023**

Ref. Source : JIBAWI A S, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Chertsey,

Examinations : **US Doppler artery map lower limb Both**

VERIFIED Verified By : EXTERNAL RADIOLOGIST 01-Mar-2023
and : EXTERNAL RADIOLOGIST
Typed By : EXTERNAL RADIOLOGIST 01-Mar-2023

Clinical History : Clinical Information: is thrombus still soft in right iliac or organised?
Reason For Exam: LEFT iliac stent and throbus in right iliac due dissection previously

Clinical History: Clinical Information: is thrombus still soft in right iliac or organised?
Reason For Exam: LEFT iliac stent and throbus in right iliac due dissection previously

US Doppler lower limb arteries Rt,28/02/2023, 14:03

Right:

The right CIA was poorly visualised due to extensive bowel gas.

The right EIA is noted with a ~2cm occluded segment (this appears chronic).

Monophasic waveforms noted.

The CFA is patent with large calcified plaque causing 50-75% stenosis and monophasic waveforms.

The PFA is patent with monophasic waveforms.

The origin of SFA is chronically occluded.

The DPA is patent with damped monophasic waveforms.

Left:

CIA stent was poorly visualised due to extensive bowel gas.

The EIA is patent with 50% stenosis and biphasic waveforms.

The CFA is calcified but patent with 50% stenosis and strong biphasic waveforms.

The DPA is patent with biphasic waveforms.

Reported by: Tara Roberto SVT 928
Vascular Sonographer

Clinical History: Clinical Information: is thrombus still soft in right iliac or organised?
Reason For Exam: LEFT iliac stent and throbus in right iliac due dissection previously

US Ankle and brachial pressure index,28/02/2023, 14:39

Rt Brachial 160mmHg

Event Number : E-82609885

Examination Date : **28-Feb-2023**

Ref. Source : MAJUMDER B, Ashford and St Peter's Hospitals NHS Trust, St Peters Hospital, Guildford Road, Cherts

Examinations : **US Doppler lower limb arteries Rt,US Ankle and brachial pressure index**