**Countess of Chester Hospital** 

NHS Foundation Trust

The Countess of Chester Health Park

Liverpool Road

Chester

CH2 1UL

Study Description: **US Doppler lower limb arteries Rt** Study Date: **06/04/2023**

**Indication:**

Duplex scan to be done 6 weeks from date of discharge (today)

**Report:**

**RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN - CFA to TPT bypass**

CFA – Obscured, however appears patent, with good triphasic waveforms PSV 125cm/s. PI 2.43

Proximal anastomosis – Patent with slightly turbulent triphasic waveforms PSV 134cm/s.

Graft body – Patent along its length with good triphasic waveforms, PSV range 73-98cm/s.

Distal anastomosis – Patent with good triphasic waveforms, PSV 182cm/s.

TPT – Patent with good triphasic waveforms, PSV 91cm/s. Origins of 3 VRO identified.

ATA - Appears patent in the distal calf with good triphasic waveforms, PSV 94cm/s

PTA - Heavily calcified in the distal calf, appears patent with good triphasic waveforms, PSV 45cm/s.

Per A - Appears patent in the distal calf with good triphasic waveforms, PSV 62cm/s.

**RIGHT CONCULSION**

**The right graft is patent throughout with Doppler waveforms and velocities that do not suggest the presence of any significant stenosis or occlusion.**

**LEFT LOWER LIMB ARTERIAL DUPLEX SCAN**

CFA – Patent with slightly turbulent triphasic waveforms, PSV 88cm/s. PI 4.14.

PFA (origin) – Patent with mild disease, good triphasic waveforms, PSV 148cm/s

SFA – Chronically occluded from the SFA origin to the mid/distal, where flow appears to reform via multiple collateral vessels, with reduced monophasic waveforms, PSV 31cm/s.

POPA – Patent along length, with reduced monophasic waveforms, PSV range PSV 47-50cm/s.

TPT – Patent with reduced monophasic waveforms, PSV 33cm/s. Three VRO identified.

PTA – Patent in distal calf with reduced monophasic waveforms, PSV 42cm/s

ATA– Patent in distal calf with reduced monophasic waveforms, PSV 39cm/s

PerA – Patent in distal calf with reduced monophasic waveforms, PSV 29cm/s

**LEFT CONCULSION**

**Left SFA is chronically occluded from its origin to the mid-distal thigh.**

**Priority:** **++ Significant or Unexpected Finding ++**

**Reported by:**

Nia Steeves

Clinical Vascular Scientist

Countess Of Chester Nhs Trust

Final Date & Time: 06/04/2023 08:54:39