**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: **02/03/2023**

**Addendum created at 02/03/2023 17:33:40:**

**Vascular secretaries contact and urgent vascular review request.**

**Addendum by:**

**Clinical Vascular Scientist Nia Steeves**

**Indication:**

ulcer to R leg - non healing please complete

**Report:**

**RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN**

**\* please see additional comments below.**

CFA – Patent with mild/mod mixed and dense disease, good triphasic waveforms, PSV 111cm/s. PI 2.49

PFA (origin) – Patent mild disease, a velocity shift was evident suggestive of a mild stenosis , PSV increased from 106cm/s to 150cm/s.

SFA – Appear heavily calcified, and appears chronically occluded from its origin to the distal thigh. Just above knee level, PWV signal detected in the distal SFA ( no colour flow identified) with reduced monophasic waveforms, PSV 15cm/s.

POPA – Colour flow identified in the proximal POP A, and appears patent along length, with mild dense calcified disease, reduced monophasic waveforms, PSV 31-33cm/s.

TPT - Obscured due to oedema, colour flow identified with reduced monophasic waveforms, PSV 36cm/s. ? Full patency. No clear VRO identified.

PTA – Patent to the ankle with reduced monophasic waveforms, PSV 38-19cm/s.

ATA– Is obscured due to oedema. In the proximal calf the ATA appears small in caliber and intermittent colour filling, reduced monophasic waveforms, PSV 27cm/s.

Unable to identify ATA in the mid calf, and a large collateral vessel noted ? ATA mid calf is occluded.

Colour flow identified in the distal ATA, appears to be reforming via a collateral. Evidence of retrograde flow back up the ATA suggesting significant disease in the prox-mid ATA. Distal to colour flow reform, there is evidence of antegrade flow with reduced monophasic waveforms in the ATA at the ankle, PSV 25cm/s.

PerA – Unable to visualize in the proximal calf due to depth and oedema, where seen in the mid-distal calf appears patent with reduced monophasic waveforms, PSV 22cm/s.

**CONCULSION**

**The SFA appears chronically occluded along its length, flow appears to reform just above knee level.**

**? Full patency of the TPT**

**Evidence to suggest significant disease / occlusion in the mid ATA.**

**Additional comments**

**Patient has a left leg above knee amputation.**

**No evidence of ulceration on the right calf, patient said they never had ulceration but rather skin breakdown. Lots of oedema noted in the right calf. Deep and superficial veins are competent.**

**Notice foot is very cold, with a dusky purple colour, patient does experience some disruption to sleep due to pain. They said pain has got worse since the referral in January. No evidence of any open wound to foot at this time. Leg is sensitive to touch.**

**Advised to attend A&E is pain get worse or any further discoloration**

**? Patient experiencing CLI**

**Priority:++ Urgent Finding ++**

**Reported by:**

Nia Steeves

Clinical Vascular Scientist

Countess Of Chester Nhs Trust

Final Date & Time: 02/03/2023 17:28:41