**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: **23/03/2023**

**Indication:**

right leg pain at 30 yrs. history of back surgery, palpable pt

**Report:**

**RIGHT LOWER LIMB ARTERIAL ASSESSMENT**

CFA – Patent with mild mixed disease, good triphasic waveforms, PSV 122cm/s, PI 4.35.

PFA (origin) – Patent mild mixed disease, good triphasic waveforms, PSV 171cm/s

SFA – Patent in the proximal thigh with mild mixed disease, good triphasic waveforms, PSV 66cm/s. The SFA appears to chronically occluded in the mid thigh at approx. 62cm proximal to the medial malleolus (MM) over a approx. 8cm length. Flow appears to reform in the mid-distal SFA at approx. 54cm prox to the MM, with reduced monophasic waveforms, PSV 58cm/s. Collateral vessel noted off the SFA in the mid thigh prior to occlusion.

POPA – Patent along its length, with reduced monophasic waveforms, PSV 61-35cm/s.

TPT – Patent with reduced monophasic waveforms, PSV 102cm/s . Three VRO identified.

PTA – Patent to the ankle, hyperemic monophasic waveforms, PSV 62-76cm/s.

ATA– A moderate stenosis identified at the ATA origin, PSV increase from 34cm/s to 110cm/s, with damped waveforms distally, PSV 14cm/s. The ATA appears heavily calcified and appears occluded in the mid-distal calf.

PerA – Patent to the ankle with reduced monophasic waveforms, PSV 54-52cm/s.

**ABPI**

**Right**

Resting branchial systolic blood pressure – 158mmHg

Right resting ATA systolic blood pressure – 138 mmHg

Right post-exercise PTA systolic blood pressure – 100 mmHg

ABPI rest: 0.9

ABPI post-exercise (foot flexion and extension) exercise challenge: 0.6

Right resting ABPI is within normal limits. Right ABPI is reduced following a one-minute exercise challenge (foot flexion and extension).

**Left**

Resting branchial systolic blood pressure – 158mmHg

Left resting PTA systolic blood pressure – 162 mmHg

\* Patient unable to perform exercise due to left drop foot

ABPI rest: 1.0

Left resting ABPI was within normal limits.

**Conclusion**

**Evidence of a chronic SFA occlusion over a length of 8cm.**

**Moderate stenosis identified at the ATA origin, and ATA appears chronically occluded in the mid-distal calf.**

**Right resting ABPI is within normal limits, however post-exercise right ABPI is reduced.**

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

**Reported by:**

Nia Steeves

Clinical Vascular Scientist

Countess Of Chester Nhs Trust

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