**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: **16/03/2023**

**Indication:**

GP ref - triaged by AB - right calf claudication after few hundred yards. Smoker + previous alcohol dependence \*\*HIV positive\*\* for right LL arterial Duplex prior to routine OPA

**Report:**

**RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN**

CFA – Patent with mild dense disease, good triphasic waveforms, PSV 97cm/s. PI 2.76

PFA (origin) – Patent with mild dense disease, good triphasic waveforms, PSV 140cm/s

SFA – Appears chronically occluded from the SFA origin for approx. 23cm, colour flow appears to reform in the distal thigh at approx. 50cm proximal to the medial malleolus, with reduced monophasic waveforms, PSV 45cm/s.

POPA – Patent along length, with mild diffuse dense disease, reduced monophasic waveforms, PSV 33-27cm/s.

TPT – Patent reduced monophasic waveforms, PSV 29cm/s. Three VRO identified.

PTA –Patent along length, moderately calcified vessel walls, reduced monophasic waveforms, PSV range 21-14cm/s.

ATA– Patent along length, moderately calcified vessel walls, reduced monophasic waveforms, PSV range 22-18cm/s.

PerA – Patent along length, moderately calcified vessel walls, reduced monophasic waveforms, PSV range 18-13cm/s.

**Right ABPI**

Resting branchial systolic blood pressure – 152mmHg

Right resting ATA systolic blood pressure – 84 mmHg

Right post-exercise ATA systolic blood pressure – 63 mmHg

ABPI rest: 0.6

ABPI post-exercise (foot flexion and extension) exercise challenge: 0.4

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

**Left ABPI**

Resting branchial systolic blood pressure – 152mmHg

Left resting ATA systolic blood pressure – 159 mmHg

Left post-exercise ATA systolic blood pressure – 150 mmHg

ABPI rest: 1.0

ABPI post-exercise (foot flexion and extension) exercise challenge: 1.0

Resting ABPI was within normal limits, with no significant reduction in systolic ankle pressure observed following a one-minute exercise challenge (foot flexion and extension).

**Conclusion**

**Evidence of a chronic SFA occlusion over a length of 23cm.**

**Right resting ABPI is reduced. Right post-exercise ABPI is significant reduced.**

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

**Reported by:**

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Final Date & Time: 16/03/2023 10:14:15