

O.B.

Reason Claudication  
Outcome disease mild, disease moderate, Calcified, Poor images, Stenosis Moderate, Calf vessel disease

## Right

128

1.00

Good

Good

Not identified

Good

145

1.13

Not identified at ankle

Foot Flex

220

1.72

## Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

## Left

Good

Good

125

0.98

## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta is patent with mild calcified disease and good biphasic waveforms and PSV 104cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.5cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT:

CIA: Mild/moderate heavily calcified disease, good biphasic waveforms, PSV 126cm/s.

Assessed by Stephanie Wright, Vascular :

Printed on 27/06/2023 at 3:44 pm

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Patient

NHS No

D.O.B.

Patient Ref

EIA: Mild disease, good biphasic waveforms, PSV 125-162cm/s.

CFA: Mild disease, good biphasic waveforms, PSV 187cm/s.

PFA: Mild disease, good biphasic waveforms, PSV 123cm/s.

SFA: Mild/moderate calcified disease and slightly intermittent flow identified in proximal vessel, PSV 121-110cm/s. Moderate stenosis identified in mid thigh (58cm proximal to medial malleolus (MM), extending for ~1.2cm); velocities increase from 134cm/s to 373cm/s. Further turbulent flow identified in mid/upper distal thigh with heavily calcified disease and obscured regions, ?further significant stenoses, good/turbulent biphasic waveforms identified, PSV 203-248cm/s. Mild disease and good biphasic waveforms identified in lower distal thigh, PSV 94cm/s.

POPA: Mild/moderate calcified disease, good biphasic waveforms, PSV 97cm/s. TPT appears patent with origins of 2 vessel run-off noted.

ATA: Heavily calcified with intermittent flow, appears patent along length, good biphasic waveforms, PSV 95-128cm/s.

PTA: Calcified and difficult to trace in proximal to mid vessel ?diseased, where seen good biphasic waveforms, PSV 55cm/s. Unable to trace flow in distal calf with collaterals noted, ?full patency.

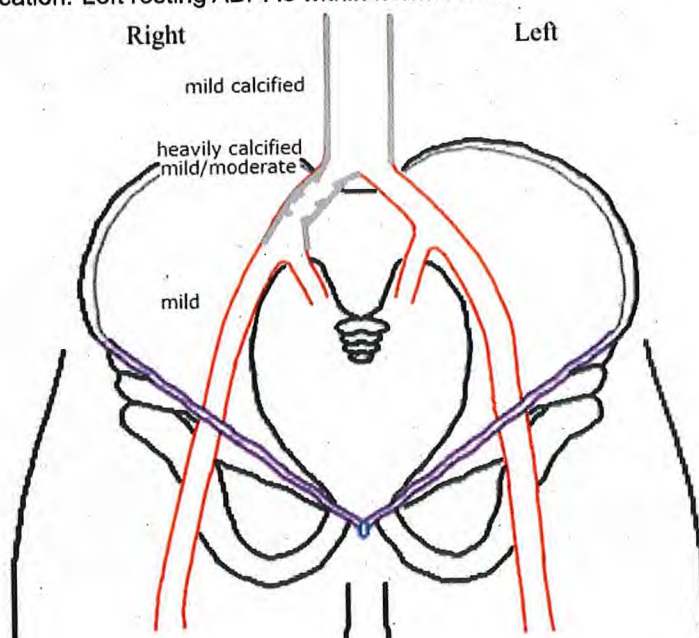
PerA: Not identified.

#### LEFT:

CFA: Mild/moderate disease, good biphasic waveforms, PSV 139cm/s.

ATA: Good biphasic waveforms at ankle, PSV 85cm/s.

ABPI: Right resting ABPI is within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute exercise challenge, however ?accuracy of results due to calf oedema and crural vessel calcification. Left resting ABPI is within normal limits.



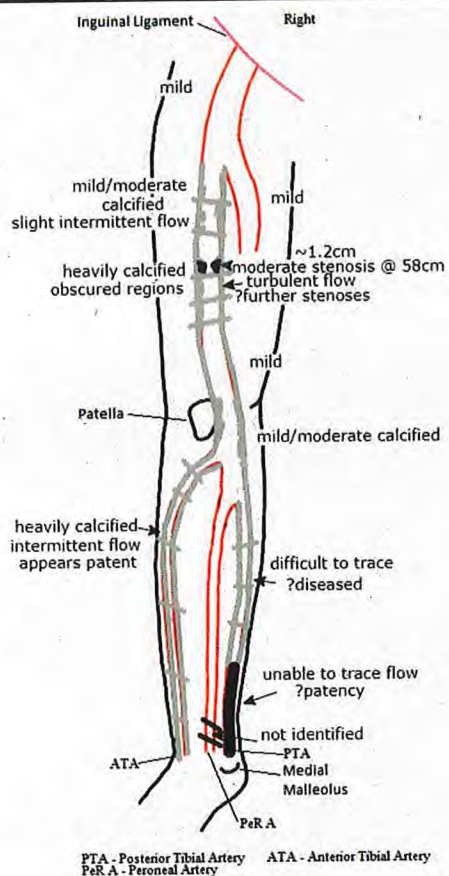


Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

Outcome

Aneurysm, disease mild, disease moderate, Calcified, Bowel gas, Poor images, Significant disease indicated

## Right

125

1.00

Reduced

Reduced

Slightly Reduced

Good at ankle

110

0.88

Reduced

## Left

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Good

High Calf

Peroneal

Reduced at ankle

Anterior Tibial

Good

125

1.00

Posterior Tibial

Good

Dorsalis Pedis

Toe Pressure

Foot Flex

90

0.72

Post Exercise

Foot Flex

120

0.96

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta was partially obscured due to bowel gas, where seen vessel appears patent with good triphasic waveforms and PSV 102cm/s. The abdominal aorta is aneurysmal (maximum AP = 5.5cm).

## RIGHT:

CIA: Largely obscured due to bowel gas, unable to obtain waveforms/velocities due to bowel gas

Assessed by Stephanie Wright, Vascular !

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Patient

NHS No

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interference, where seen vessel appears aneurysmal (maximum AP = 2.49cm).

EIA: Proximal vessel largely obscured due to bowel gas, where seen turbulent monophasic waveforms identified, PSV 474cm/s - velocities are indicative of significant disease/stenosis in this region. Distal vessel appears patent with mild/moderate disease, slightly turbulent biphasic waveforms, PSV 146cm/s.

CFA: Mild/moderate disease, reduced monophasic waveforms, PSV 113cm/s.

PFA: Appears moderately stenosed at origin for ~0.7cm, with turbulent triphasic waveforms identified, PSV 261cm/s.

SFA: Mild/moderate calcified disease proximally, slightly reduced biphasic waveforms, PSV 122cm/s.

Moderate calcified disease identified in mid to distal vessel, slightly reduced biphasic waveforms, PSV 106-82cm/s.

POPA: Mild/moderate calcified disease, reduced biphasic waveforms, PSV 64-57cm/s. TPT appears patent with origins of two vessel run-off noted.

ATA: Patent along length with mild calcified disease, slightly reduced biphasic waveforms noted proximally, good biphasic waveforms identified distally, PSV 89cm/s.

PTA: Patent along length with moderate calcified disease, reduced monophasic waveforms, PSV 49-37cm/s.

PerA: Patent along length with slightly reduced biphasic waveforms, PSV 44-46cm/s.

#### LEFT:

CIA: Largely obscured due to bowel gas, unable to obtain waveforms/velocities due to bowel gas interference, where seen vessel appears aneurysmal (maximum AP = 2.56cm).

EIA: Proximal vessel obscured due to bowel gas. Distal vessel appears patent with diffuse moderate calcified disease, slightly turbulent triphasic waveforms, PSV 204cm/s.

CFA: Mild disease, good biphasic waveforms, PSV 127cm/s.

PFA: Mild/moderate disease, good triphasic waveforms, PSV 182cm/s.

SFA: Mild/moderate calcified disease identified in proximal vessel, good bi/triphasic waveforms, PSV 117-134cm/s. Mid to distal vessel appears heavily calcified with intermittent flow and obscured regions, where seen moderate disease, good bi/triphasic waveforms, PSV 125-79cm/s.

POPA: Mild calcified disease, good biphasic waveforms, PSV 102-86cm/s. TPT appears patent with origins of two vessel run-off noted.

ATA: Patent along length with mild/moderate calcified disease, good biphasic waveforms, PSV 133-166cm/s.

PTA: Patent along length with moderate calcified disease, good biphasic waveforms at ankle, PSV 60cm/s.

PerA: Patent proximally with good biphasic waveforms, PSV 72cm/s. Unable to trace flow mid vessel ?patency. Reduced monophasic waveforms identified at ankle, PSV 25cm/s.

ABPI: Right resting ABPI is within normal limits, becoming significantly reduced following a one minute attempted exercise challenge. Left resting ABPI is within normal limits, with no significant reduction following a one minute attempted exercise challenge.

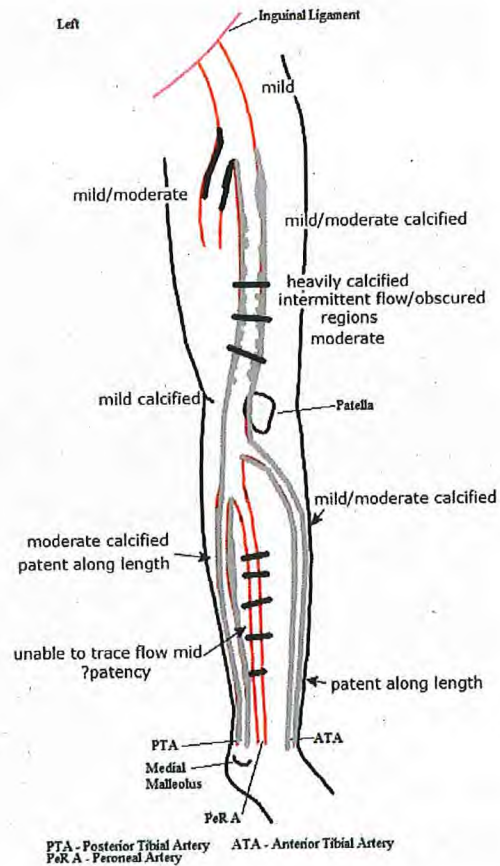
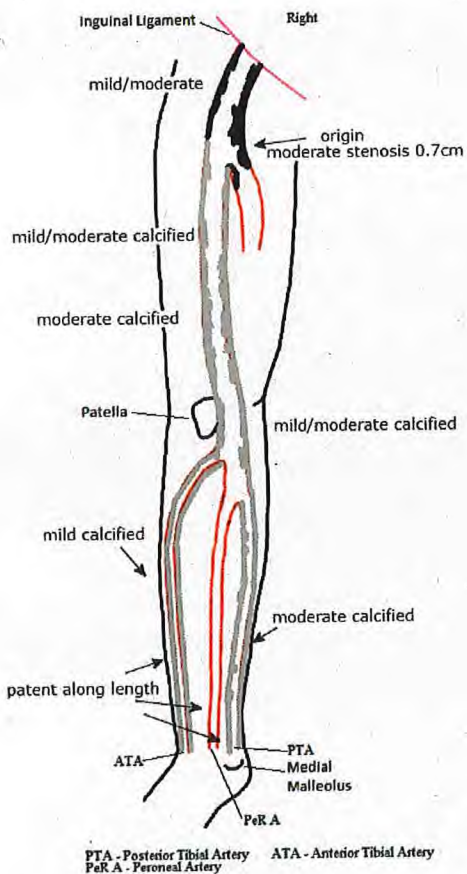
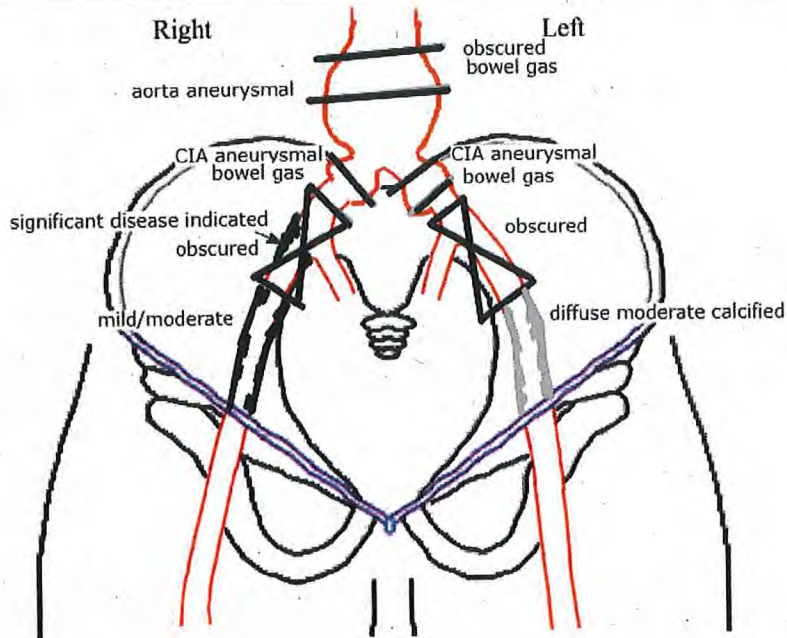
Suggest referral for alternative imaging modality, if appropriate.

Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason Claudication

Outcome disease mild, disease moderate, disease severe, Calcified, Bowel gas, Poor images, Stenosis Severe

## Right

140

1.00

Good

See notes

Reduced

Slightly Reduced

100

0.71

Reduced

## Left

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Reduced

High Calf

Peroneal

Reduced

Anterior Tibial

Slightly Reduced

110

0.79

Posterior Tibial

Slightly Reduced

Dorsalis Pedis

Toe Pressure

Foot Flex

70

0.50

Post Exercise

Foot Flex

90

0.64

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

\*Irregular heart rate noted.

AORTA: Abdominal aorta was challenging to visualise due to depth and body habitus, where seen vessel appears patent with good triphasic waveforms and PSV 57cm/s. Where seen, the abdominal aorta appears of normal calibre (maximum AP = 1.7cm), with no evidence of focal dilatation or aneurysm identified.

Assessed by Stephanie Wright, Vascular :

Printed on 27/06/2023 at 3:48 pm

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Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

## RIGHT:

CIA: Obscured due to depth and bowel gas.

EIA: Obscured proximally, distal vessel appears patent with mild disease, good triphasic waveforms, PSV 124cm/s.

CFA: Mild calcified disease, good triphasic waveforms, PSV 156cm/s.

PFA: Mild disease, good triphasic waveforms, PSV 93cm/s.

SFA: Mild/moderate calcified disease at origin, good triphasic waveforms, PSV 93cm/s. Mild calcified disease in proximal to mid vessel, good triphasic waveforms, PSV 89cm/s. Distal vessel appears heavily calcified with areas of intermittent flow/obscured regions, where seen slightly reduced triphasic waveforms, PSV 72cm/s.

POPA: Mild/moderate calcified disease in proximal vessel, damped monophasic waveforms, PSV 49cm/s. Severe stenosis identified in the mid/distal vessel, (extending for ~1.7cm); velocities increase to 328cm/s, falling to 22cm/s, reduced monophasic waveforms distally.

TPT: Poorly visualised due to depth, origin of one vessel run-off noted.

ATA: Patent along length with reduced/slightly reduced monophasic waveforms, PSV 33-45cm/s.

PTA: Patent along length with reduced monophasic waveforms at ankle, PSV 41cm/s.

PerA: Reduced monophasic waveforms at ankle, PSV 21cm/s.

## LEFT:

CIA: Obscured due to depth and bowel gas.

EIA: Obscured proximally, distal vessel appears patent with mild disease, good triphasic waveforms, PSV 127cm/s.

CFA: Moderate/severe calcified disease, good triphasic waveforms, PSV 115cm/s.

PFA: Mild disease, good triphasic waveforms, PSV 147cm/s.

SFA: Mild/moderate calcified disease in proximal to mid vessel, good triphasic waveforms, PSV 107cm/s in proximal vessel and slightly reduced monophasic waveforms identified in mid vessel, PSV 61-69cm/s. Severe stenosis identified in mid vessel (60cm proximal to medial malleolus (MM), extending for 2.8cm) however poorly visualised due to calcification and intermittent flow; velocities increase from 66cm/s to 351cm/s, falling to 49cm/s, reduced monophasic waveforms in distal vessel. Mild/moderate calcified disease and intermittent flow/obscured regions noted in distal vessel.

POPA: Moderate calcified disease, reduced monophasic waveforms, PSV 47cm/s.

TPT: Poorly visualised due to depth, unable to clearly visualise vessel run-off.

ATA: Patent along length with slightly reduced monophasic waveforms, PSV 60-73cm/s.

PTA: Intermittent flow in proximal vessel, appears patent along length with slightly reduced monophasic waveforms, PSV 45-60cm/s.

PerA: Reduced monophasic waveforms at ankle, PSV 30cm/s.

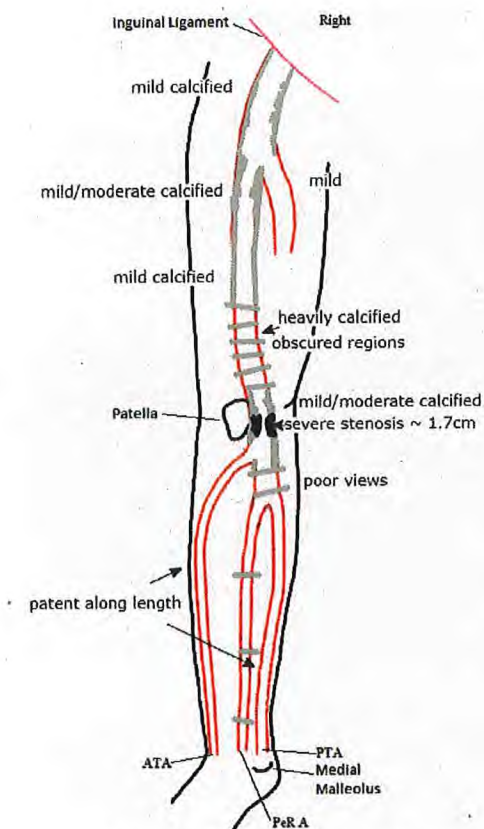
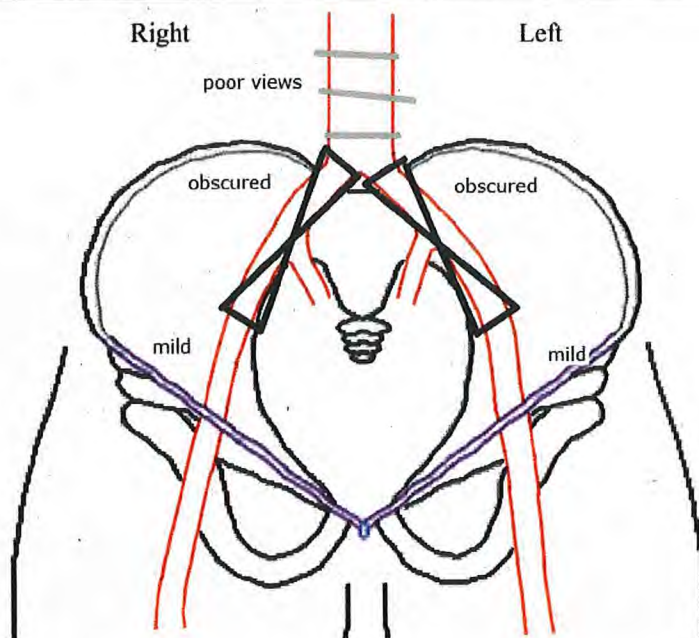
ABPI: Right resting ABPI is significantly reduced with further reduction following one minute exercise challenge. Left resting ABPI is borderline reduced becoming significantly reduced following one minute exercise challenge.

Patient

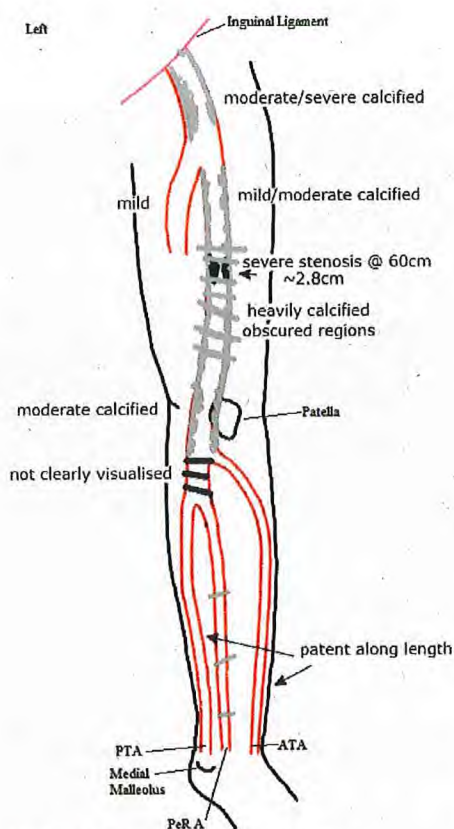
NHS No

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PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery  
PeRA - Peroneal Artery



PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery  
PeRA - Peroneal Artery

Assessed by Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:48 pm

Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

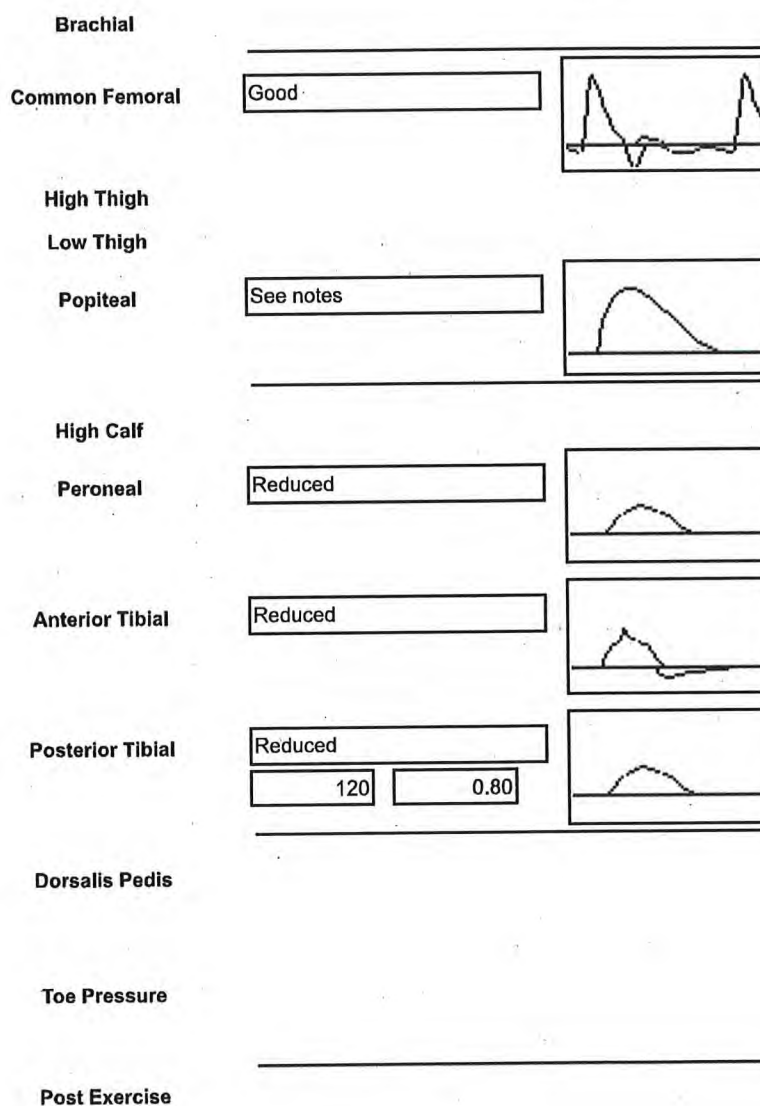
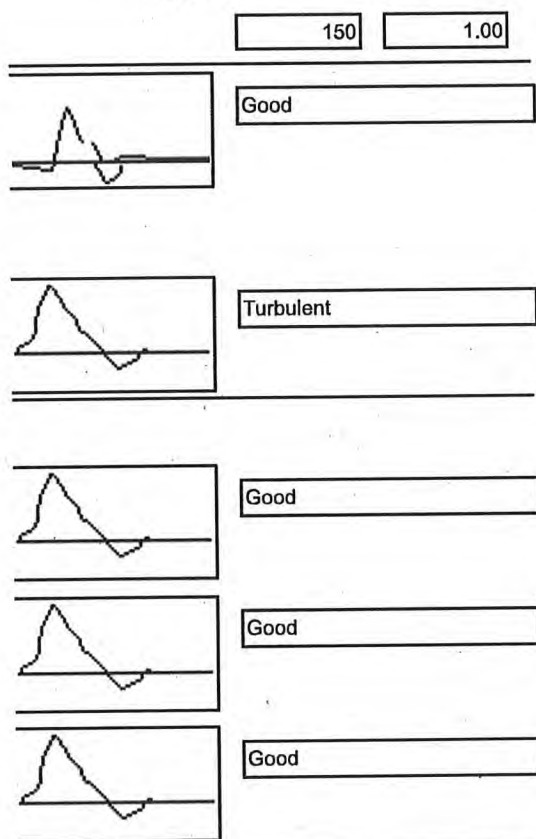
Routine

Outcome

disease mild, disease moderate, disease severe, Occlusion, Obscured, Calcified, Bowel gas, Stenosis Moderate

## Right

## Left



## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

\*Irregular heart rate noted.

Abdominal aorta was poorly visualised due to acoustic shadowing from overlying bowel gas, where seen appears patent with good triphasic waveforms and PSV 82cm/s. The abdominal aorta appears of normal calibre where seen (maximum AP = 1.7cm), with no evidence of focal dilatation or aneurysm identified.

Assessed by Stephanie Wright, Vascular :

Printed on 27/06/2023 at 3:36 pm

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Patient

D.O.B.

NHS No

Patient Ref

## RIGHT:

CIA: Obscured due to acoustic shadowing.

EIA: Proximal vessel obscured due to acoustic shadowing. Distal vessel appears patent with mild/moderate calcified disease, good biphasic waveforms, PSV 115-135cm/s.

CFA: Mild calcified disease, good triphasic waveforms, PSV 81cm/s.

PFA: Mild calcified disease, good biphasic waveforms, PSV 70cm/s.

SFA: Mild calcified disease along length, good biphasic waveforms proximally, PSV 76-58cm/s and slightly reduced biphasic waveforms distally, PSV 42cm/s.

POPA: Multi-focal moderate stenoses identified, turbulent biphasic waveforms, PSV 143-251cm/s. TPT appears patent with origins of 2 vessel run-off noted.

ATA: Patent along length, good biphasic waveforms, PSV 58cm/s.

PTA: Very intermittent flow in proximal to mid vessel ?full patency. Good biphasic waveforms at ankle, PSV 62cm/s.

PerA: Biphasic waveforms at ankle, PSV 38cm/s.

## LEFT:

CIA: Poorly visualised due to acoustic shadowing, where seen turbulent biphasic waveforms identified, indicative of moderate/severe disease, PSV 391-373cm/s.

EIA: Proximal vessel was obscured, distal vessel appears patent with mild/moderate calcified disease, good triphasic waveforms, PSV 184cm/s.

CFA: Mild/moderate calcified disease, good triphasic waveforms, PSV 86cm/s.

PFA: Mild calcified disease, good biphasic waveforms, PSV 85cm/s.

SFA: Mild/moderate calcified disease in proximal to mid vessel, slightly damped biphasic waveforms, PSV 60-39cm/s. Vessel appears to occlude in the distal thigh (51cm proximal to medial malleolus (MM)) with collaterals noted.

POPA: Proximal vessel appears occluded, flow appears to reform in mid vessel with moderate disease and turbulent monophasic waveforms, PSV 102-108cm/s. TPT appears patent with origin of one vessel run-off noted.

ATA: Patent along length, reduced mono/biphasic waveforms, PSV 54-48cm/s.

PTA: Patent along length, reduced monophasic waveforms, PSV 24-29cm/s.

PerA: Reduced monophasic waveforms at ankle, PSV 26cm/s.

ABPI: Unable to obtain accurate right resting ABPI due to patient movement (appears to be at least >120mmHg). Left resting ABPI is borderline within normal limits. Patient unable to perform exercise test due to limited mobility.

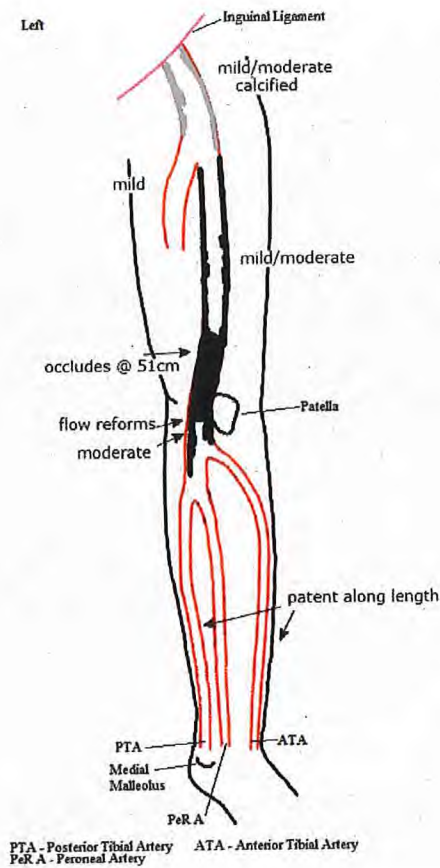
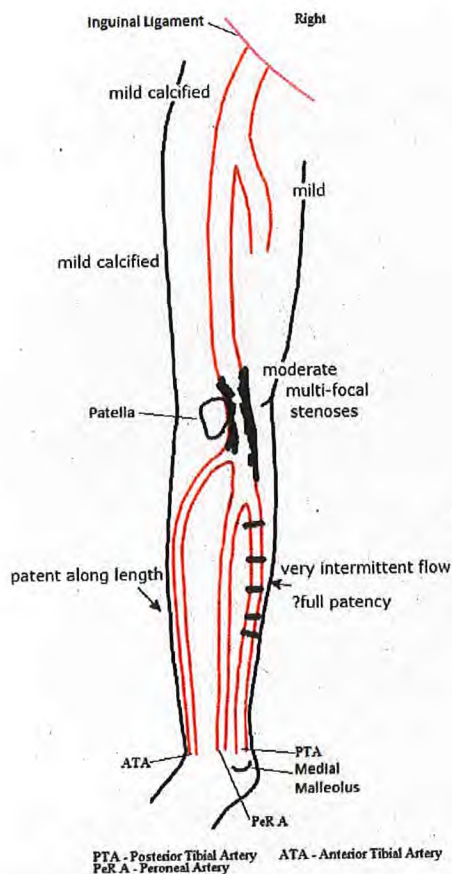
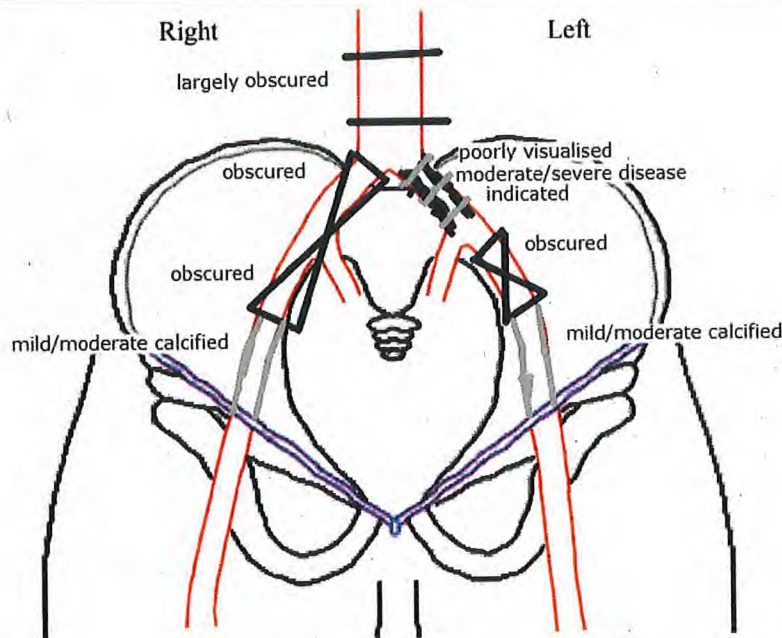
Suggest referral for alternative imaging modality, if appropriate.

Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason Graft synthetic fem-pop, Routine, Graft synthetic ileo-femoral

Outcome disease moderate, disease severe, Calf vessel disease

## Right

150

1.00

Not identified

## Brachial

## Common Femoral

Good

## High Thigh

## Low Thigh

## Popliteal

Good

## High Calf

## Peroneal

Slightly Reduced

## Anterior Tibial

Good

130

0.87

## Posterior Tibial

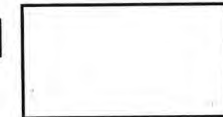
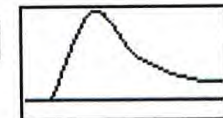
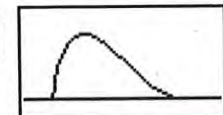
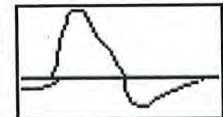
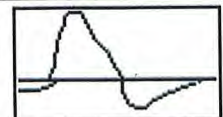
Absent at ankle

## Dorsalis Pedis

## Toe Pressure

## Post Exercise

## Left



## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

\*Previous right AKA.

\*Previous left EIA-CFA graft and FEM-POPA bypass graft.

AORTA - Abdominal aorta is patent with moderate calcified disease, good biphasic waveforms and PSV 58cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7cm), with no evidence of focal dilatation or aneurysm identified.

Assessed by Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:41 pm

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Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

## LEFT

CIA – Appears significantly diseased with elevated velocities noted, turbulent biphasic waveforms, PSV 364-219cm/s.

EIA (origin)- Appears patent with turbulent monophasic waveforms, PSV 204cm/s.

## EIA to CFA BYPASS GRAFT

Proximal anastomosis to origin of EIA - Appears patent with turbulent monophasic waveforms, PSV 253cm/s.

Body of graft - Appears patent along length with biphasic waveforms, PSV 74-92cm/s.

Distal anastomosis to distal CFA bifurcation - Appears patent with good biphasic waveforms, PSV 90cm/s.

ProfA – Mild disease with monophasic waveforms, PSV 120cm/s.

## FEM-POP BYPASS GRAFT

Proximal anastomosis to distal CFA - Appears patent with good biphasic waveforms, PSV 61cm/s.

Body of graft - Appears patent along length with good biphasic waveforms, PSV 79-54cm/s.

Distal anastomosis to distal SFA/Prox PopA - Appears of large calibre ?patched, patent with good/turbulent biphasic waveforms, PSV 64cm/s.

POPA- Native vessel immediately distal to graft anastomosis is of smaller calibre, with elevated velocities obtained, ?due to calibre change, ?significant disease, turbulent biphasic waveforms identified, PSV 224cm/s- vessel was poorly visualised in this region, unable to accurately grade level of disease. Mid-distal vessel appears patent with mild/moderate disease, good biphasic waveforms, PSV 176-103cm/s.

TPT – Patent with mild/moderate disease, origins of 2 vessel run off noted.

ATA – Patent along length good monophasic waveforms, PSV 73-75cm/s.

PTA – Patent proximal to mid vessel, damped monophasic waveforms, PSV 39cm/s, unable to trace flow in distal calf, ?occluded.

PeroA – Patent along length with good/slightly reduced monophasic waveforms, PSV 90-54cm/s.

## RIGHT

CFA - Unable to identify flow ?patency.

Left resting ABPI is within normal limits. Patient unable to perform adequate exercise challenge.

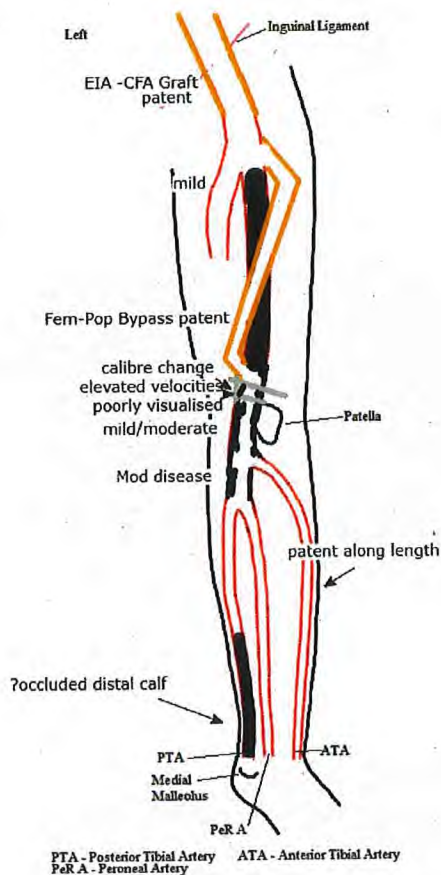
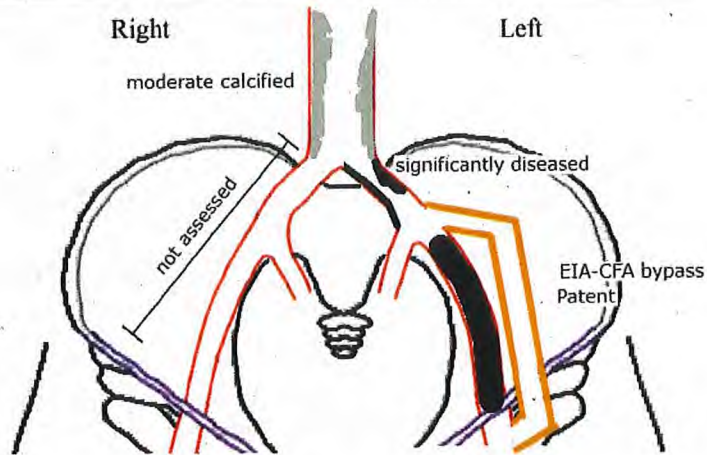


Patient

NHS No

D.O.B.

Patient Ref



Assessed by Stephanie Wright, Vascular :

Printed on 27/06/2023 at 3:41 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

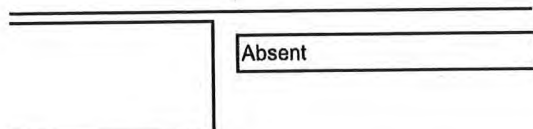
Reason Rest pain, Ulceration

Outcome disease moderate, disease severe, Occlusion, Calcified

## Right

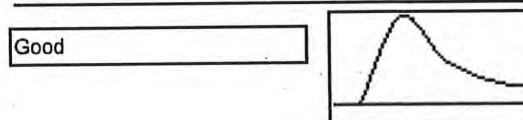
## Left

## Brachial



Absent

Common Femoral

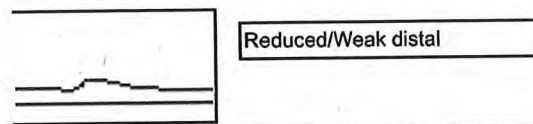


Good

High Thigh

Low Thigh

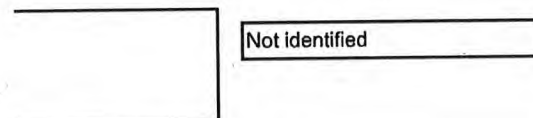
Popliteal



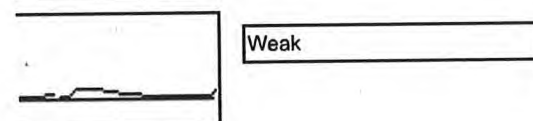
Reduced/Weak distal

High Calf

Peroneal

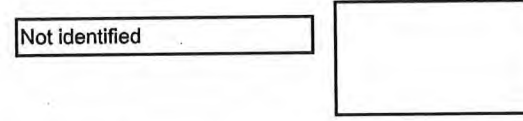


Not identified

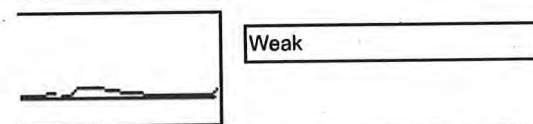


Weak

Anterior Tibial

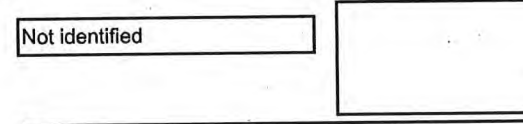


Not identified



Weak

Posterior Tibial



Not identified

Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta appears patent with mild calcified disease, reduced/damped triphasic waveforms and PSV 34cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT:

CIA: Heavily calcified, reduced/damped triphasic waveforms, PSV 26cm/s.

Assessed by Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:35 pm

Checked by



Reference  
Accession

Patient

NHS No

D.O.B.

Patient Ref

EIA: Obscured proximally, where seen mid to distal vessel appears occluded, with no colour-flow identified.

CFA: Heavily calcified, unable to identify flow ?occluded.

PFA: Heavily calcified and obscured at origin, where seen distal to this region vessel appears patent with reduced monophasic waveforms, PSV 37cm/s, ?flow reformed by collaterals.

SFA: Appears occluded along length.

POPA: Occluded proximally. Flow reforms mid vessel, with moderate/severe calcified disease noted in distal vessel/TPT, weak monophasic waveforms, PSV 15cm/s. TPT appears patent with origins of 2 vessel run-off noted.

ATA: Heavily calcified with intermittent flow along length, weak/reduced monophasic waveforms, PSV 28-14cm/s.

PTA: Patent along length with weak monophasic waveforms, PSV 13-14cm/s.

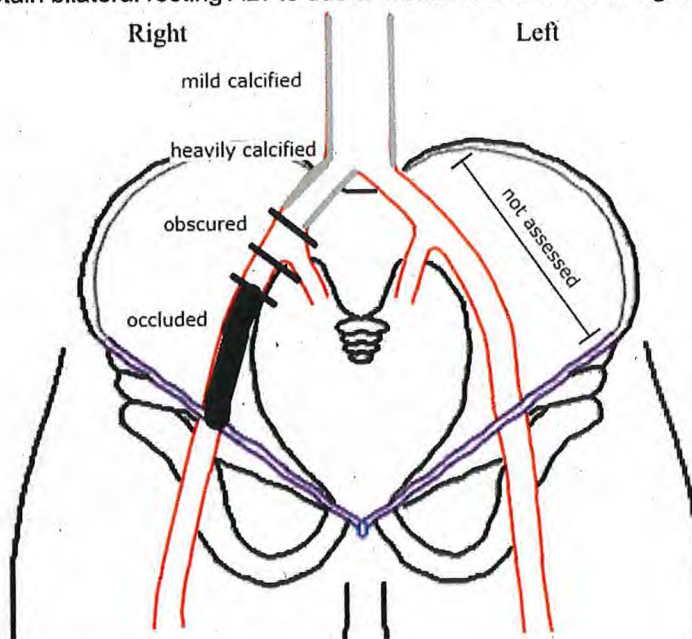
PerA: Not identified.

**LEFT:**

CFA: Mild disease, good mono/biphasic waveforms, PSV 138cm/s.

ATA/ PTA: Unable to identify flow at ankle ?patency.

ABPI: Unable to obtain bilateral resting ABPIs due to weakness/absence of signals.



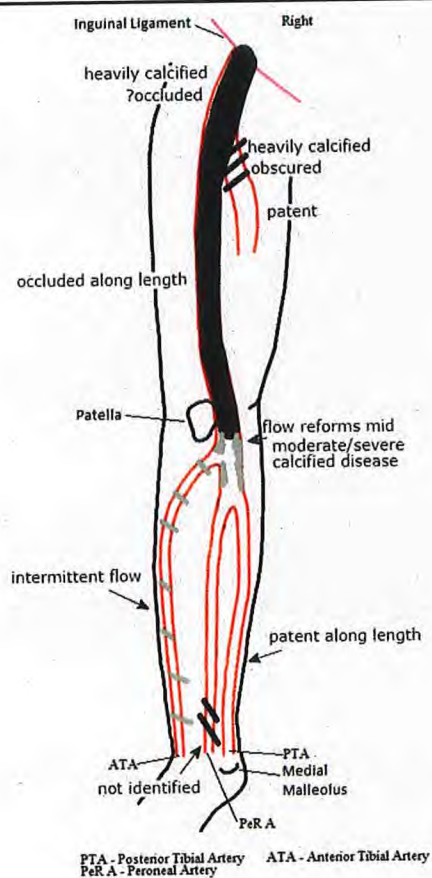


Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

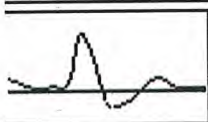
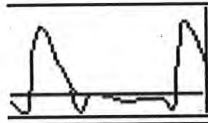
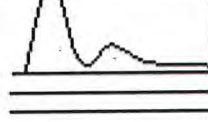
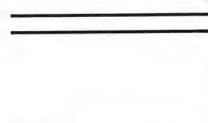


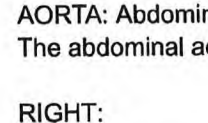
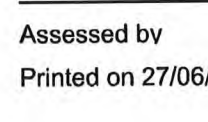
Routine

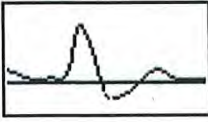
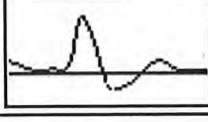
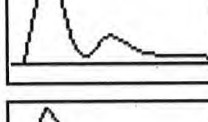
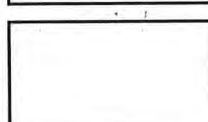

Outcome

disease mild, disease moderate, Calcified, Stenosis Severe, Calf vessel disease

## Right

## Left

	130	1.00
	Good	
	Good	
	Good	
	Good	
	Good	
	140	1.08
	Absent at ankle	
	Absent	

Brachial		
Common Femoral	Good	
High Thigh		
Low Thigh		
Popliteal	Good	
High Calf		
Peroneal	Good	
Anterior Tibial	Slightly Reduced	
Posterior Tibial	Absent at ankle	

Dorsalis Pedis

Toe Pressure

Foot Flex	
150	1.15

Post Exercise	
Foot Flex	
135	1.04

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta is calcified but appears patent with good triphasic waveforms and PSV 105cm/s. The abdominal aorta appears ectatic with irregular walls and focal dilations noted (maximum AP = 2cm).

## RIGHT:

CIA: Mild disease, good triphasic waveforms, PSV 103cm/s.

EIA: Mild disease, good triphasic waveforms, PSV 116-110cm/s.

Assessed by Stephanie Wright, Vascular !

Printed on 27/06/2023 at 3:47 pm

Checked by



Reference

Accession

Patient

NHS No

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Patient Ref

CFA: Mild disease, good triphasic waveforms, PSV 122cm/s.  
PFA: Mild disease, good triphasic waveforms, PSV 111cm/s.  
SFA: Mild disease, good tri/biphasic waveforms, PSV 88-73cm/s.  
POPA: Mild calcified disease, good biphasic waveforms, PSV 62cm/s.  
TPT: Mild calcified disease, good triphasic waveforms, PSV 67cm/s. Origin of one vessel run-off noted.  
ATA: Proximal vessel appears patent but diseased, good biphasic waveforms, PSV 63cm/s. Unable to trace flow in mid vessel ?occluded. Retrograde flow noted in distal calf from collateral flow. Unable to trace flow at ankle ?occluded.  
PTA: Unable to trace flow along length ?occluded.  
PerA: Heavily calcified with intermittent flow along length, however appears patent, good mono/triphasic waveforms, PSV 60-126cm/s.

## LEFT:

CIA: Mild disease, good triphasic waveforms, PSV 95cm/s.  
EIA: Proximal vessel was obscured due to bowel gas, mid to distal vessel appears patent with mild disease, good triphasic waveforms, PSV 145cm/s.

CFA: Moderate disease, good triphasic waveforms, PSV 138cm/s.  
PFA: Mild disease, good biphasic waveforms, PSV 133cm/s.  
SFA: Mild calcified disease, good tri/biphasic waveforms, PSV 100-70cm/s.  
POPA: Mild/moderate disease, good triphasic waveforms, PSV 77cm/s.  
TPT: Mild calcified disease, good triphasic waveforms, PSV 87cm/s. Origins of three vessel run-off noted.  
ATA: Calcified with moderate disease along length. Good triphasic waveforms in proximal vessel, PSV 78cm/s. Severe stenosis noted in mid vessel (19cm proximal to medial malleolus (MM), extending for ~1.1cm); velocities increase from 62cm/s to 310cm/s. Further severe stenosis identified in distal vessel (8cm proximal to medial malleolus (MM), extending for ~1.5cm); velocities increase from 38cm/s to 376cm/s, falling to 52cm/s, slightly reduced biphasic waveforms at ankle.  
PTA: Proximal vessel appears patent with severe stenosis noted (23cm proximal to medial malleolus (MM), extending for ~0.5cm); velocities increase from 47cm/s to 249cm/s, falling to 38cm/s, reduced biphasic waveforms. Unable to trace flow in mid to distal vessel ?occluded.  
PerA: Heavily calcified with intermittent flow along length, however appears patent, good monophasic waveforms, PSV 72-113cm/s.

ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction identified following an attempted exercise test.

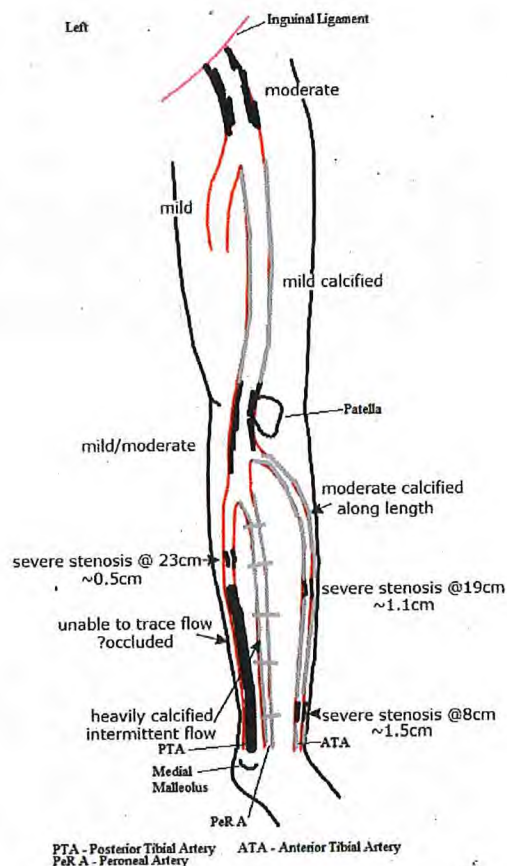
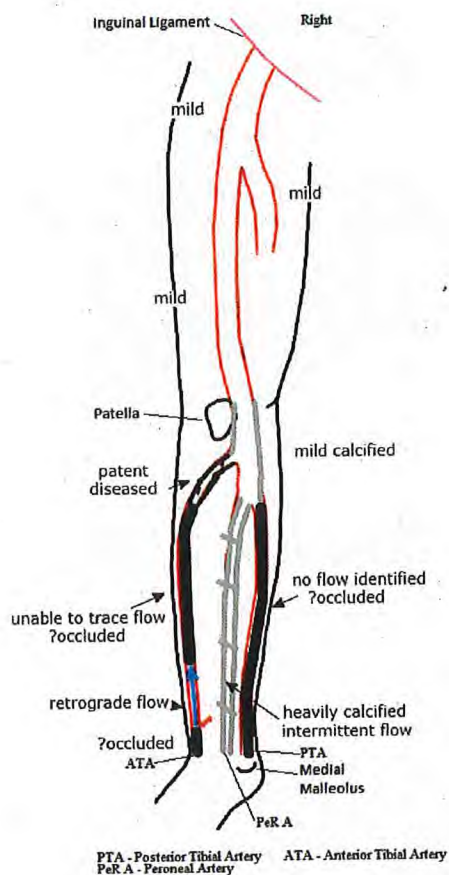
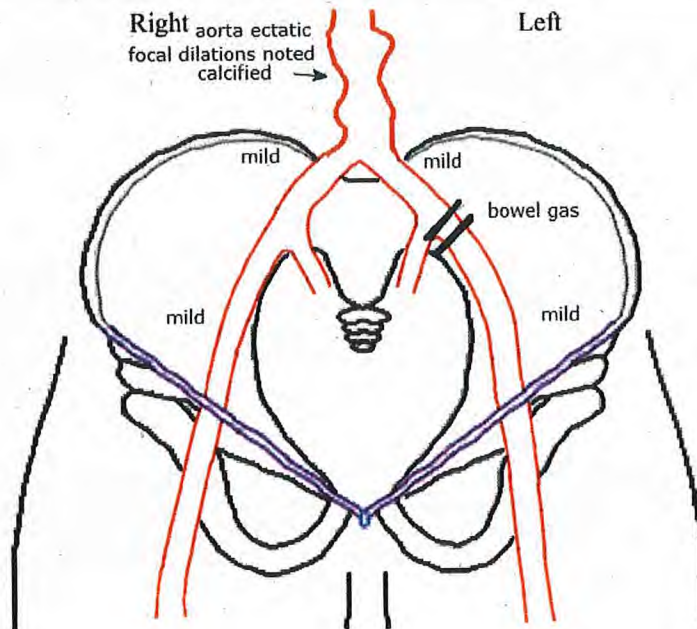


Patient

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Patient

NHS No

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Patient Ref

Reason

Routine

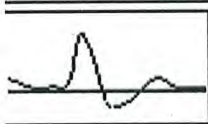
Outcome

disease mild, Calcified, Bowel gas, Calf vessel disease

## Right

## Left

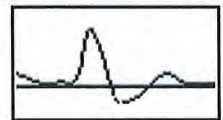
Brachial



Good

Common Femoral

Good



High Thigh

Low Thigh

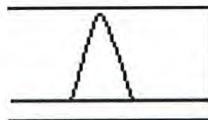
Popliteal



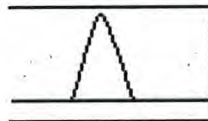
Good

High Calf

Peroneal



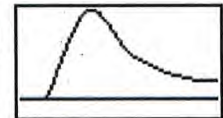
Slightly Turbulent



Good

Anterior Tibial

Slightly Reduced



Posterior Tibial



Not identified

Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta was challenging to visualise due to depth and bowel gas, where seen vessel appears patent with good triphasic waveforms and PSV 69cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.8cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:

CIA: Obscured due to depth and bowel gas.

Assessed by Stephanie Wright, Vascular :

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Patient

NHS No

D.O.B.

Patient Ref

EIA: Obscured proximally, distal vessel appears patent with mild disease, good triphasic waveforms, PSV 106cm/s.

CFA: Minimal mild disease, good triphasic waveforms, PSV 117cm/s.

PFA: Mild disease, good biphasic waveforms, PSV 92cm/s.

SFA: Heavily calcified along length with intermittent flow and obscured regions -unable to exclude presence of significant disease in obscured regions, where seen good triphasic waveforms identified along length, PSV 85-124cm/s.

POPA: Mild calcified disease, good triphasic waveforms, PSV 77-109cm/s.

TPT: Heavily calcified and obscured, unable to trace flow or identify vessel run-off.

ATA: Heavily calcified along length with intermittent flow, good monophasic waveforms identified in proximal vessel, PSV 93cm/s. ?Severe stenosis identified in distal vessel (10cm proximal to medial malleolus (MM), extending for ~0.7cm); velocities increase from 59cm/s to 287cm/s, falling to 60cm/s, good monophasic waveforms at ankle.

PTA: Heavily calcified, unable to identify flow along length ?patency.

PerA: Heavily calcified with intermittent flow at ankle ?full patency, where seen slightly turbulent monophasic waveforms, PSV 92cm/s.

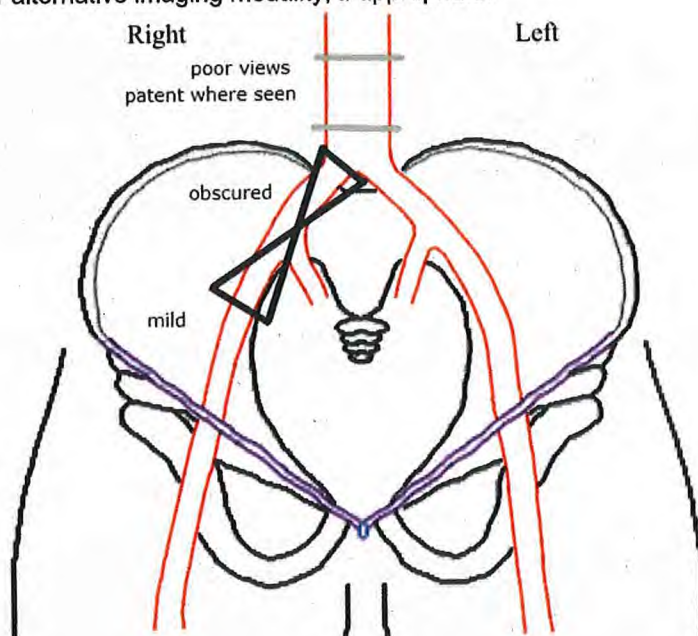
LEFT:

CFA: Mild disease, good triphasic waveforms, PSV 122cm/s.

ATA: Slightly reduced monophasic waveforms at ankle, PSV 65cm/s.

ABPI: Bilateral resting ABPIs are known to be falsely elevated due to calcified crural arteries.

Suggest referral for alternative imaging modality, if appropriate.



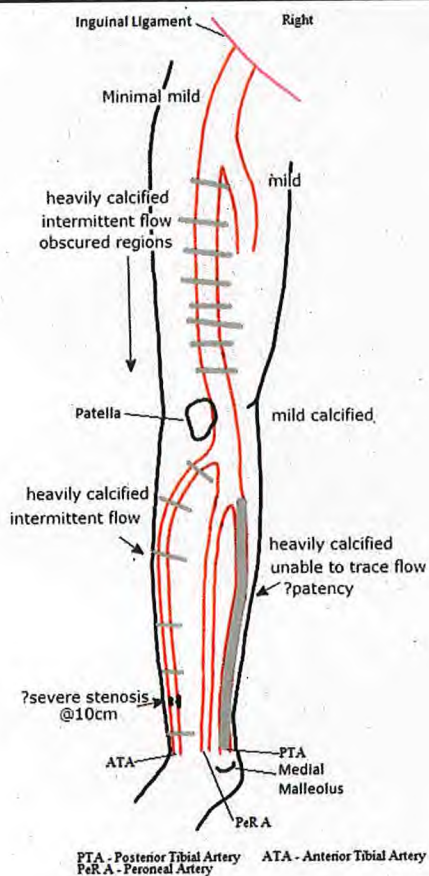


Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Ulceration

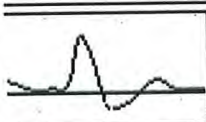
Outcome

disease moderate, disease severe, Bowel gas, Stenosis Moderate, Stenosis Severe, Calf vessel disease

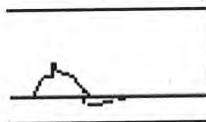
## Right

140

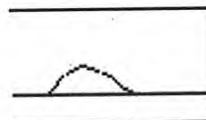
1.00



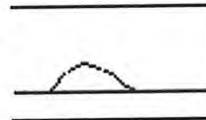
Good



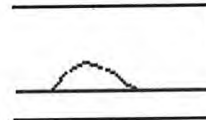
Reduced



Reduced



Reduced



Reduced

100

0.71

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

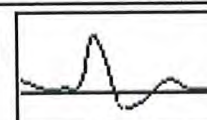
Dorsalis Pedis

Toe Pressure

Post Exercise

## Left

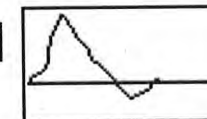
Good



Good

170

1.21



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

\*Irregular heart rate noted.

AORTA: Abdominal aorta appears patent proximally with good triphasic waveforms and PSV 43cm/s, however is obscured distally due bowel gas. Where seen proximally, the abdominal aorta appears of large calibre (maximum AP = 2.1cm), but with no evidence of focal dilatation or aneurysm identified.

Assessed by

Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:32 pm

Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

## RIGHT:

CIA: Obscured due to bowel gas.

EIA: Obscured proximally due to bowel gas. Patent distally with mild disease, good biphasic waveforms, PSV 115cm/s.

CFA: Mild disease, good triphasic waveforms, PSV 106cm/s.

PFA: Mild disease, good triphasic waveforms, PSV 92cm/s.

SFA: Mild/moderate calcified disease in proximal vessel, good biphasic waveforms, PSV 56-60cm/s.

Moderate disease/mild stenosis identified in mid vessel (49cm proximal to medial malleolus (MM)), good bi/triphasic waveforms, PSV 60-113cm/s. Moderate heavily calcified disease identified in upper distal thigh. Severe stenosis identified in lower distal thigh, (43cm proximal to medial malleolus (MM), extending for ~0.9cm); velocities increase from 31cm/s to 415cm/s, falling to 37cm/s, reduced biphasic waveforms distally.

POPA: Moderate and diffuse disease identified proximally with reduced biphasic waveforms, PSV 37cm/s.

Mid to distal vessel was poorly visualised due to patient position, however appears heavily diseased, turbulent monophasic waveforms, PSV 86-94cm/s.

TPT: Appears diseased with turbulent monophasic waveforms, PSV 107cm/s. Origin of one vessel run-off noted.

ATA: Appears patent along length, reduced monophasic waveforms, PSV 19-15cm/s. ATA stenosis identified in proximal and distal vessel (23cm and 14cm proximal to MM).

PTA: Patent along length with mild/moderate disease, reduced monophasic waveforms, PSV 22-23cm/s.

PerA: Patent along length with reduced monophasic waveforms at ankle, PSV 16cm/s.

## LEFT:

CFA: Mild disease, good triphasic waveforms, PSV 118cm/s.

ATA: Good biphasic waveforms at ankle, PSV 60cm/s.

ABPI: Right resting ABPI is significantly reduced. Left resting ABPI is elevated, indicating calcification of crural arteries.



## Reference

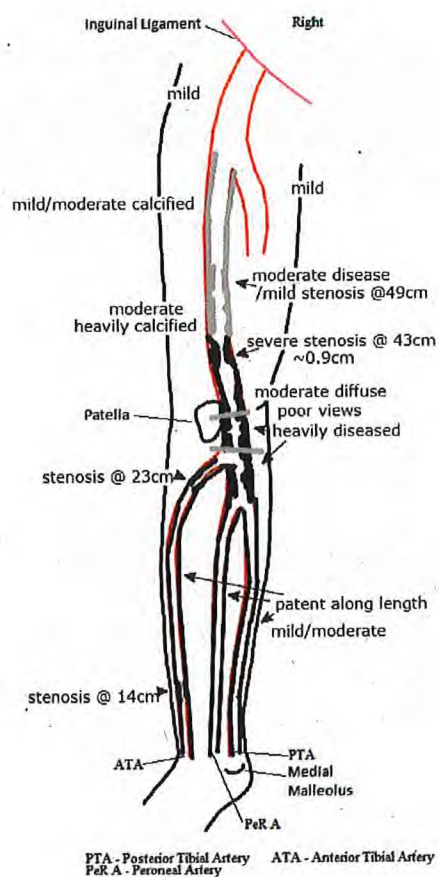
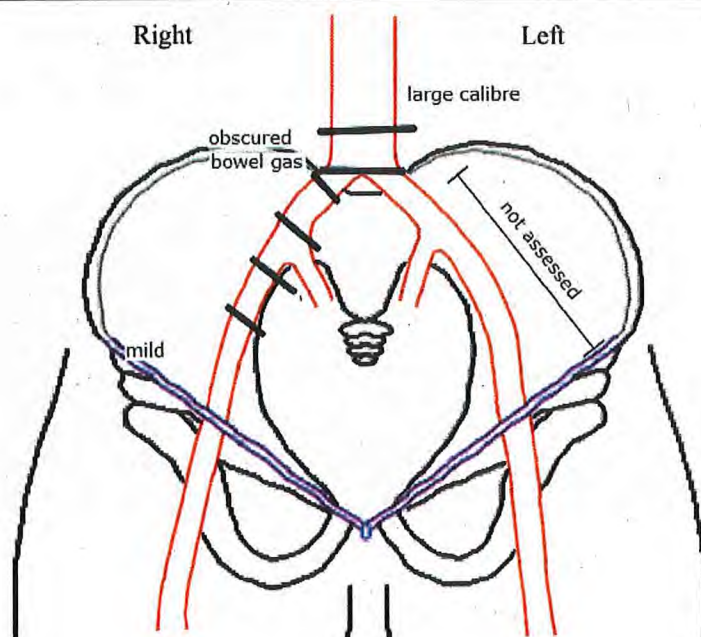
## Accession

## Patient

NHS No

**D.O.B.**

Patient Ref



Assessed by **Stephanie Wright, Vascular**

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Checked by



Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

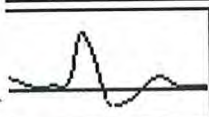
Outcome

Widely patent, No significant disease indicated

## Right

125

1.00



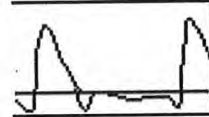
Good



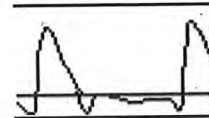
Good



Good



Good



Good

150

1.20

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

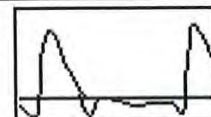
Dorsalis Pedis

Toe Pressure

Post Exercise

## Left

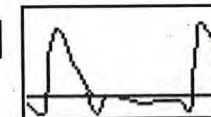
Good



Good

140

1.12



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX.

Aorta is patent with minimal disease, good biphasic waveforms, PSV 84cm/s, vessel is normal calibre - maximum AP dimensions ~1.9cm.

## RIGHT

Common iliac and external iliac arteries are patent with minimal disease, good triphasic waveforms, PSV 93-166cm/s.

Assessed by

Stephanie Wright, Vascular :

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Patient

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Patient Ref

Common femoral, profunda femoral, superficial femoral and popliteal arteries appear patent with minimal disease, good tri/biphasic waveforms and PSV 138cm/s (CFA), 93cm/s (PFA), 112-89cm/s (SFA) and 70cm/s (POPA) respectively.

TPT appears patent with origins of 3 vessel run-off noted.

Anterior tibial, posterior tibial and peroneal arteries appear patent along length with no focal disease, PSV 98-121cm/s (ATA), 87cm/s (PTA) and 63cm/s (PERA) respectively.

Dorsalis pedis is patent with good biphasic waveforms, PSV 74cm/s.

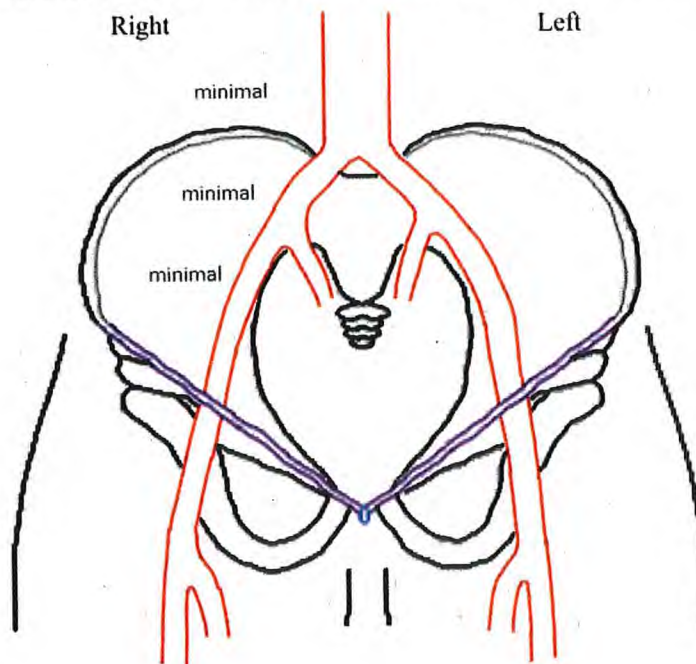
**LEFT**

CFA: Widely patent, good biphasic waveforms, PSV 96cm/s.

PTA: Good biphasic waveforms at ankle, PSV 90cm/s.

Bilateral resting ABPIs are within normal limits, exercise test not performed as patient not experiencing symptoms of claudication.

No evidence of significant lower limb arterial disease detected from these results.



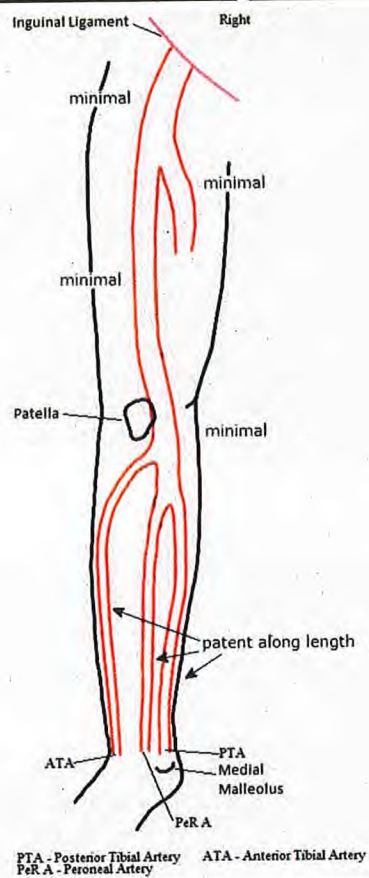


Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Ulceration

Outcome

disease mild, disease moderate, Bowel gas, Stenosis Severe, Calcified, Calf vessel disease

## Right

## Left

Brachial

125

1.00

Common Femoral

Reduced

High Thigh

Low Thigh

Popliteal

Reduced

High Calf

Peroneal

Reduced

Anterior Tibial

Weak/Absent

Posterior Tibial

Reduced

90

0.72

Dorsalis Pedis

Toe Pressure

Post Exercise

Good

Good

130

1.04

## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta appears patent with good triphasic waveforms and PSV 76cm/s. The abdominal aorta appears of large but normal calibre in proximal to mid vessel, with aortic wall appearing slightly irregular and dilated in distal vessel ?ectatic (maximum AP = 2.2cm).

## LEFT:

CIA: Patent with mild/moderate calcified disease, damped monophasic waveforms, PSV 58cm/s.

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Patient

NHS No

D.O.B.

Patient Ref

EIA: Origin appears patent. Severe stenosis identified in proximal vessel (extending for ~1.5cm); velocities increase from 76cm/s to 712cm/s, falling to monophasic waveforms distally. Mid vessel obscured due to acoustic shadowing. Mild calcified disease noted in distal vessel, slightly reduced monophasic waveforms, PSV 106cm/s.

CFA: Mild disease, reduced monophasic waveforms, PSV 120-50cm/s. Low bifurcation of PFA and SFA noted.

PFA: Mild disease, reduced monophasic waveforms, PSV 54cm/s.

SFA: Mild disease along length, reduced/slightly reduced monophasic waveforms, PSV 68-91cm/s.

POPA: Mild disease, reduced monophasic waveforms, PSV 49cm/s.

TPT: Appears patent with mild disease, origin of one vessel run off clearly identified.

ATA: Vessel appears patent to very distal calf, good monophasic waveforms proximally, PSV 57cm/s, falling to damped/weak monophasic waveforms distally, PSV 9cm/s. At ankle vessel appears ?occluded with no flow identified.

PTA: Patent along length, slightly reduced monophasic waveforms proximally, PSV 60cm/s and reduced monophasic waveforms distally, PSV 37cm/s.

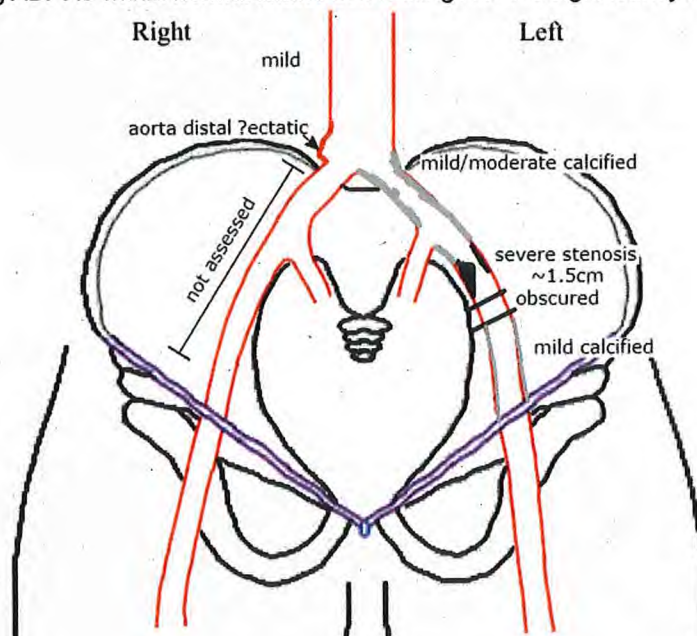
PerA: Reduced monophasic waveforms at ankle, PSV 12cm/s.

**RIGHT:**

CFA: Mild disease, good triphasic waveforms, PSV 237cm/s.

ATA: Good triphasic waveforms at ankle, PSV 88cm/s.

ABPI: Right resting ABPI is within normal limits. Left resting ABPI is significantly reduced.





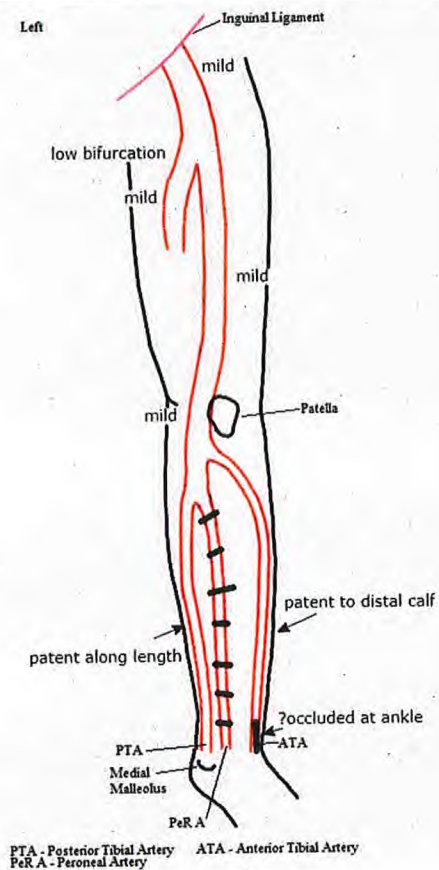


Patient

NHS No

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Patient Ref





Reference

Accession

Patient

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Patient Ref

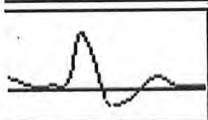
Reason Ischaemia

Outcome disease moderate, disease severe, Occlusion, Obscured, Stenosis Severe, Calcified

## Right

150

1.00



Good

## Brachial

## Common Femoral

Reduced

## Left

## High Thigh

## Low Thigh

## Popliteal

Weak/Absent

## High Calf

## Peroneal

Not identified at ankle

## Anterior Tibial

Weak

40

0.27

## Posterior Tibial

Weak

## Dorsalis Pedis

## Toe Pressure

## Post Exercise



Good

160

1.07

## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta is patent with mild/moderate calcified disease, good triphasic waveforms and PSV 60cm/s. The abdominal aorta appears of normal calibre (maximum AP = 2.3cm), with no evidence of focal dilatation or aneurysm identified.

## LEFT:

CIA: Poorly visualised due to heavily calcification and acoustic shadowing, where seen damped

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Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

monophasic waveforms identified in proximal vessel, PSV 26cm/s. Mid to distal vessel appears severely diseased/stenosed with velocities >524cm/s identified, challenging to visualise due to severe turbulence. EIA: Proximal vessel was not clearly visualised due to interference/turbulence. Mid to distal vessel appears patent with mild/moderate calcified disease, reduced monophasic waveforms, PSV 80-63cm/s.

CFA: Moderate/severe calcified disease, reduced monophasic waveforms, PSV 107cm/s. Distal vessel appears heavily calcified and obscured, ?patency.

PFA: Proximal vessel obscured due to heavy calcification, ?patency, distal to obscured region reduced monophasic waveforms identified, PSV 58cm/s.

SFA: Heavily calcified and obscured at origin and very proximal vessel, with no flow identified, ?occluded. Collaterals appears to reform flow in proximal thigh, with very weak colour-filling identified (68cm proximal to medial malleolus), weak venous-like monophasic waveforms, PSV 10-11cm/s. Mid vessel appears patent with moderate calcified disease and weak monophasic waveforms, PSV 26cm/s. Distal vessel appears heavily calcified, where seen reduced monophasic waveforms, PSV 40cm/s.

POPA: Heavily calcified with obscured regions proximally, weak monophasic waveforms, PSV 33cm/s. Distal vessel appears heavily diseased, unable to trace flow, ?occluded.

TPT: Heavily calcified, unable to trace flow, ?occluded, unable to identify vessel run-off.

ATA: Flow reforms at origin and appears patent to the ankle with weak venous-like waveforms, PSV 23-22cm/s.

PTA: Appears patent along length with weak venous-like waveforms, PSV 28-27cm/s.

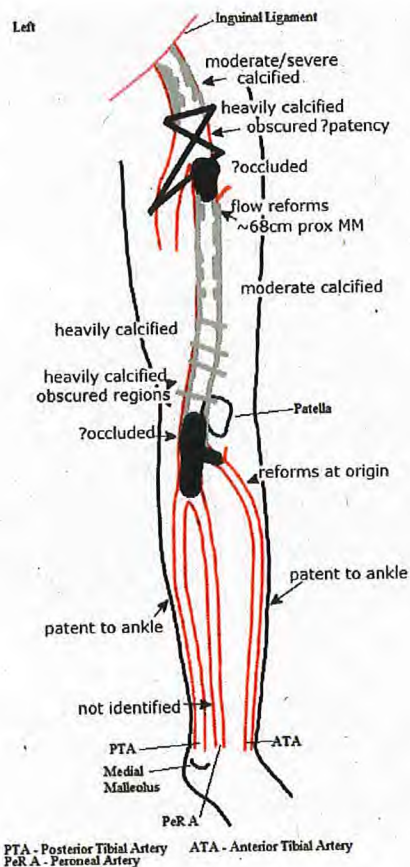
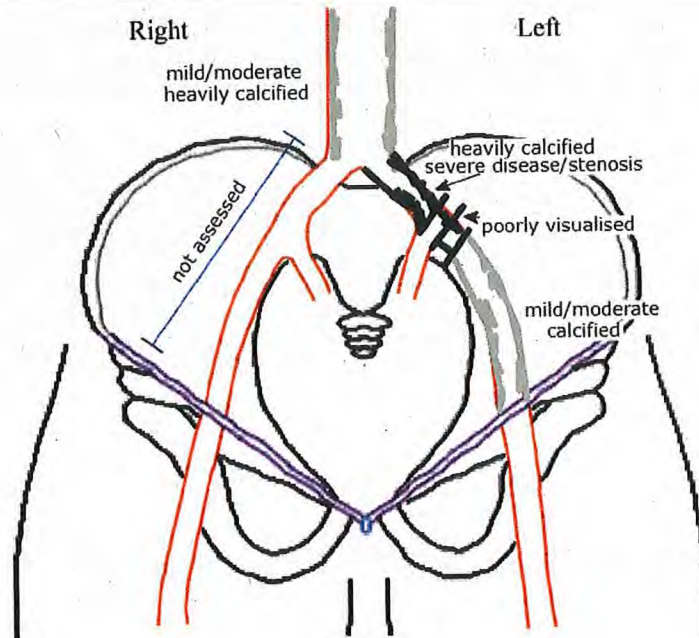
PerA: Weak venous-like waveforms proximally, PSV 12cm/s. Unable to trace flow distally, ?patency ?due to weakness of signals.

**RIGHT:**

CFA: Mild/moderate heavily calcified disease, good triphasic waveforms, PSV 129cm/s.

PTA: Good triphasic waveforms at ankle, PSV 127cm/s.

ABPI: Left resting ABPI is critically reduced. Right resting ABPI is within normal limits.





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication, Graft synthetic cross-over

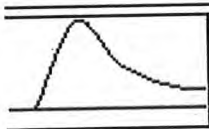
Outcome

disease moderate, disease severe, Occlusion, Obscured, Calcified, Poor images

## Right

## Left

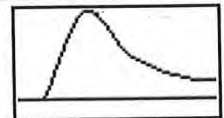
## Brachial



Turbulent

## Common Femoral

Turbulent

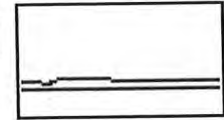


## High Thigh

## Low Thigh

## Popliteal

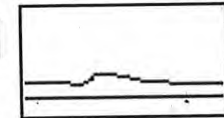
Weak/Absent



## High Calf

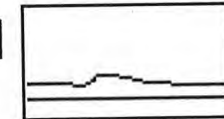
## Peroneal

Reduced



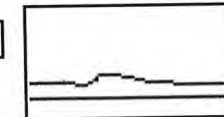
## Anterior Tibial

Reduced



## Posterior Tibial

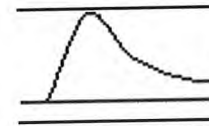
Reduced



## Dorsalis Pedis

## Toe Pressure

## Post Exercise



Slightly reduced

## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX AND FEM-FEM CROSSOVER ASSESSMENT

\*Previous right to left fem-fem crossover graft.

\*Sub-optimal images obtained in abdomen due to extensive overlying bowel gas.

Aorta- Unable to visualise the abdominal aorta due to depth, bowel gas and poor resolution; unable to comment on disease level in this region.

## RIGHT

Assessed by

Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:42 pm

Checked by





Patient

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CIA - not identified due to overlying bowel gas.

EIA - poorly visualised due to bowel gas, proximal vessel not identified. Diffuse moderate/?severe disease where seen in distal vessel, turbulent monophasic waveforms, PSV 400-371cm/s.

CFA - heavily calcified with intermittent flow and moderate diffuse disease where seen, turbulent monophasic waveforms, PSV 275cm/s.

PTA - slightly reduced monophasic waveforms and PSV 90cm/s at ankle.

#### RIGHT TO LEFT FEM-FEM CROSSOVER GRAFT

Proximal anastomosis to right mid common femoral artery appears patent, turbulent monophasic waveforms, PSV 154cm/s.

Graft appears patent along its length with no evidence of focal stenosis, 71cm/s to 65cm/s, monophasic waveforms.

Distal anastomosis to the left distal common femoral artery appears patent, PSV 109cm/s, monophasic waveforms.

#### LEFT

Known iliac occlusion.

CFA - heavily diseased and obscured proximally ?patency. Distal to crossover graft anastomosis, vessel appears severely stenosed/diseased, turbulent monophasic waveforms, PSV 440cm/s.

PFA - poorly visualised and partially obscured at origin/proximal vessel, appears severely diseased/stenosed, turbulent monophasic waveforms PSV 249cm/s.

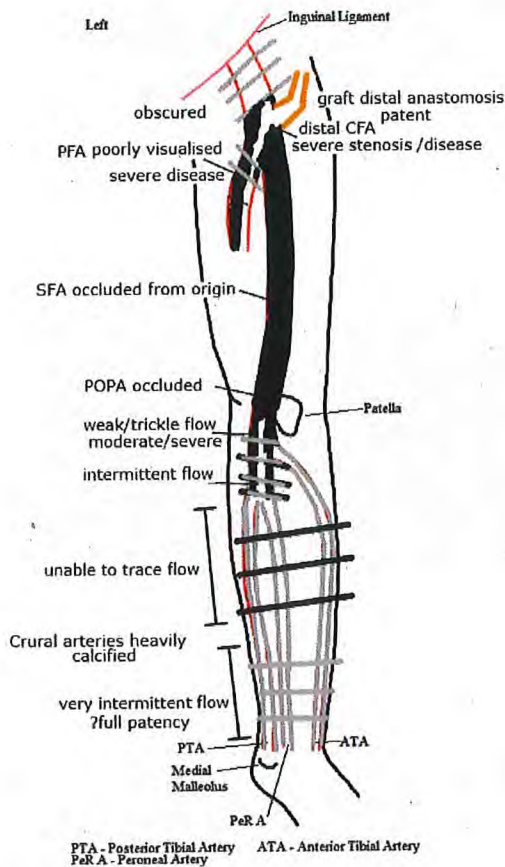
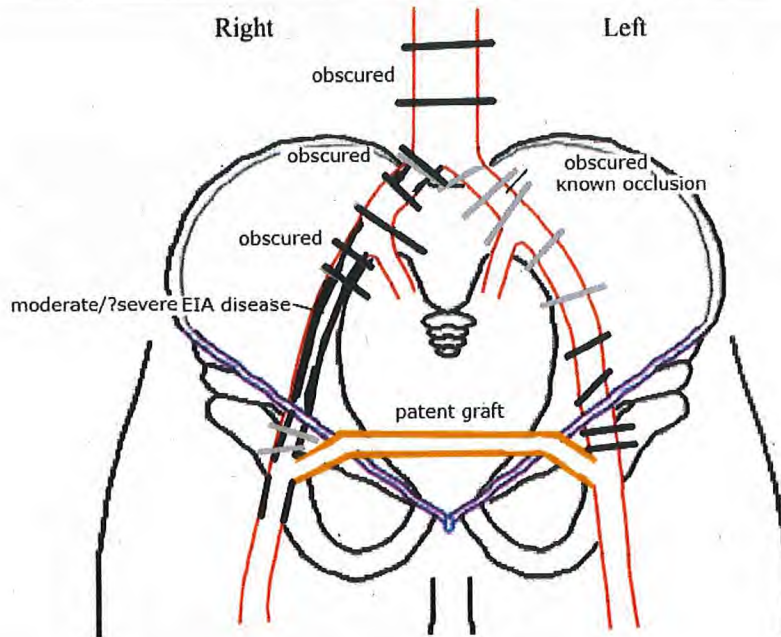
SFA - appears occluded from origin and along length with mixed, dense and calcified disease.

POPA - appears occluded proximally. Weak, venous-like flow identified in distal vessel, with moderate/severe disease, PSV 26cm/s. TPT appears heavily calcified with intermittent flow, origin of one vessel run-off noted.

PTA, ATA & PerA - unable to identify flow in proximal vessel, very heavily calcified with very intermittent flow in distal vessel, reduced/weak monophasic waveforms and PSV 13-27cm/s at ankle.

ABPI - Unable to obtain accurate bilateral resting ABPIs due to known crural vessel calcification. Unable to obtain TBPI due to known weakness of signals.

Suggest referral for alternative imaging modality, if appropriate.





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

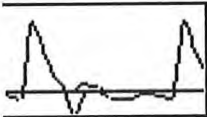
Reason Routine

Outcome Aneurysm, Occlusion, Bowel gas, Significant disease indicated, Calf vessel disease

## Right

160

1.00



Good

## Brachial

Common Femoral

Good

## Left

High Thigh

Low Thigh

Popliteal

Reduced

High Calf

Peroneal

Not identified

Anterior Tibial

Not identified at ankle

Posterior Tibial

Slightly Reduced

100

0.63

Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

\*Challenging assessment due to very limited patient mobility and patient positioning.

AORTA: Abdominal aorta is patent with biphasic waveforms and PSV 43cm/s. The abdominal aorta appears aneurysmal (maximum AP = 3.3cm)- see separate aneurysm report.

## LEFT:

CIA: Partially obscured by bowel gas, where seen patent with good bi/triphasic waveforms, PSV 84cm/s.

Assessed by Stephanie Wright, Vascular :

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Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

EIA: Mild disease, good triphasic waveforms, PSV 127-120cm/s.

CFA: Mild disease, good triphasic waveforms, PSV 123cm/s.

PFA: Mild disease, good triphasic waveforms, PSV 98cm/s.

SFA: Proximal to mid vessel appears patent with mild disease, good tri/monophasic waveforms, PSV 74-114cm/s. Vessel occludes in the upper distal thigh (56cm proximal to medial malleolus) for ~4cm. Flow reforms in the very distal thigh/adductor canal (52cm proximal to medial malleolus) with reduced monophasic waveforms, PSV 52cm/s.

POPA: Mild disease, reduced monophasic waveforms, PSV 36cm/s.

TPT: Appears patent with origins of two vessel run-off noted.

ATA: Intermittent flow identified in proximal vessel ?full patency, reduced monophasic waveforms, PSV 28cm/s. Unable to trace flow in mid to distal vessel ?patency.

PTA: Patent along length with good/slightly reduced monophasic waveforms, PSV 67-61cm/s.

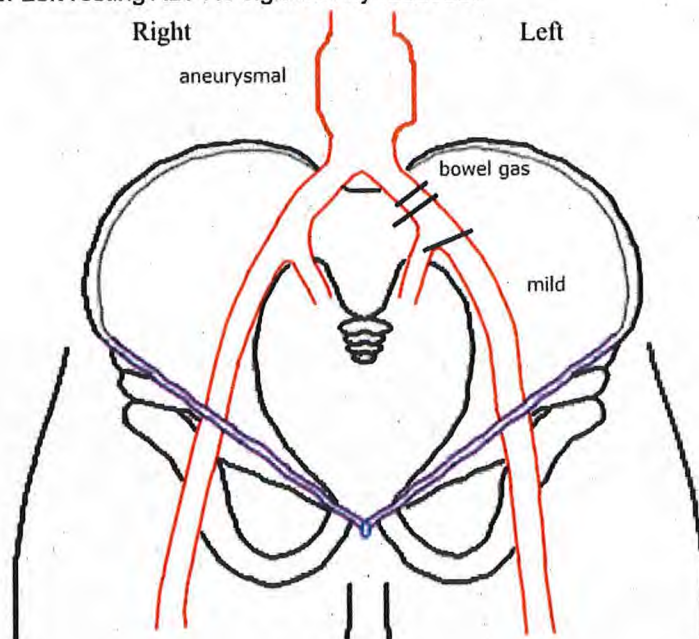
PerA: Not identified.

#### RIGHT:

CFA: Mild disease, good triphasic waveforms, PSV 110cm/s.

ATA: Good triphasic waveforms at ankle, PSV 103cm/s.

ABPI: Right resting ABPI was challenging to obtain due to patient discomfort/movement however appears within normal limits. Left resting ABPI is significantly reduced.





Examined **22/05/2023 14:00**

Page 3 of 3

## Reference

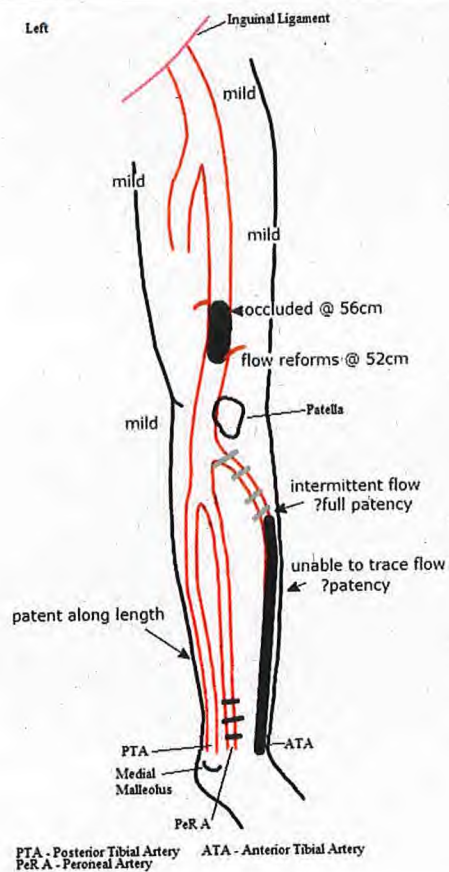
## Accession

## Patient

NHS No

D.O.B.

Patient Ref



Assessed by Stephanie Wright, Vascular :

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Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Routine

Outcome

disease mild, disease moderate, Poor images, patient habitus, Calcified, Calf vessel disease

## Right

## Left

Brachial

195

1.00

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Good

High Calf

Peroneal

Not identified

Anterior Tibial

Good at ankle

200

1.03

Posterior Tibial

Not identified

Dorsalis Pedis

Toe Pressure

Foot Flex

180

0.92

Post Exercise

Foot Flex

180

0.92

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta is patent with good triphasic waveforms and PSV 136cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.6cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT:

CIA/EIA: Poorly visualised due to depth, where seen mild calcified disease, good triphasic waveforms

Assessed by

Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:52 pm

Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

identified, PSV 137-189cm/s.

CFA: Mild disease proximally, with moderate disease in distal vessel, good triphasic waveforms, PSV 119-194cm/s.

PFA: Moderate disease/stenosis at origin, turbulent biphasic waveforms, PSV 234-243cm/s.

SFA: Mild/moderate disease at origin, turbulent triphasic waveforms, PSV 209cm/s. Proximal to mid vessel appears patent with mild calcified disease, good triphasic waveforms, PSV 123-145cm/s. Distal vessel was poorly visualised due to depth, where seen intermittent flow, good triphasic waveforms, PSV 115cm/s.

POPA: Mild calcified, good biphasic waveforms, PSV 133-97cm/s. TPT was poorly visualised due to calcification and intermittent flow, origins of two vessel run-off noted.

Calf vessels were poorly visualised due to depth, oedema and poor tissue resolution.

ATA: Very intermittent flow in proximal vessel, reduced monophasic waveforms, PSV 32cm/s. Unable to trace flow in mid to distal vessel ?patency. Flow appears to reform at ankle with good biphasic waveforms identified, PSV 93cm/s.

PTA: Unable to trace flow along length ?patency.

PerA: Very intermittent flow at ankle, good monophasic waveforms, PSV 169cm/s.

#### LEFT:

CIA/EIA: Poorly visualised due to depth, where seen mild calcified disease, good triphasic waveforms identified, PSV 178-189cm/s.

CFA: Mild disease, good monophasic waveforms, PSV 218cm/s.

PFA: Mild disease, good triphasic waveforms, PSV 126cm/s.

SFA: Mild calcified disease in proximal to mid vessel good triphasic waveforms, PSV 126-154cm/s. Distal vessel was poorly visualised due to depth, where seen intermittent flow, good triphasic waveforms, PSV 132cm/s.

POPA: Mild calcified, good biphasic waveforms, PSV 118-96cm/s. TPT was poorly visualised due to calcification and intermittent flow, origins of one vessel run-off noted.

Calf vessels were poorly visualised due to depth, oedema and poor tissue resolution.

ATA: Unable to trace flow in proximal, mid or distal vessel ?patency. Flow appears to reform at ankle with good biphasic waveforms identified, PSV 238cm/s.

PTA: Intermittent flow in proximal vessel, slightly reduced monophasic waveforms, PSV 55cm/s. Unable to trace flow distal to this ?patency.

PerA: Not identified.

ABPI: Bilateral resting ABPIs are within normal limits, with slight reduction noted in right following one minute attempted exercise test, however ?accuracy due to arterial calcification.

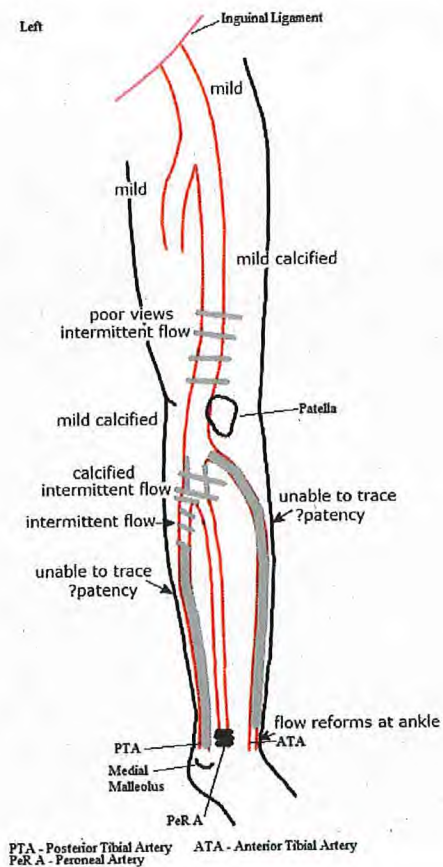
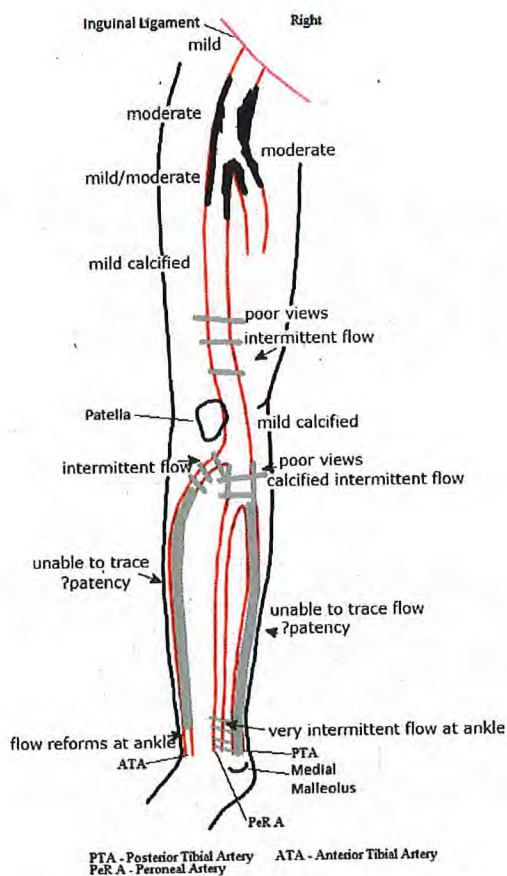
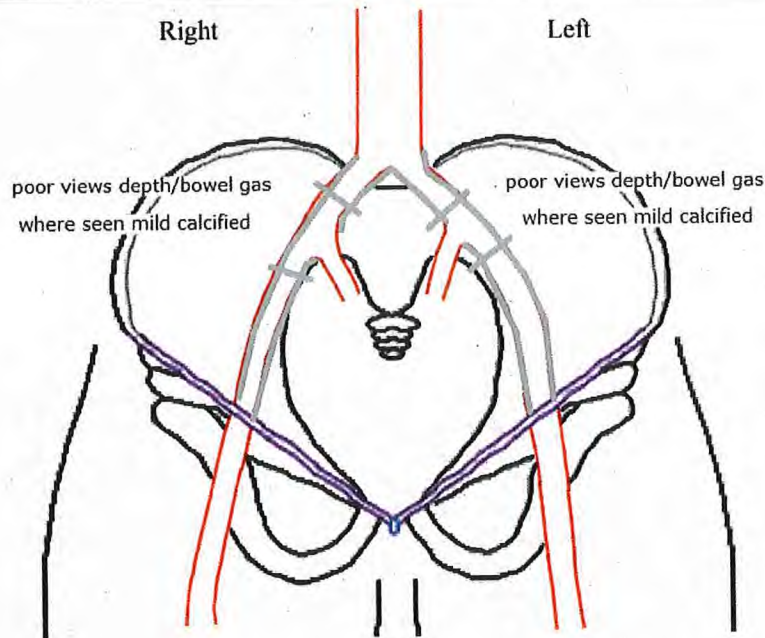
ADDITIONAL NOTES: Superficial oedema noted in the calves bilaterally.

Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Claudication

Outcome

disease mild, disease moderate, Occlusion, Calcified, Significant disease indicated

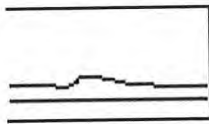
## Right

140

1.00



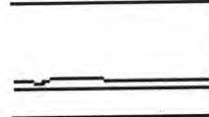
Good



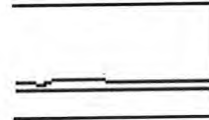
Weak



Not identified



Weak/Absent



Weak

80

0.57

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

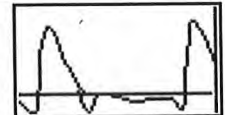
Dorsalis Pedis

Toe Pressure

Post Exercise

## Left

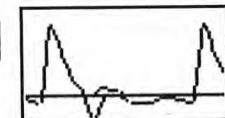
Good



Good

165

1.18



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta is patent with good biphasic waveforms and PSV 119cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT:

CIA/EIA: Mild disease, good triphasic waveforms, PSV 94-120cm/s

Assessed by Stephanie Wright, Vascular :

Printed on 27/06/2023 at 3:42 pm

Checked by





Patient

NHS No

D.O.B.

Patient Ref

CFA: Mild disease, good triphasic waveforms, PSV 126cm/s.

PFA: Mild disease, good triphasic waveforms, PSV 113cm/s.

SFA: Mild/moderate calcified disease identified at origin/very proximal vessel, good triphasic waveforms, PSV 68-73cm/s. Mild calcified disease identified in mid vessel, damped monophasic waveforms, PSV 49cm/s. Vessel occludes in upper distal thigh (54cm proximal to medial malleolus (MM)) and remains occluded in the distal thigh/adductor canal.

POPA: Flow reforms in proximal vessel, weak monophasic waveforms, PSV 16cm/s. Diffuse moderate calcified disease identified along length. TPT appears patent with moderate calcified diffuse disease, origin of one vessel run-off noted.

ATA: Very intermittent flow and weak monophasic waveforms identified in proximal to mid vessel, unable to trace flow in distal vessel ?flow too weak ?patency.

PTA: Calcified with very intermittent flow along length ?full patency, weak monophasic waveforms at ankle, PSV 16cm/s.

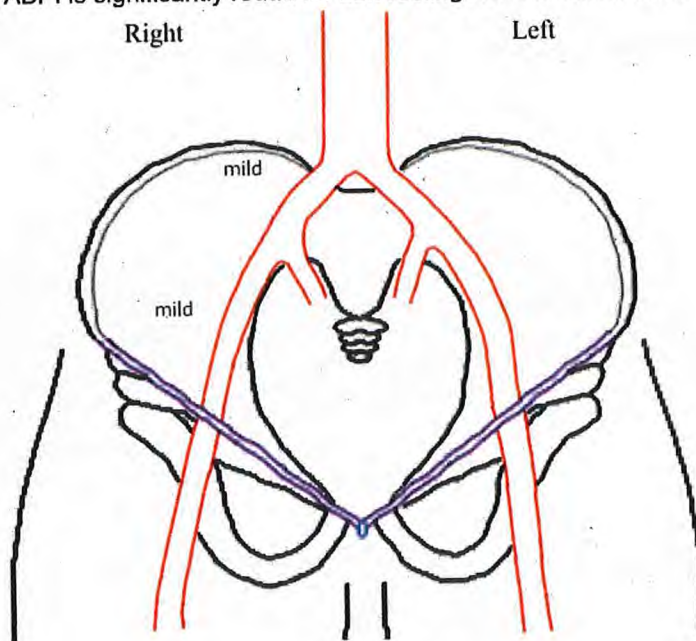
PerA: Not identified..

**LEFT:**

CFA: Mild disease, good biphasic waveforms, PSV 122cm/s.

ATA: Good triphasic waveforms at ankle, PSV 130cm/s.

ABPI: Right resting ABPI is significantly reduced. Left resting ABPI is within normal limits.



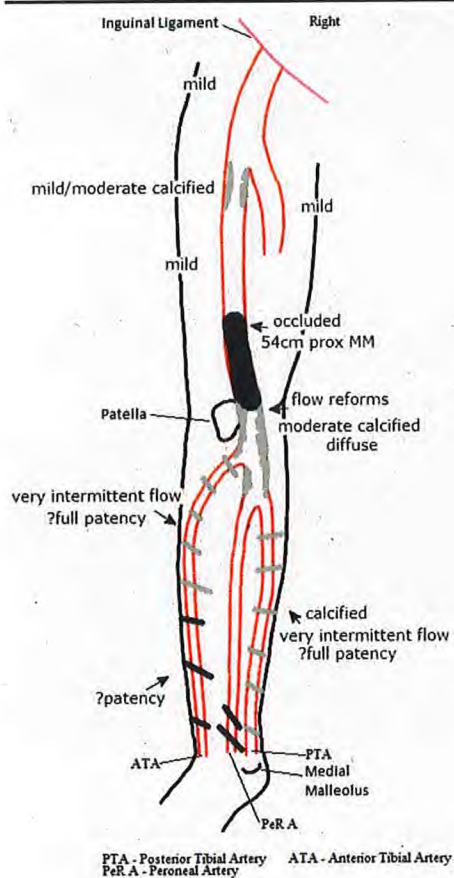


Patient

NHS No

D.O.B.

Patient Re





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

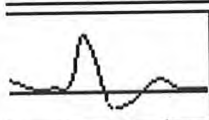
Reason Claudication

Outcome disease moderate, disease severe, Occlusion, Stenosis Severe, Calcified, Calf vessel disease

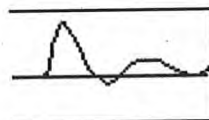
## Right

150

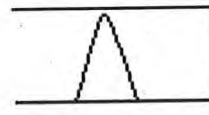
1.00



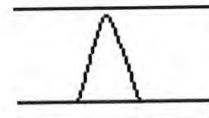
Good



Good



Slightly Reduced



Good

145

0.97

Absent at ankle

## Brachial

## Common Femoral

## High Thigh

## Low Thigh

## Popliteal

## High Calf

## Peroneal

## Anterior Tibial

## Posterior Tibial

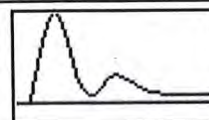
## Dorsalis Pedis

## Toe Pressure

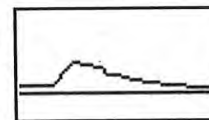
## Post Exercise

## Left

Good



Reduced



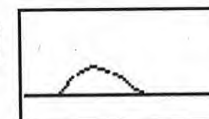
Not Identified



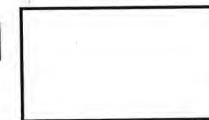
Reduced

100

0.67



Absent



Foot Flex

115

0.77

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Abdominal aorta is patent with mild calcified disease, good triphasic waveforms and PSV 57cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT:

CIA: Mild/moderate calcified disease, good triphasic waveforms, PSV 135cm/s.

Assessed by Stephanie Wright, Vascular !

Printed on 27/06/2023 at 3:44 pm

Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

EIA: Mild/moderate calcified disease proximally, good biphasic waveforms, PSV 152cm/s and mild disease distally, good triphasic waveforms, PSV 199cm/s.

CFA: Moderate and severe diffuse disease, turbulent triphasic waveforms, PSV 206cm/s.

PFA: Mild/moderate disease, good biphasic waveforms, PSV 92cm/s.

SFA: Moderate calcified disease at origin and in proximal vessel, good monophasic waveforms, PSV 191cm/s. Mid to distal vessel was challenging to visualise due to depth and poor tissue resolution. Where seen mild/moderate disease in mid vessel, good monophasic waveforms, PSV 126cm/s and moderate calcified disease in distal vessel, good monophasic waveforms, PSV 62cm/s.

POPA: Mild disease good tri/monophasic waveforms, PSV 73cm/s.

TPT: Patent with mild/moderate calcified disease, origins of 3 vessel run-off noted.

ATA: Patent along length with good monophasic waveforms, PSV 127-77cm/s.

PTA: Patent proximal to mid vessel, monophasic waveforms, PSV 53cm/s. Unable to trace flow in distal vessel ?patency, isolated region of flow noted in distal calf, reduced monophasic waveforms, PSV 23cm/s, however flow does not fully reform.

PerA: Appears patent with moderate calcified disease, intermittent flow in distal vessel ?diseased, slightly reduced monophasic waveforms at ankle, PSV 44cm/s.

**LEFT:**

CIA: Moderate calcified disease, good triphasic waveforms, PSV 161cm/s.

EIA: Mild calcified disease where seen, good triphasic waveforms, PSV 120cm/s.

CFA: Mild disease, good tri/monophasic waveforms, PSV 148cm/s.

PFA: Mild disease, good monophasic waveforms, PSV 116cm/s.

SFA: Moderate calcified disease with irregular channel of flow noted in very proximal vessel, damped monophasic waveforms, PSV 66-58cm/s. Vessel occludes in the proximal thigh (~68cm proximal to medial malleolus (MM)) and remains occluded to the distal thigh. Flow reforms in the distal thigh (50cm proximal to MM), with reduced monophasic waveforms. Severe stenosis identified in distal thigh (49cm proximal to MM, extending for ~1.6cm); velocities increase from 36cm/s to 144cm/s, falling to 43cm/s, monophasic waveforms distally.

POPA: Mild/moderate disease, reduced monophasic waveforms, PSV 31cm/s.

TPT: Patent with mild/moderate calcified disease, origins of 2 vessel run-off noted.

ATA: Patent along length with reduced monophasic waveforms, PSV 42-21cm/s.

PTA: Unable to trace flow along length ?occluded.

PerA: Not identified ?patency.

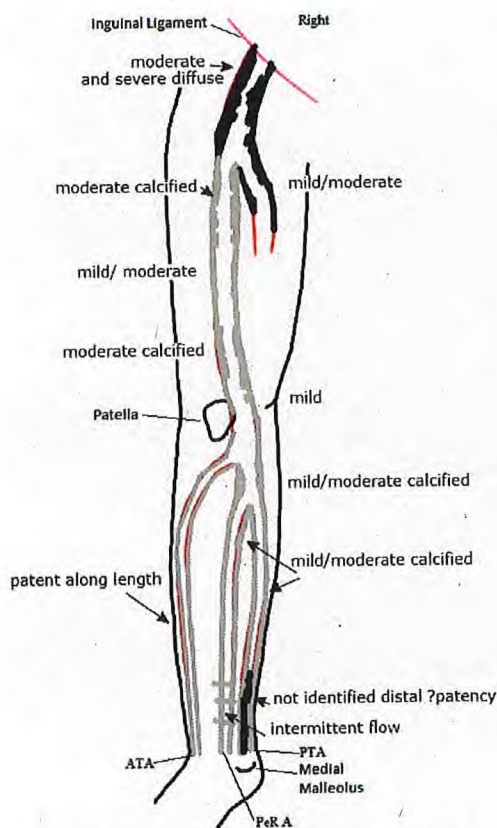
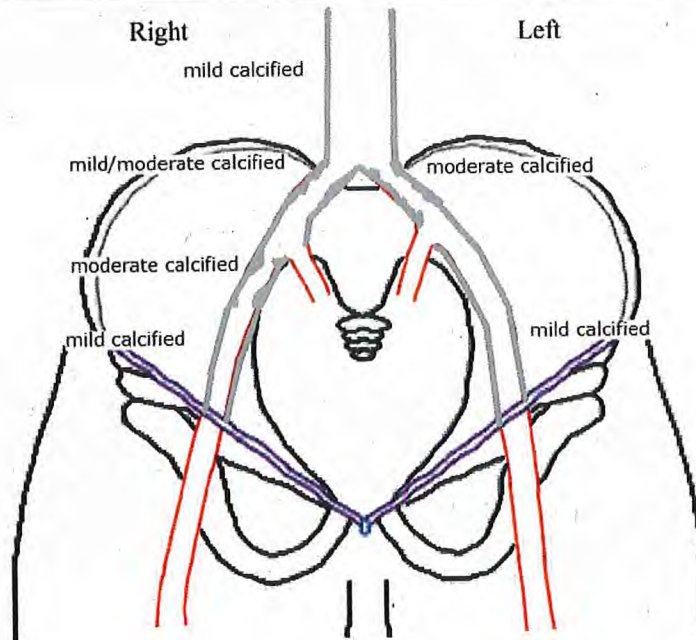
ABPI: Right resting ABPI is within normal limits, with significant reduction following a one-minute exercise challenge. Left resting ABPI is significantly reduced.

Patient

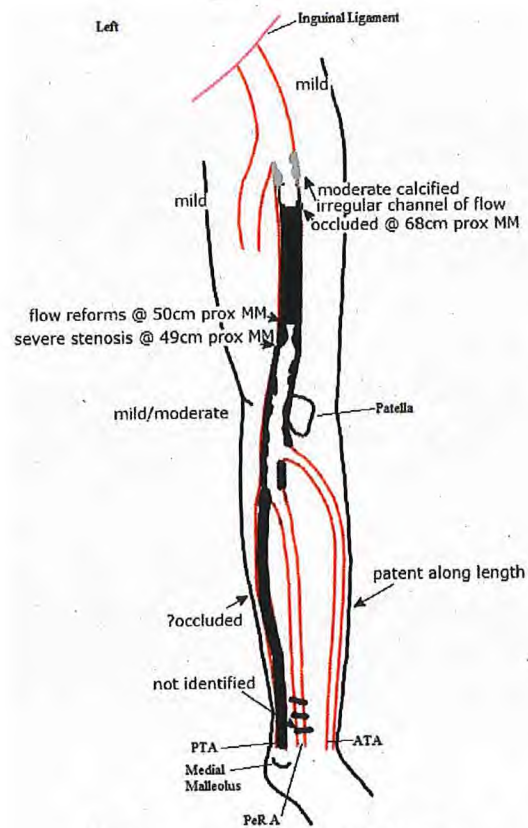
NHS No

D.O.B.

Patient Ref



PTA - Posterior Tibial Artery  
PeRA - Peroneal Artery  
ATA - Anterior Tibial Artery



PTA - Posterior Tibial Artery  
PeRA - Peroneal Artery  
ATA - Anterior Tibial Artery

Assessed by Stephanie Wright, Vascular !

Printed on 27/06/2023 at 3:44 pm

Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason

Ulceration

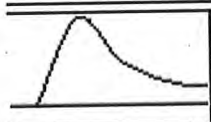
Outcome

disease moderate, disease severe, Occlusion, Obscured, Calcified, Bowel gas, Superficial oedema, Calf vessel disease

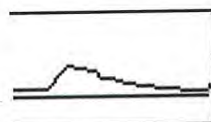
## Right

160

1.00



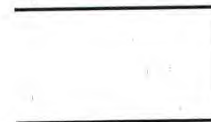
Turbulent



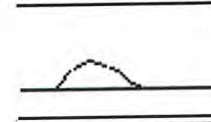
Reduced



Reduced



Absent



Reduced

100

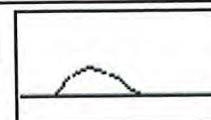
0.63

## Brachial

Common Femoral

Damped/Occluded

## Left



High Thigh

Low Thigh

Popliteal

Occluded



High Calf

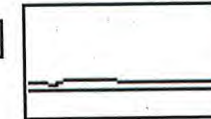
Peroneal

Weak



Anterior Tibial

Weak



Posterior Tibial

Weak/reduced

60

0.38



Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

## BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

\*Previous known left graft occlusion.

\*Irregular heart rate noted.

AORTA: Abdominal aorta is patent and calcified proximally with good triphasic waveforms and PSV 67cm/s. The abdominal aorta appears of normal calibre proximally (maximum AP = 1.6cm), with no evidence of focal dilatation or aneurysm identified. Distal aorta was obscured by bowel gas, therefore unable to assess.

Assessed by

Stephanie Wright, Vascular

Printed on 27/06/2023 at 3:33 pm

Checked by





Patient

NHS No

D.O.B.

Patient Ref

## RIGHT

CIA: Obscured due to overlying bowel gas.

EIA: Obscured proximally due to overlying bowel gas. Distal vessel appears patent and calcified with good monophasic waveforms, PSV 157cm/s.

CFA: Severely diseased with narrow channel of flow, turbulent monophasic waveforms, PSV 289-378cm/s.

PFA: Moderate calcified disease at origin, turbulent monophasic waveforms, PSV 275-146cm/s.

SFA: Occluded from the origin and along length.

POPA: Flow reforms in proximal vessel with mild/moderate disease noted, reduced monophasic waveforms, PSV 53-51cm/s. TPT appears heavily calcified with intermittent flow, origin of one vessel run-off noted.

ATA: Unable to trace flow along length ?occluded.

PTA: Patent and calcified along length, reduced monophasic waveforms, PSV 52-47cm/s.

PERA: Reduced monophasic waveforms at ankle, PSV 22cm/s.

## LEFT

CIA: Obscured due to overlying bowel gas.

EIA: Obscured proximally due to overlying bowel gas. Distal vessel appears patent and calcified with reduced/damped monophasic waveforms, PSV 39cm/s.

CFA: Appears patent proximally, damped monophasic waveforms, PSV 48cm/s. Mid to distal vessel appears occluded.

PFA: Unable to identify origin, ?flow reforms in proximal thigh, reduced monophasic waveforms, PSV 42cm/s.

SFA: Appears occluded along length, small isolated area of flow noted in distal thigh with reduced monophasic waveforms, PSV 53cm/s, however flow does not fully reform.

Graft remains occluded from the proximal anastomosis to the distal anastomosis.

POPA: Appears largely occluded with minor trickle flow noted. TPT appears occluded, unable to trace flow or identify vessel run-off.

ATA: Flow reforms in proximal vessel, vessel appears calcified with intermittent flow to the ankle, weak monophasic waveforms, PSV 21-16cm/s.

PTA: Patent and calcified along length, weak/reduced monophasic waveforms, PSV 32cm/s.

PERA: Weak monophasic waveforms at ankle, PSV 12cm/s.

ABPI: Right resting ABPI is significantly reduced. Left resting ABPI is critically/severely reduced. ?Full accuracy of ABPIs due to calf vessel calcification and oedema.

ADDITIONAL NOTES: Superficial oedema noted in the calves bilaterally.

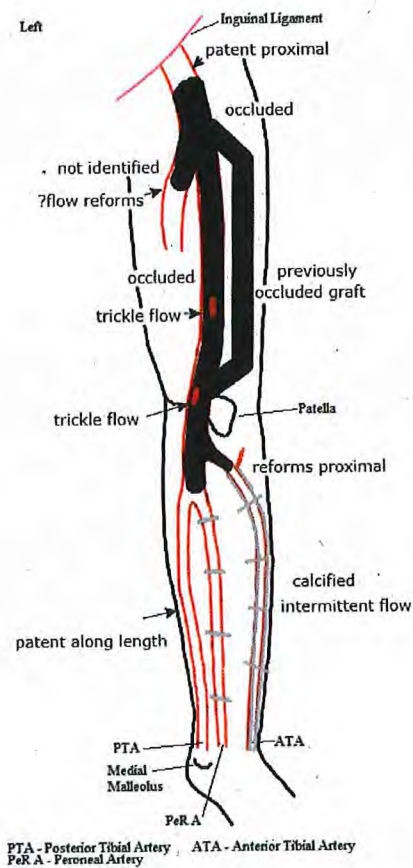
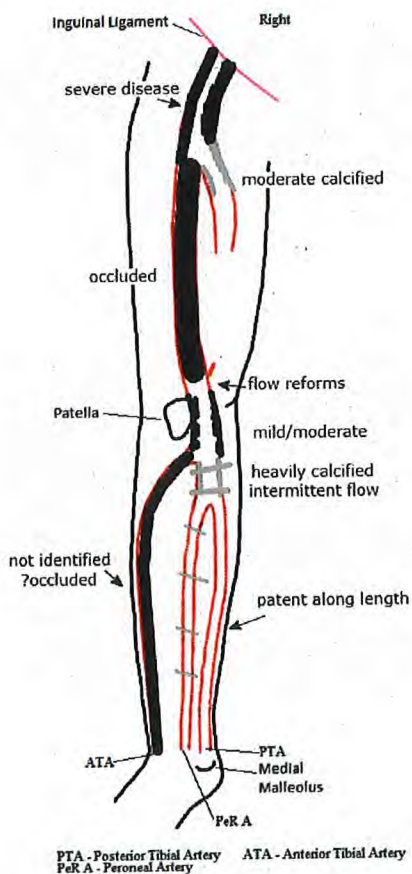
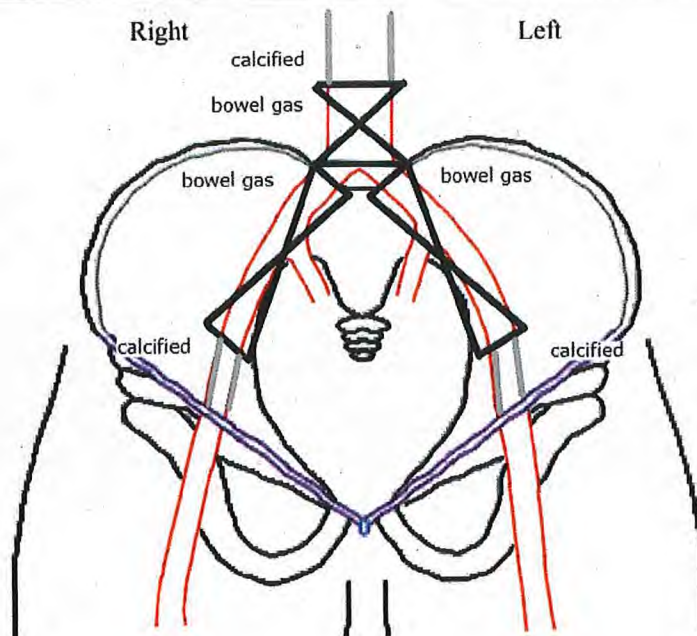
Suggest referral for alternative imaging modality, if appropriate.

Patient

NHS No

D.O.B.

Patient Ref







Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason Graft synthetic fem-pop, Rest pain

Outcome disease moderate, disease severe, Occlusion, Obscured, Calcified, Poor images, Significant disease indicated

## Right

134

1.00

See notes

Reduced

Reduced

Reduced

Reduced

72

0.54

## Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Good

Posterior Tibial

Good

140

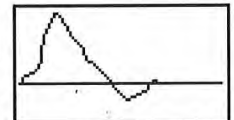
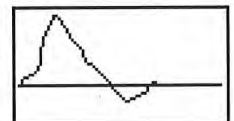
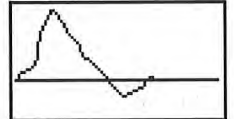
1.04

Dorsalis Pedis

Toe Pressure

Post Exercise

## Left



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

\*Known occluded right fem-pop synthetic bypass.

\*Irregular heart rate noted.

AORTA: appears patent with good biphasic waveforms, PSV 161 cm/s. The abdominal aorta appears of normal calibre (Maximum AP - 1.8cm), with no evidence of focal dilatation or aneurysmal identified.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 10:44 am

Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

## RIGHT

CIA: Proximal vessel appears patent with mild/moderate calcified disease and good biphasic waveforms, PSV 90 cm/s. Mid to distal vessel was obscured by bowel gas.

EIA: Origin was obscured by bowel gas. Proximal - mid vessel appears patent with moderate disease. Distal vessel appears patent with mild/moderate calcified disease, high resistant/damped biphasic waveforms, PSV 56 cm/s.

CFA: Proximal vessel appears patent with moderate/severe calcified disease, with high resistant/damped mono/biphasic waveforms, PSV 54 cm/s. Mid-distal vessel appears occluded with low echogenicity material ?thrombus.

PFA: Origin appears occluded. Flow reforms in the proximal vessel from a branch/well developed collateral. Mild/moderate disease with slightly reduced monophasic waveforms, PSV 73 cm/s.

SFA: Vessel appears occluded along length. Stent identified in the distal vessel. Stent appears occluded in this region.

GRAFT: appears occluded along length.

POPA: Flow reforms proximally via a collateral into stented region, reduced monophasic waveforms, PSV 32cm/s. Mid to distal vessel appears patent with diffuse moderate disease and reduced monophasic waveforms, PSV 78 cm/s. TPT appears patent with origin of 1 vessel run off noted.

ATA: Appears heavily calcified but patent along length, reduced monophasic waveforms at ankle, PSV 27 cm/s.

PTA: Intermittent flow proximally ?due to calcification ?patency. Mid - distal vessel appears heavily calcified but patent with reduced monophasic waveforms at ankle, PSV 39 cm/s.

PEROA: Very poorly visualised, reduced monophasic waveforms at ankle, PSV 10cm/s ?full patency.

## LEFT:

CFA: Mild disease with good biphasic waveforms, PSV 118 cm/s.

ATA: Good biphasic waveforms at ankle, PSV 45cm/s.

PTA: Good biphasic waveforms at ankle, PSV 84cm/s.

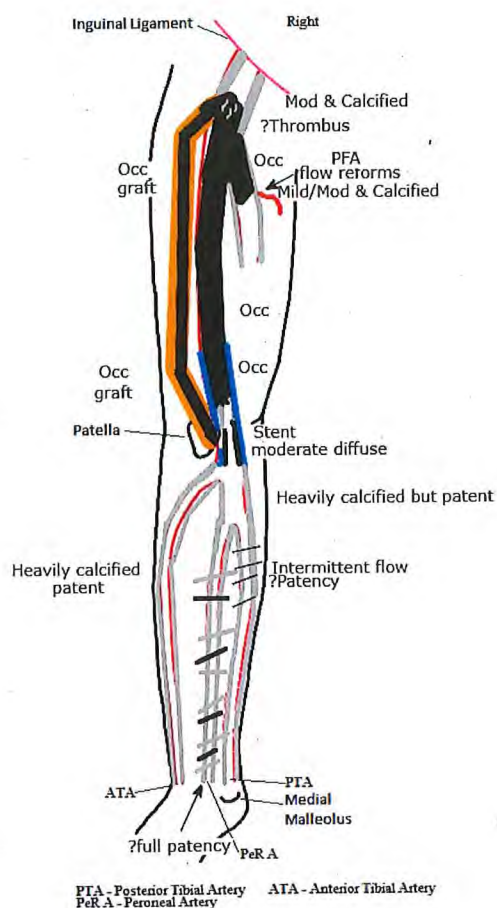
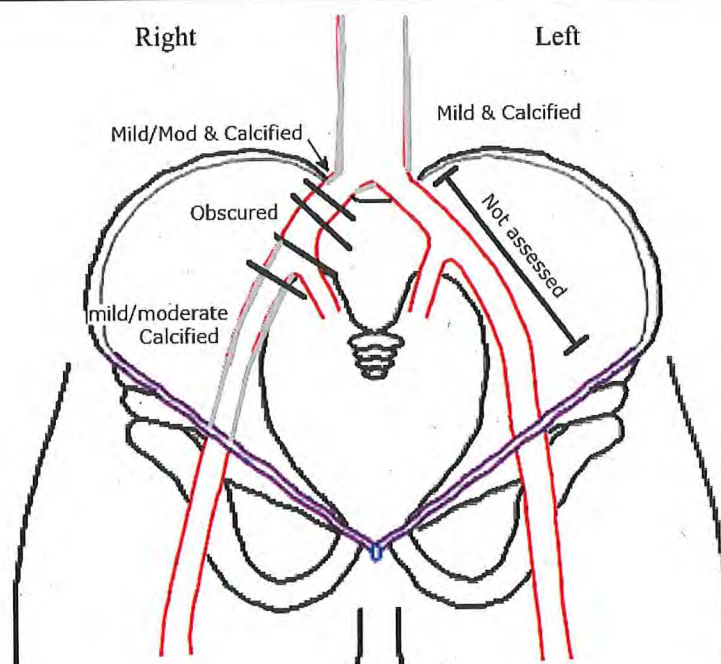
ABPIs: Right resting ABPI is significantly reduced. Left resting ABPI is within normal limits.

Patient

NHS No

D.O.B.

Patient Ref





Reference

Accession

Patient

NHS No

D.O.B.

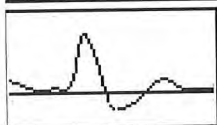
Patient Ref

Reason Claudication

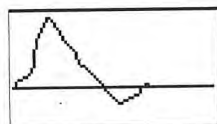
Outcome disease mild, disease moderate, Calcified, Patent

## Right

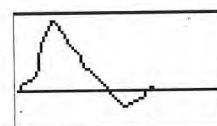
120 1.00



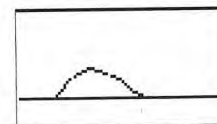
Good



Good



Good



Reduced

112

0.93

## Brachial

## Common Femoral

## High Thigh

## Low Thigh

## Popliteal

## High Calf

## Peroneal

## Anterior Tibial

## Posterior Tibial

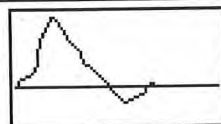
## Dorsalis Pedis

## Toe Pressure

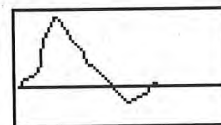
## Post Exercise

## Left

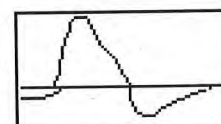
Good



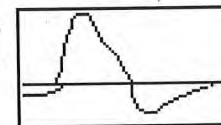
Good



Good



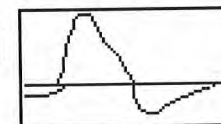
Good



Good

150

1.25



Calf Raises

110

0.92

Calf Raises

123

1.03

## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

\*ABG graft identified.

AORTA: Abdominal aorta appears patent but poorly visualised, good biphasic waveforms, PSV 63cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.7cm outer-to-outer), with no evidence of focal dilatation or aneurysm identified.

Aorta graft anastomosis - appears widely patent, triphasic waveforms, PSV 113cm/s.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 10:54 am

Checked by





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

## LEFT:

Left graft limb - Area of dense, echogenic material noted at the origin of the left graft limb on the posterior wall causing turbulent flow, ?graft kink ?dense plaque. Distal to this region, left graft limb appears widely patent with biphasic waveforms, PSV 176-72cm/s.

Distal anastomosis to the CFA/bifurcation appears patent with biphasic waveforms, PSV 130cm/s.

PFA - Origin obscured but vessel appears patent distally with mild/moderate disease, turbulent good biphasic waveforms, PSV 169cm/s.

SFA - Mild/moderate disease at the origin/proximal vessel with good biphasic waveforms, PSV 115 cm/s. Moderate disease identified in the mid vessel, with slight but not significant increase in velocities and turbulent flow, PSV 225-196cm/s. Mild/moderate diffuse disease with calcified walls and good biphasic waveforms identified in the distal vessel, PSV 140cm/s.

PopA - Mild disease with good biphasic waveforms, PSV 125 cm/s.

TPT - appears patent with origins of 3 vessel run off identified.

ATA - appears patent along length with mild calcified disease, good biphasic waveforms, PSV 117 cm/s at ankle.

PTA - appears patent along length with mild/moderate disease, calcified walls and good biphasic waveforms, PSV 97 cm/s at ankle.

PeroA - Difficult to fully visualise vessel due to heavy calcification, intermittent flow identified along length with good biphasic waveforms at ankle, PSV 49 cm/s.

## RIGHT:

CFA: Good triphasic waveforms, PSV 132 cm/s.

ATA: Good biphasic waveforms at ankle, PSV 115 cm/s.

PTA: Reduced monophasic waveforms at ankle, PSV 25cm/s.

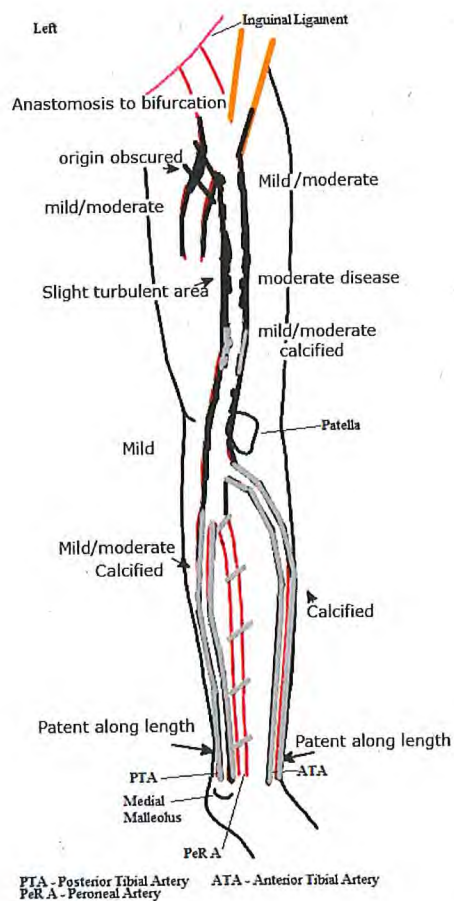
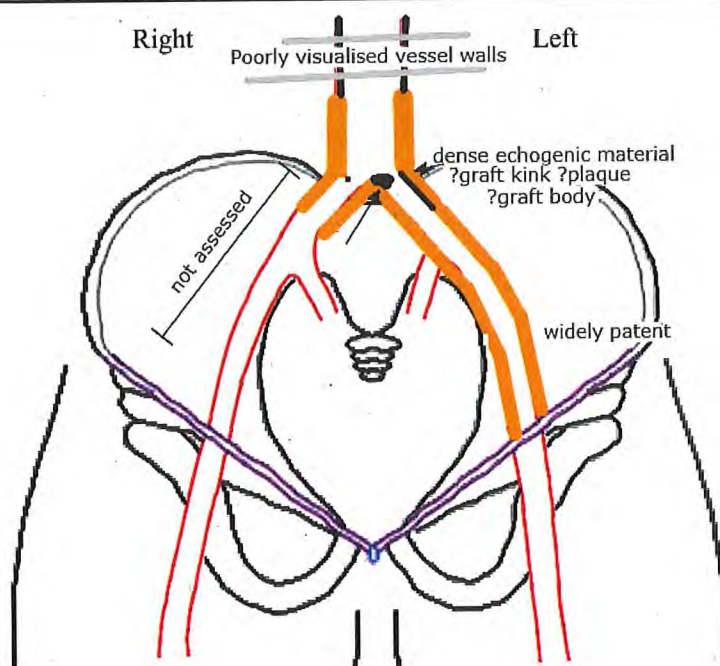
ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute exercise challenge, however ?accuracy due to calcification of calf vessels.

Patient

NHS No

D.O.B.

Patient Ref





Reference

Accession

Patient

NHS No

D.O.B.

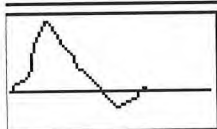
Patient Ref

Reason Rest pain, Ulceration

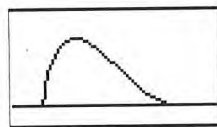
Outcome disease mild, Occlusion, Significant disease indicated

## Right

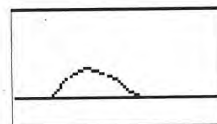
128 1.00



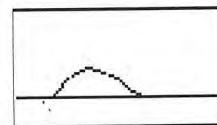
Good



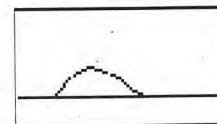
Reduced



Reduced



Reduced



Reduced

84 0.66

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

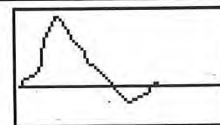
Dorsalis Pedis

Toe Pressure

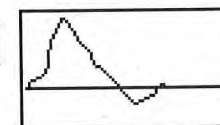
Post Exercise

## Left

Good

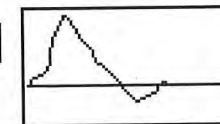


Good



Good

134 1.05



## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: appears patent, mild disease with good tri/biphasic waveforms, PSV 113 cm/s. The abdominal aorta appears of normal calibre (maximum LS - 1.50 cm), with no evidence of focal dilatation or aneurysm identified.

RIGHT:

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 11:47 am

Checked by



Patient

NHS No

D.O.B.

Patient Ref

CIA: appears patent along length with mild disease and good biphasic waveforms identified, PSV 163 cm/s.

EIA: appears patent along length with mild disease and good biphasic waveforms identified, PSV 127 cm/s.

CFA: Mild disease with good tri/biphasic waveforms, PSV 92 cm/s.

PFA: Mild disease with good biphasic waveforms, PSV 73 cm/s.

SFA: Mild calcified disease with good monophasic waveforms identified in the proximal-mid vessel, PSV 55 cm/s. Vessel occludes in the distal thigh (~54cm proximal to the medial malleolus (MM)) for ~3cm. Flow reforms via collateral flow in the distal thigh (at ~51cm proximal to MM). The distal vessel appears patent with reduced monophasic waveforms, PSV 41 cm/s.

POPA: Mild/moderate disease with slightly reduced/reduced waveforms, PSV 37 cm/s.

TPT: Appears patent with origins of 3 vessel run off identified.

ATA: Appears diseased at origin with turbulent flow identified, PSV 36 - 135cm, however ?accuracy of velocities obtained due to angle of vessel. Distal to this, vessel appears patent to the ankle with mild disease and reduced monophasic waveforms, PSV 49cm/s at ankle.

PTA: patent along length, with mild disease and reduced monophasic waveforms, PSV 50cm/s at ankle.

PerA: patent along length, with mild disease and reduced monophasic waveforms, PSV 35cm/s at ankle.

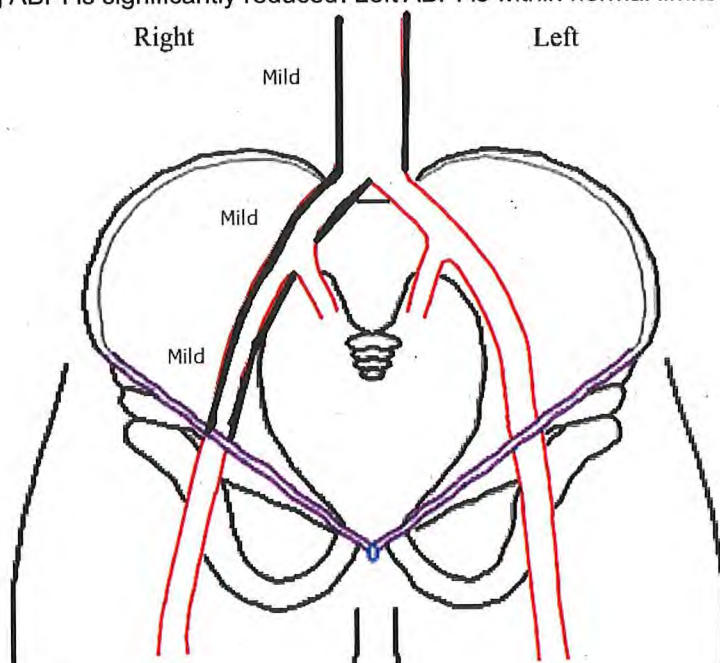
LEFT:

CFA: Good biphasic waveforms, PSV 108 cm/s.

ATA: Good biphasic waveforms at the ankle, PSV 60 cm/s.

PTA: Good biphasic waveforms at the ankle, PSV 70 cm/s.

ABPI: Right resting ABPI is significantly reduced. Left ABPI is within normal limits.



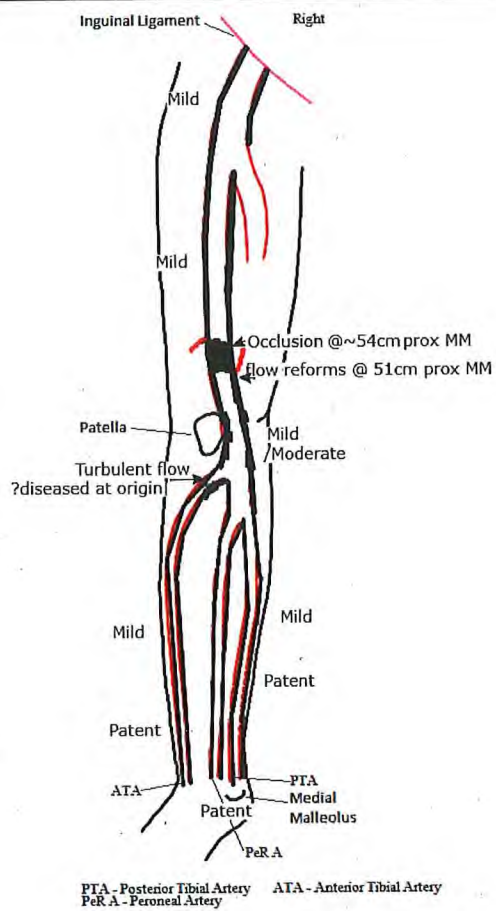


Patient

NHS No

D.O.B.

Patient Ref





Reference

Accession

Patient

NHS No

D.O.B.

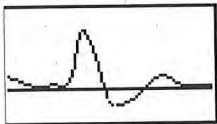
Patient Ref

Reason Ulceration

Outcome disease mild, disease moderate, No significant disease indicated, Calf vessel disease

## Right

154 1.00

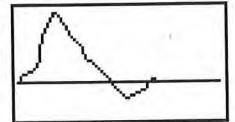


Good

Brachial

Common Femoral

Good

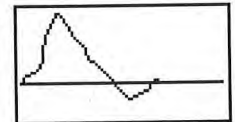


High Thigh

Low Thigh

Popliteal

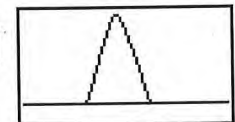
Good



High Calf

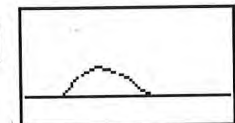
Peroneal

Good



Anterior Tibial

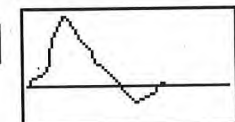
Reduced



Posterior Tibial

Good

162 1.05



Dorsalis Pedis

Toe Pressure

Calf Raises

164 1.06

Post Exercise

Calf Raises

162 1.05

## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: appears patent with mild calcified disease and good biphasic waveforms, PSV 64cm/s. The abdominal aorta appears ectatic/slightly aneurysmal (Maximum AP = 2.8cm).

## LEFT:

CIA: Mild calcified disease with good biphasic waveforms identified in proximal vessel, PSV 71 cm/s. The distal CIA - proximal EIA is noted to be tortuous with turbulent biphasic waveforms and slightly elevated

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 11:54 am

Checked by



Patient

NHS No

D.O.B.

Patient Ref

velocities identified, PSV 305-367cm/s. Good colour-filling identified in vessels, however some areas poorly visualised, ?elevated velocities due to vessel tortuosity.

EIA: Moderate calcified disease with good biphasic waveforms, PSV 197 cm/s.

CFA: Mild/moderate disease identified with good biphasic waveforms, PSV 109cm/s.

PFA: Mild/moderate disease identified with good biphasic waveforms, PSV 94 cm/s.

SFA: Mild/moderate disease identified with good biphasic waveforms, PSV ranging from 76 - 101 cm/s.

POPA: Mild/moderate disease identified with good biphasic waveforms, PSV 85 cm/s.

TPT: Appears patent with origins of three vessel run off identified.

ATA: Mild calcified disease and good biphasic waveforms identified proximally, PSV 90cm/s. Intermittent flow and multi-focal stenoses identified in the mid - distal ATA, with reduced monophasic waveforms at ankle, PSV 17 cm/s.

PTA: Appears patent with mild calcified disease and good biphasic waveforms identified along length, PSV 81cm/s.

PeroA: Difficult to visualise vessel due to depth and poor tissue resolution, vessel appears patent at ankle with good monophasic waveforms, PSV 26 cm/s.

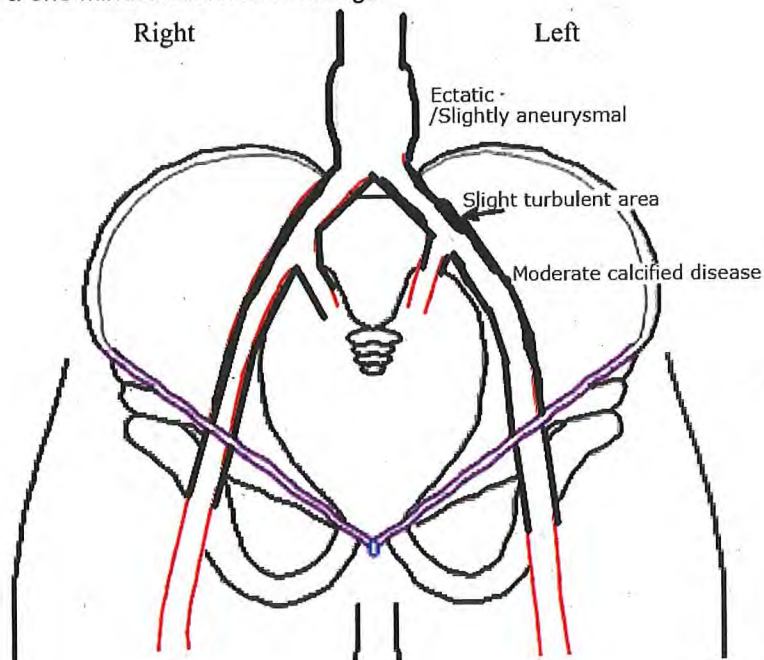
RIGHT:

CFA: Minimal/ Mild disease with good triphasic waveforms, PSV 172 cm/s.

ATA: Minimal/Mild calcified disease with good biphasic waveforms at the ankle, PSV 30 cm/s.

PTA: Minimal/Mild calcified disease with good biphasic waveforms at the ankle, PSV 49 cm/s.

ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute exercise challenge.



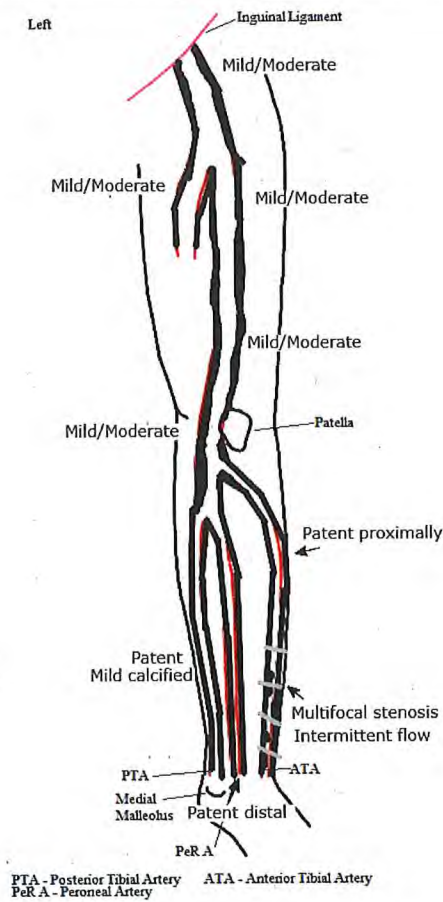


Patient

NHS No

D.O.B.

Patient Ref





Reference

Accession

Patient

NHS No

D.O.B.

Patient Ref

Reason Ulceration

Outcome disease mild, disease moderate, Calcified, Stenosis Moderate, Stenosis Severe, Significant disease indicated, Calf vessel disease

## Right

146

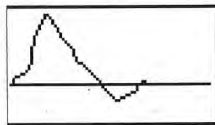
1.00



Good



Good



Good

118

0.81



Unable to visualise

## Brachial

Common Femoral

Good

## High Thigh

## Low Thigh

## Popliteal

Reduced

## High Calf

## Peroneal

Not identified

## Anterior Tibial

Reduced

76

0.52

## Posterior Tibial

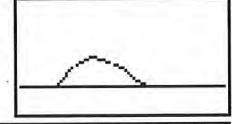
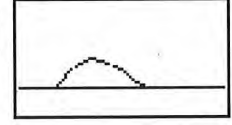
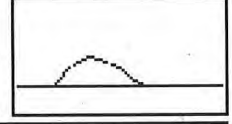
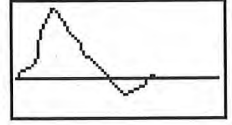
Reduced (proximal)

## Dorsalis Pedis

## Toe Pressure

## Post Exercise

## Left



## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: The abdominal aorta appears patent with mild calcified disease, good triphasic waveforms, PSV 130 cm/s. The abdominal aorta appears of large calibre/slightly ectatic (maximum AP = 2.1cm).

## LEFT:

CIA: appears patent with mild/moderate calcified disease and good triphasic waveforms, PSV 120 cm/s.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 12:13 pm

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EIA: appears patent proximally with mild disease and good triphasic waveforms, PSV 129 cm/s. The mid EIA is obscured. The distal EIA appears patent with mild disease and good triphasic waveforms, PSV 129 cm/s.

CFA: appears patent with mild calcified disease and good biphasic waveforms, PSV 117 cm/s.

PFA (origin): appears patent with mild disease and good triphasic waveforms, PSV 79 cm/s.

SFA: appears patent proximal to mid vessel with mild calcified disease and good biphasic waveforms, PSV 72 cm/s. Severe stenosis identified in the upper distal thigh (at ~60cm proximal to medial malleolus (MM), extending for ~1.36cm); velocities increase from 45cm/s to 600cm/s, falling to 34cm/s, reduced monophasic waveforms distally.

POPA: appears patent with mild/moderate disease and reduced monophasic waveforms, PSV 55-33cm/s.

TPT: appears patent with origins of 2 vessel run off noted.

ATA: appears patent proximally with mild disease and reduced monophasic waveforms, PSV 89cm/s.

Moderate stenosis identified in the mid ATA (at ~17cm from the MM), with velocities increasing from 89 - 271 cm/s. The distal ATA appears patent with reduced monophasic waveforms, PSV 37cm/s.

PTA: appears patent at origin with reduced monophasic waveforms, PSV 27 cm/s. Unable to trace flow distally ?patency ?occluded.

PerA: Unable to trace flow, ?patency ?occluded

RIGHT:

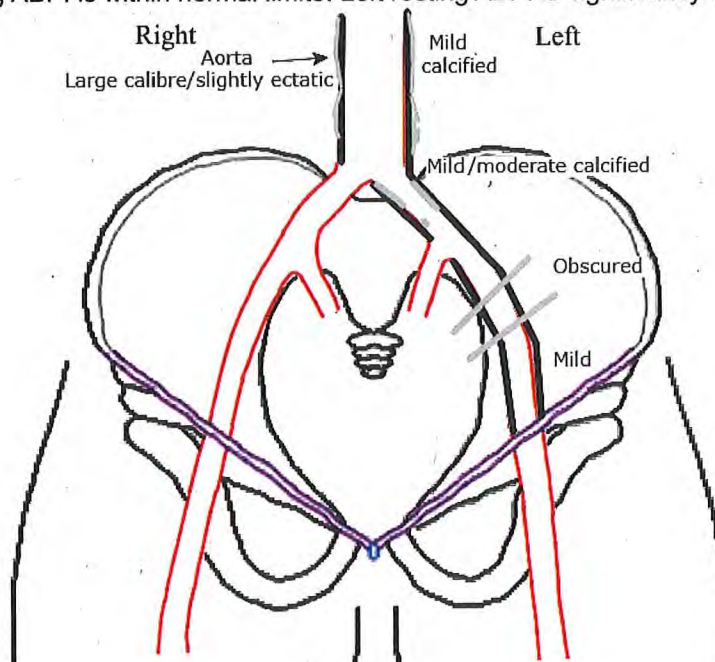
CFA: Good triphasic waveforms, PSV 110 cm/s.

POPA: Good biphasic waveforms, PSV 73 cm/s.

ATA: Good biphasic waveforms at ankle, PSV 65 cm/s.

PTA: Unable to visualise flow at ankle ?patency.

ABPI: Right resting ABPI is within normal limits. Left resting ABPI is significantly reduced.



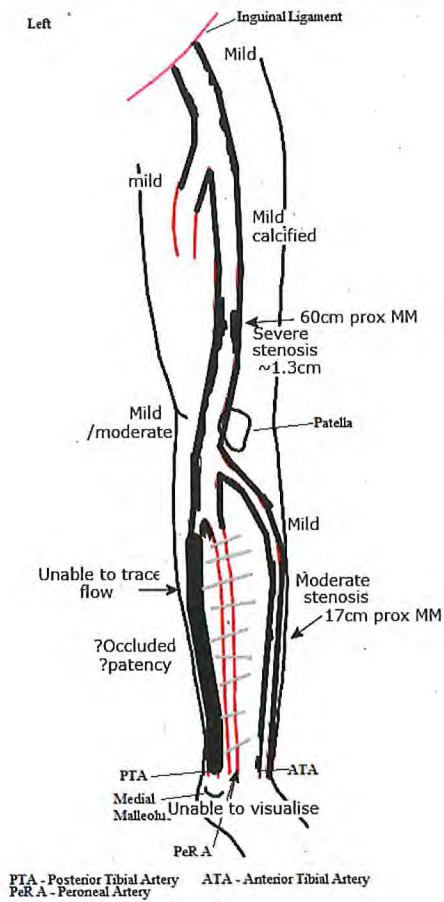


Patient

NHS No

D.O.B.

Patient Ref





Reference

Accession

Patient

NHS No

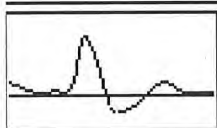
D.O.B.

Patient Ref

Reason Ulceration

Outcome disease moderate, Obscured, Calcified, Poor images, patient habitus, Stenosis Severe, Significant disease indicated

## Right



Good

Brachial

138

1.00

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Slightly Reduced

High Calf

Peroneal

Not identified

Anterior Tibial

Slightly Reduced

Posterior Tibial

Slightly Reduced

105

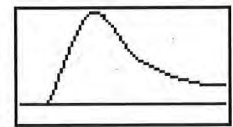
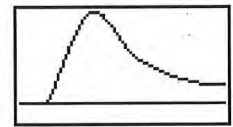
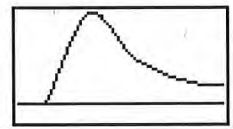
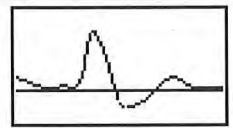
0.76

Dorsalis Pedis

Toe Pressure

Post Exercise

## Left



## Notes

## LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

\*Irregular heart rate noted.

Abdominal aorta was difficult to clearly visualise due to depth and patient body habitus, unable to comment on disease level or vessel calibre in this region.

CIA – Obscured due to depth and patient body habitus.

Assessed by Stephanie Wright, Vascular

Printed on 28/06/2023 at 4:40 pm

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Patient Ref

EIA – Obscured proximal to mid vessel due to depth/patient body habitus. Mild/moderate disease identified in distal vessel, good triphasic waveforms, PSV 203cm/s.

CFA – Mild/moderate disease with good triphasic waveforms, PSV 159cm/s.

ProfA – Moderate calcified disease at the origin with good/slightly turbulent triphasic waveforms, PSV 239cm/s.

SFA – Mild disease at the origin with good triphasic waveforms, PSV 112cm/s. Areas of moderate diffuse calcified disease identified in proximal thigh, however no significantly elevated velocities identified, good monophasic waveforms, PSV 98-120cm/s. Severe stenosis noted in mid thigh (60cm proximal to medial malleolus; extending for ~1.33cm), velocities increase from 70cm/s to >409cm/s. Distal to stenosis, mid to distal vessel appears heavily calcified with intermittent flow, slightly reduced monophasic waveforms where seen, PSV 92cm/s.

PopA – Moderate calcified disease, slightly reduced monophasic waveforms, PSV 70-91cm/s.

TPT – Mild, calcified disease. Origins of 2 vessel run off identified.

ATA – Patent along length with mild calcified disease, slightly reduced monophasic waveforms, PSV 71-58cm/s.

PTA – Heavily calcified with intermittent flow, slightly reduced monophasic waveforms, PSV 57-68cm/s.

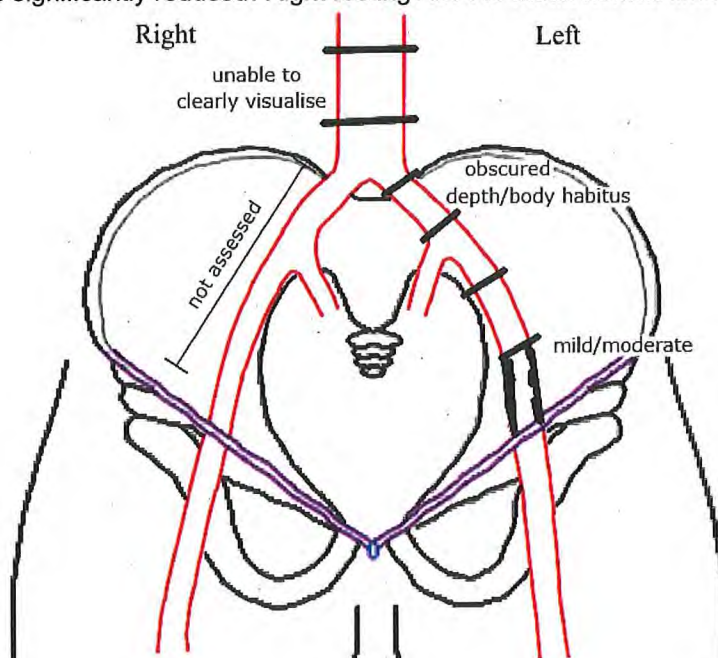
PeroA – Not identified.

#### RIGHT

CFA - Mild/moderate disease with good triphasic waveforms, PSV 185cm/s.

ATA - Good triphasic waveforms at ankle.

Left resting ABPI is significantly reduced. Right resting ABPI is within normal limits.



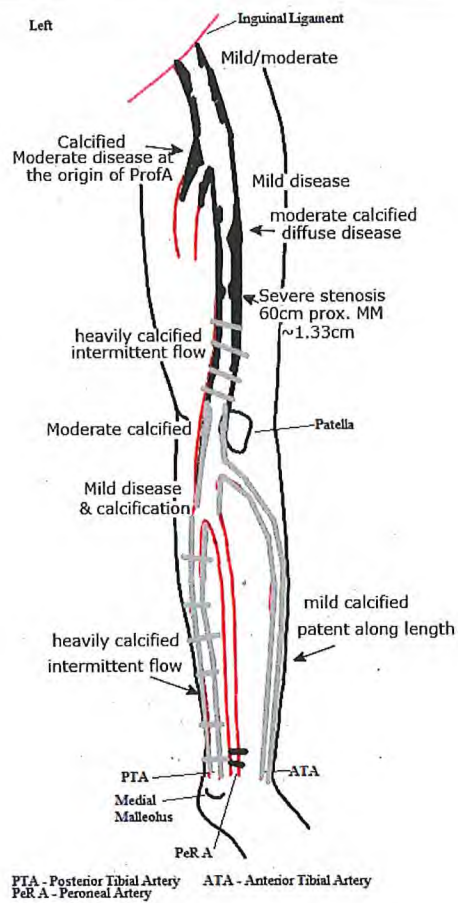


Patient

NHS No

D.O.B.

Patient Ref





Patient

NHS No

D.O.B.

Patient Ref

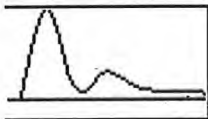
Reason Claudication

Outcome Occlusion, Calcified, Bowel gas, Significant disease indicated

## Right

160

1.00



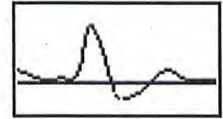
Good

Brachial

Common Femoral

Good

## Left



High Thigh

Low Thigh

Popliteal

See notes

High Calf

Peroneal

Not identified

Weak

Anterior Tibial

Reduced

Weak

Posterior Tibial

Reduced

90

0.56

110

0.69

Dorsalis Pedis

Toe Pressure

Post Exercise

## Notes

## RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

\*Irregular heart rate noted.

AORTA- Abdominal aorta was poorly visualised/largely obscured due to bowel gas, where seen vessel appears patent with good triphasic waveforms and PSV 64cm/s. The abdominal aorta appears of normal calibre (maximum AP = 1.6cm), with no evidence of focal dilatation or aneurysm identified.

## RIGHT:

Assessed by Stephanie Wright, Vascular !

Printed on 27/06/2023 at 3:46 pm

Checked by





Patient

NHS No

D.O.B.

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CIA – Poorly visualised due to bowel gas and depth, where seen appears patent with good triphasic waveforms, PSV 142cm/s

EIA – Proximal to mid vessel was obscured by bowel gas, where seen slightly turbulent triphasic waveforms identified, PSV 273cm/s. Distal vessel appears patent with mild disease, good triphasic waveforms, PSV 187cm/s.

CFA – Mild calcified disease, good monophasic waveforms, PSV 175cm/s.

ProfA – Mild/moderate calcified disease, good triphasic waveforms, PSV 164cm/s.

SFA – Narrow channel of flow identified at the origin, damped monophasic waveforms, PSV 55cm/s. Vessel occludes in proximal thigh ~73cm proximal to MM. Vessel remains occluded along length with no colour or spectral Doppler signal identified.

PopA – Appears occluded proximally, isolated small channel of flow noted in mid vessel for ~2.5cm, vessel appears diseased with turbulent waveforms identified. Distal vessel appears occluded.

TPT – Appears occluded, unable to identify vessel run off.

ATA – Flow appears to reform at vessel origin, mild disease with weak monophasic waveforms, PSV 16cm/s.

PTA – Appears to reform in the proximal calf and is then patent to the ankle, weak monophasic waveforms, PSV 19-13cm/s.

PeroA – Unable to trace flow ?patency.

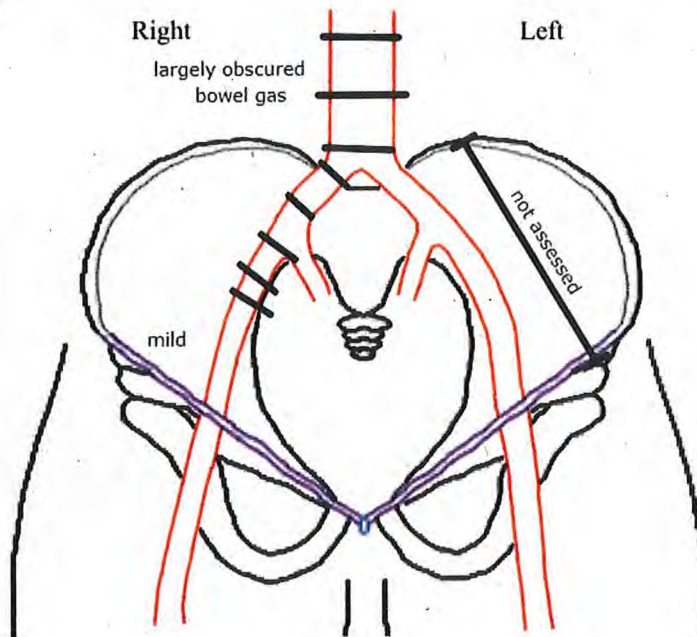
**LEFT:**

CFA- Mild disease, good triphasic waveforms, PSV 150cm/s.

ATA- Reduced monophasic waveforms at ankle, PSV 17cm/s.

PTA- Reduced monophasic waveforms at ankle, PSV 21cm/s.

ABPI- Resting ABPIs were challenging to obtain due to weakness of signals, but appear significantly reduced bilaterally.





Patient

NHS No

D.O.B.

Patient Ref

