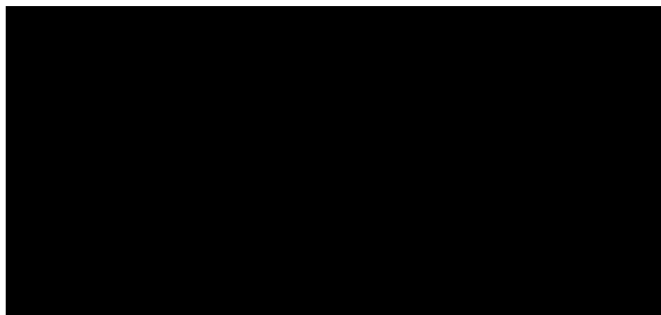


Vascular Department
Floor 1, Hull Royal Infirmary
Hull, HU3 2JZ
(01482) 674961

PERIPHERAL ARTERIAL DUPLEX REPORT : 06/06/2023

TO :



RE :

Tested By : [REDACTED]

Test Date : 22/01/2020

Requested Date : 07/01/2020 Indication
: IC

PSV1 max (cm/sec)	PSV2 normal (cm/sec)	PSV1/PSV2 ratio
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Common Femoral L :	195	51	3.82
Super Femoral L :	151	20	7.55
Popliteal L :	24		

Comments : Left leg IC with no palpable distal pulses

DXL Lt- Extensive irregular calcified plaque in CFA causing a short severe stenosis with increased vels as above. Distal CFA is monophasic and turbulent. Diffuse calcified plaque in SFA causing drop out in areas appears patent throughout although damped vels 19-22cm/s. There is a significant short severe stenosis in lower thigh vels as above. Rest of SFA & POP patent with vels between 17-24cm/s. Seen to distal POP nil past due to ? calcified drop out Patient details have been passed onto Sean/Said as per request for SEP

Tested By : MR JASON MAPANO
Test Date : 06/06/2023
Requested Date : 06/06/2023
Indication : CLI

	PSV1 max (cm/sec)	PSV2 normal (cm/sec)	PSV1/PSV2 ratio
Common Femoral R :	100		
Common Femoral L :	502	55	9.13
Super Femoral L :	70		
Popliteal R :	50		
Popliteal L :	37		
Crural R :	25		
Crural L :	32		

Comments : Bilateral CLI right worse than left.

Right distal SFA occlusion on CT but heavily calcified CFA's in the groin.

Is right cfa suitable for puncture for antegrade sfa pta?

Is left cfa requiring endarterectomy?

Right arterial duplex scan LE

Short segment total occlusion in the distal SFA with reconstitution of flow in the AK popliteal artery with low PSV and monophasic waveform until the trifurcation vessels.

Moderate plaque noted in the CFA (max 50% stenosis) mostly in the posterior wall of the vessel with normal PSV and triphasic waveform.

PFA is patent with normal PSV and triphasic waveform.

Left arterial duplex scan LE

Increase PSV >500 cm/sec (>90% stenosis) with mosaic colour and turbulent flow.

Distal to the stenosis shows mild to moderate plaque in the PFA, SFA, POP and trifurcation vessels with low PSV and monophasic waveform.

Note:

Is right cfa suitable for puncture for antegrade sfa pta? YES

Is left cfa requiring endarterectomy? YES

4-Jul-2023 : 10:29:13

