

PERIPHERAL ARTERIAL DUPLEX REPORT : 19/06/2023

TO :

RE :

Tested By : [REDACTED]

Test Date : 26/01/2022

Requested Date : 26/01/2022

Indication : CLI

Common Femoral R : 212

Comments : AAA/ iliac repair (possibly 2009). Swelling / pain 3/12 and discoloured feet 3/52. No doppler signals on right @GP. RT ABPI @ rest- Nil detected

DXL RT- Tricky scan as pseudoaneurysm (PA) measuring 4.6cm dominates the screen. This has arterial flow inside. CFA Triphasic flow increased vels as above. What is seen of CFA looks narrowed and calcified with the PA just prior to bifurcation of SFA/profunda. CFV looks slightly compressed below this and could possibly join into the PA distal CFV/Origin of SFV. SFA is occluded and aneurysmal largest size MID SFA measuring 2.8cm. POP is also occluded and nil seen in calf or at PT/AT @ ankle.

Vein map rt- Ok size proximally although a tributary comes out of fascia measuring 1mm MID then 7.3mm AK and 6.1mm BK- did not assess further as patient probably needs CT first due to the complexity/ extent of occlusions

PSV1 max
(cm/sec)

Tested By : MR JASON MAPANO

Test Date : 15/02/2022

Requested Date : 14/02/2022

Indication : Graft Surveillance

Crural R : 8

Comments : Right FEM PSA repair and FEM-PERO bypass 10/02/22. Right foot is cold. Could not find a pulse.

Right TBI shows erratic.

Right bypass graft duplex scan

The entire graft is occluded (hypoechoic occlusion).

Minimal flow seen in the distal peroneal artery (PSV <10 cm/sec). Non-visualization of the CFA due to dressing and swelling.

Note:

Inpatient

PSV1 max
(cm/sec)

Tested By : [REDACTED]

Test Date : 19/05/2022

Indication : Graft Surveillance

Common Femoral R : 77

Crural R : 51

Graft R : 78

Comments : Right FEM- peroneal bypass with outflow stenting 9/2/22. Occluded on duplex 15/2/22.

PSV1 max
(cm/sec)

Clinically running in SOPD today. Please graft and if patent for surveillance.
DXL (graft) RT- Graft & native vessels are widely patent with normal range vels throughout.
S/bank pt- For F/up in Grimsby in 3/12 due August 2022- will send to Valora to scan

PSV1 max
(cm/sec)

Tested By : MR JASON MAPANO

Test Date : 19/06/2023

Requested Date : 19/06/2023

Indication : IC

Popliteal L : 26

Crural L : 21

Comments : 16-Feb-2022: Right FEM-PERO bypass exploration, revision and outflow stenting.

11-Nov-2023: PTA of the right graft.

Previous aorto-bifemoral bypass.

IC on both legs.

Right ABI: 170/180: 0.94 (normal).

Left ABI not detected.

Left arterial duplex scan LE

Total occlusion of the CFA until the SFA.

The CFA shows aneurysmal but occluded.

Reconstitution of flow in the popliteal artery with low PSV and monophasic waveform until the trifurcation vessels and DPA.