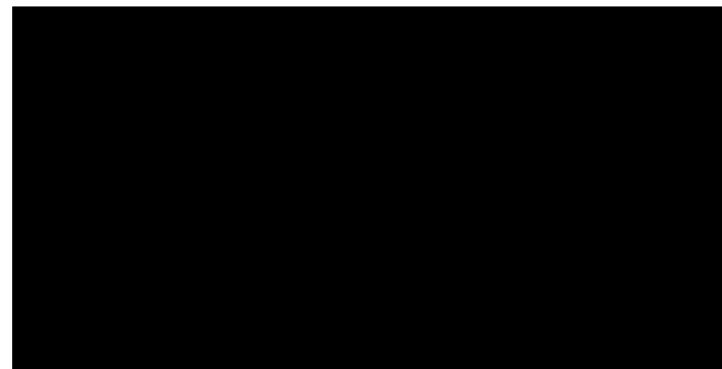


**PERIPHERAL ARTERIAL DUPLEX REPORT : 15/06/2023**

TO :

RE :



		PSV1 max (cm/sec)	PSV2 normal (cm/sec)	PSV1/PSV2 ratio
Tested By : MR JASON MAPANO				
Test Date : 12/06/2019				
Requested Date : 13/05/2019				
Indication : CLI				
	Iliac L :	51		
	Common Femoral R :	75		
	Common Femoral L :	16		
	Super Femoral R :	163	16	10.19
	Super Femoral L :	161	20	8.05
	Popliteal R :	23		
	Popliteal L :	20		

Left worse than right ic. Weak left femoral pulse.

DXA Rt: Diffuse irregular calcified plaque formation seen in the common femoral artery. There is an increase peak systolic velocity (163 cm/sec) in the superficial femoral artery then an occlusion occurs. Distal collateralization seen with damped velocity (16 cm/sec) in the distal superficial femoral artery. Popliteal artery is patent with velocities between 32 cm/sec and 63 cm/sec. Seen until TPT with patchy colour flow.

DXA Lt: Diffuse plaque formation with very damped monophasic flow in the common femoral artery (16 cm/sec). Increase peak systolic velocity (256 cm/sec) in the profunda femoral artery. Presence of narrowed calcified plaque with a stenosis of (161 cm/sec) in the origin of the superficial femoral artery then occlusion occurs. Reconstitution of flow in the distal superficial femoral artery/adductor canal. Popliteal and tibio-peroneal trunk have monophasic waveform patterns and damped velocities. Further insonation shows common iliac artery have very damped flow and abdominal aorta shows 3.3 cm. Follow up of AAA after 2 years. Due on June 2021.

		PSV1 max (cm/sec)
Tested By : MR JASON MAPANO		
Test Date : 25/11/2022		
Requested Date : 10/11/2022		
Indication : Graft Surveillance		
	Iliac R :	65
	Common Femoral R :	55
	Popliteal R :	149
	Crural R :	58
	Graft R :	318

Comments : Right CFA and PFA endarterectomy and FEM-BK POP bypass with GSV (9/11/22).

RT ABI: 120/200: 0.6 (reduced)

Right bypass graft duplex scan LE

Increase PSV >300 cm/sec (>70% stenosis) in the proximal anastomosis of the graft.

Distal to the stenosis shows patent graft with normal PSV but with high monophasic waveform pattern until the distal PTA and DPA.

CFA and CIA shows PSV 50-60 cm/sec and monophasic.

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Scanned the Aorta and shows damped flow PSV <30 cm/sec and monophasic waveform.

Note:

Carole T. scanned the Aorta as well.

Informed the on-call vascular consultant the above findings.

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4-Jul-2023 : 10:39:56

Tested By : [REDACTED] PSV1 max  
(cm/sec)  
**Test Date : 28/12/2022**

Indication : Graft Surveillance

Common Femoral R : 75  
Graft R : 554

Comments : 7/52 post right Fem-Pop graft.

RT - Lower vels seen in CFA & monophasic. The graft appears further stenosed at the prox anast with sig inc vels of 554cm/s. The rest of the graft is then widely patent. Monophasic throughout.

Patient is asymptomatic.

ABPI  
RT - 0.67

Mr Akomolafe (on call) informed of result. Will discuss at MDT. For follow beginning Feb 23.

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Tested By : [REDACTED] PSV1 max  
(cm/sec)  
**Test Date : 09/03/2023**

Indication : Graft Surveillance

Common Femoral R : 29  
Popliteal R : 45 Graft R  
: 434

Comments : 1/12 post right graft.

RT - Monophasic throughout. Still lower vels in CFA with sig stenosis at origin of graft with inc vels. Rest of graft & Popliteal artery are widely patent. Patient is still asymptomatic.

ABPI  
RT - 0.6

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Tested By : MR JASON MAPANO

Test Date : 15/06/2023

Requested Date : 15/06/2023

Indication : Graft Surveillance

PSV1 max (cm/sec)	PSV2 normal (cm/sec)	PSV1/PSV2 ratio
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Common Femoral R : 74

Crural R : 114

Graft R : 437 90 4.86

Comments : 10-Nov-2022: Right CFA endarterectomy, profundaplasty, release of pop entrapment and FEMBK POP bypass.

20-March-2023: Wasting of a 6 mm angioplasty balloon and a satisfactory right post angioplasty appearance.

Right ABI: 115/200: 0.6 (borderline).

Right bypass graft duplex scan LE

Increase PSV >400 cm/sec (max 70% stenosis) in the proximal anastomosis of the graft.

Distal to the stenosis shows normal PSV with high monophasic waveform until the tibio-peroneal trunk.

CFA is patent with normal PSV but with high monophasic waveform.

Note:

No significant change from the previous duplex scan (09/03/2023).

Follow-up 3/12 due September 2023.