


Vascular Department
Floor 1, Hull Royal Infirmary
Hull, HU3 2JZ
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PERIPHERAL ARTERIAL DUPLEX REPORT : 05/05/2023

TO :

RE :

Tested By : 
Test Date : 30/09/2020
Requested Date : 30/09/2020
Indication : CLI


PSV1 max
(cm/sec)

Common Femoral L : 99
Super Femoral L : 94
Popliteal L : 30
Crural L : 17

Comments : Hot clinic at vas lab. Pain all the time from knee down. Calf pain on walking which is severely affected. Doppler reduced in community (podiatry). Rest pain on a night time hanging leg out of bed.

ABPI @ rest- Right is normal, reduced on left @0.35

DXL LT- Monophasic throughout with narrow calibre vessels. CFA and profunda look stenosed however no significant increased vels. SFA becomes damped flow mid SFA then occluded for approximately 10cms in lower thigh with multiple collaterals reforming distal SFA. POP is patent with vels around 30cm/s. One vessel off TPT ?PT which is damped at 17cm/s.

Tested By : 
Test Date : 08/10/2020
Requested Date : 08/10/2020
Indication : Post PTA

PSV1 max
(cm/sec)

Iliac R : 234

0

Super Femoral R : 18

Comments : RT - Monophasic throughout. No flow seen in CFA. Distal EIA appears patent with inc vels of 234cm/s. The SFA is patent throughout but has very low velocity flow. There is a small vessel that appears to have sig inc vels in region of prox SFA of 200cm/s. ? Prox Profunda or just a collateral. This area is difficult to visualise well due to recent angioplasty.

Tested By : MR JASON MAPANO
Test Date : 05/05/2023
Requested Date : 05/05/2023
Indication : Post PTA

PSV1 max
(cm/sec)

Common Femoral R : 95
Super Femoral R : 85
Popliteal R : 78
Crural R : 65

Comments : History of right PTA.

RT ABI: 140/140: 1 (normal).

LT ABI: 160/140: 1.14 (normal).

Right arterial duplex scan LE

The CFA down to the trifurcation vessels are patent with normal peak systolic velocities and biphasic waveform.

