

Clinical Indication: SD claudication Clinical History: R>L

Findings:

Patent abdominal aorta (measuring approx 2.1cm (AP OTO). Segmental views of CIA and EIA bilaterally due to bowel gas, however patent where seen with triphasic flow at groin.

Right

Patent CFA and proximal PFA with triphasic flow.

The following stenoses were noted throughout the patent SFA: <50% at origin, 50-74% in the proximal and >75% in the mid segment. Low resistant multiphasic flow seen in the distal SFA.

Patent popliteal artery with low resistant multiphasic flow.

The PTA is patent with strong monophasic flow at ankle.

There is a 50-74% stenosis in the proximal peroneal, is it patent distally with strong monophasic flow at ankle.

The ATA is small in calibre but patent in the prox-mid segment. No flow detected distally ?occluded.

Left

Patent CFA and proximal PFA with triphasic flow.

There is a borderline 50% stenosis in the proximal SFA and a 50-74% stenosis in the mid SFA, it is otherwise patent with multiphasic flow.

Patent popliteal artery and peroneal artery with multiphasic flow seen.

The ATA is small in calibre but patent to mid calf with biphasic flow, no flow is seen distally suggesting likely occlusion of the distal segment.

The PTA appears to be occluded until the distal calf, a collateral is then seen to supply the distal PTA with multiphasic flow.

Reported By:

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