

Clinical Indication: ?femoral art diameter ?occluded SFA Clinical History: ectatic I femoral artery under surveillance for AAA. unable to palpate pop/pedal pulses

Findings:

RIGHT LOWER LIMB ARTERIAL DUPLEX

Patent abdominal aorta with an aneurysmal segment in the distal aorta measuring 4.3cm (AP OTO). Bilaterally the CIA measured approx 1.9cm (AP OTO). The right CIA and EIA were patent with triphasic flow at groin.

The lower limb arterial tree was heavily calcified causing segmental views of the arteries.

Patent CFA with triphasic flow (measuring approx 1.6cm (AP OTO).

A 50-74% stenosis seen in the PFA origin however triphasic waveforms maintained distally.

No focal dilation seen in the right SFA. The proximal SFA measured approx 1.2cm (AP OTO) however the contralateral SFA measured 1.1cm.

Patent proximal-mid SFA. There is an approximate 50% stenosis in the mid segment. The SFA is occluded in the adductor region.

Flow is reconstituted in the proximal popliteal artery with damped monophasic flow. A channel of flow was seen in the popliteal artery.

The ATA and PTA are patent with several <50% stenoses throughout, very low velocity damped monophasic flow seen in the ATA and PTA at ankle.

Difficult views of the peroneal artery, segments of colour seen with damped monophasic flow. Unable to rule out occlusive disease.

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