

**Clinical Indication:** ?patency peripheral arteries legs Clinical History: ESKD - diabetes - kidney transplant 2011. creatinine around 100. known to podiatry at Whittington - poor peripheral pulses on clinical exam

**Findings:**

BILATERAL LOWER LIMB ARTERIAL DUPLEX

Patent abdominal aorta (measuring approx 1.5cm AP OTO), CIA and EIA bilaterally with biphasic flow.

Incidental note made of a transplanted kidney in the RIF, elevated velocities noted at the renal artery origin with velocities approaching 400cm/s, suggesting a >60% stenosis. Disturbed waveforms seen within the renal artery.

Right

Patent CFA and proximal PFA with biphasic flow.

Patent SFA however there is a >75% stenosis in the mid segment with strong monophasic flow seen distally.

Patent popliteal and peroneal arteries with monophasic flow.

The proximal to mid PTA is occluded, the PTA is patent at ankle as a collateral supplies flow just above the ankle.

The ATA origin is patent, it then occludes until the distal calf. A collateral supplies flow to the distal ATA and DPA with monophasic waveforms.

Left

Patent CFA, proximal PFA, SFA, popliteal and peroneal arteries with biphasic flow.

Patent PTA with an approximate 50% stenosis in the mid segment. Strong monophasic flow seen distally.

Proximal ATA is patent, it then occludes distally.

**Study Date: 22/04/2023**

**Reported By:**

Georgina Parsons  
Clinical Vascular Scientist