

**VERIFIED** Verified By : Das Rajib Vascular Studies 13-Jul-2023  
 Typed By : Das Rajib Vascular Studies 13-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26675883] :**

Limited scan due to pt body habitus.

CFA, SFA, Pop A , proximal - mid ATA and PTA is patent, demonstrated triphasic doppler signals.

Unable to scan Per A.

Event Number : E-26122915

Courier :

Examination Date : **13-Jul-2023**

Ref. Source : GANNON DAVID, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Lt**



VERIFIED Verified By : Das Rajib Vascular Studies 13-Jul-2023  
Typed By : Das Rajib Vascular Studies 13-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26638637] :**

CFA, PFA at origin is patent; triphasic.  
Proximal - mid SFA is patent.  
Mid to distal SFA is occluded.  
Popliteal artery is patent; attenuated monophasic doppler signals, PSV 18cm/s.  
TPT appears to be patent.  
ATA is patent at ankle, PSV 30 cm/s.  
PTA is patent at ankle, PSV 16cm/s.  
Per A is also patent, PSV 13cm/s.

\*\*\*

Occlusive SFA disease.

\*\*\* URGENT \*\*\*

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available radiological history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Result is notified to Ijaz A. secretary.

**US Abdominal Aorta [RDE26638638] :**

Limited scan due excessive bowel gas.  
Aorta is patent; measures within the normal calibre, triphasic doppler signals.

**US Doppler iliac and femoral artery Both [RDE26638639] :**

Inflow vessels in both right and left side suboptimally visualised due to excessive bowel gas; patent, demonstrated triphasic doppler signals .  
CFA is patent bilaterally; tri/biphasic doppler signals seen.

Event Number : E-26089392

Courier :

Examination Date : 13-Jul-2023

Ref. Source : UNKNOWN NURSE SPECIALIST, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT H

Examinations : US Doppler lower limb arteries Rt,US Abdominal Aorta,UAILB



**VERIFIED** Verified By : Das Rajib Vascular Studies 14-Jul-2023  
 Typed By : Das Rajib Vascular Studies 14-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26676913] :**

Limited scan due to pt body habitus.

CFA is patent; triphasic.

PFA is not assessed.

SFA is patent; multiphasic doppler signals.

Popliteal artery is also patent; multiphasic.

TPT is patent.

Tibial vessel suboptimally visualised.

PTA is patent; pulsatile, PSV 25cm/s.

Per A is patent; pulsatile, PSV 59cm/s.

ATA is also patent; pulsatile, PSV 104cm/s.

Event Number : E-26123830

Courier :

Examination Date : 14-Jul-2023

Ref. Source : IQBAL J, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROAD

Examinations : **US Doppler lower limb arteries Lt**

Typed By : Das Rajib Vascular Studies 14-Jul-2023

### Clinical History :

Monophasic doppler signals , pt has spina bifida so long periods spent in wheelchair, feet discoloured , cold , no palpable pedal pulses

**\*\* Entered by Ordercomms \*\***

Provisional Diagnosis: Monophasic doppler signals , pt has spina bifida so long periods spent in wheelchair, feet discoloured , cold , no palpable pedal pulses

### Clinical History :

**US Doppler lower limb arteries Lt [RDE26638641] :**

CFA, SFA, Pop A, ATA, PTA and Per A is patent ; triphasic doppler signals seen.

Examination Date : 14-Jul-2023

Ref. Source : UNKNOWN NURSE SPECIALIST, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT H

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 14-Jul-2023  
 Typed By : Das Rajib Vascular Studies 14-Jul-2023

**Clinical History :**

70F - admitted for elective vein graft angioplasty 13/07 - mixed results . Prev right fem-BK bypass with vein 11/22. Please scan to assess flow post angioplasty. Many thanks.

\*\* Entered by Ordercomms \*\*

Provisional Diagnosis: Graft stenosis

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26677261] :**

**Rt Fem-Pop graft surveillance**

There is a large amount thrombus ( predominantly hypoechoic likely to be fresh in nature? ) seen in the CFA, causing >70% narrowing of the vessel which is extended in the proximal anastomosis of the bypass graft.

Bypass graft is patent.

Proximal graft PSV 106cm/s.

Mid Graft PSV 182cm/s.

Distal graft PSV 421cm/s which is in keeping with >50% stenosis, however the the enhanced velocities appears to be due to the calibre mismatch?

Distal anastomosis is patent, PSV 173cm/s.

PTA appears to be occluded.

ATA appears to be patent at ankle, PSV 84cm/s.

Result discussed with ~~Dr. [Signature]~~

Event Number : E-26124147

Courier :

Examination Date : 14-Jul-2023

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 12-Jul-2023  
Typed By : Das Rajib Vascular Studies 12-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26674875] :**

CFA, PFA at origin, SFA, POp A, TPT, PTA and Per A is patent; demonstrated tri/biphasic doppler signals.

A short segment, ~5cm long of the ATA in the distal shin appears to be occluded, flow reconstituted in the ankle.

\*\*\*

ATA segmentally occluded.

Event Number : E-26122041

Courier :

Examination Date : **12-Jul-2023**

Ref. Source : PARISIADOU, ANNA, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TI

Examinations : **US Doppler lower limb arteries Lt**



VERIFIED Verified By : Das Rajib Vascular Studies 11-Jul-2023  
Typed By : Das Rajib Vascular Studies 11-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26673661] :**

Rt EIA severely diseased which is patent; tri/biphasic, PSV 265cm/s.

Rt CFA / X over anastomosis is patent; PSV 91 cm/s.

X over graft is patent, PSV 24-47cm/s, no significant in-graft stenosis. Velocities is critically low; as per the graft velocities criteria, graft is potentially failing.

Left CFA/X over graft is also patent, PSV 56cm/s.

Right side -

CFA is patent; triphasic, PSV 134cm/s.

Diseased PFA is patent; PSV 126cm/s.

SFA is mostly occluded, flow reconstituted in the distal SFA in the adductor canal.

Popliteal artery is diseased, patent, PSV 28-94cm/s.

No flow detected in the TPT, Per A and PTA which is in keeping with occlusions.

ATA is patent at ankle, PSV 59cm/s.

**\*\*\* URGENT \*\*\***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available radiological history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-26120917

Courier :

Examination Date : 11-Jul-2023

Ref. Source : VITHIAN K, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER ROAD

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    10-Jul-2023  
Typed By : Das Rajib Vascular Studies    10-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26632023] :**

Arterial system demonstrated diffuse calcific and atherosclerotic disease.

CFA is patent; triphasic, PSV 165cm/s.

PFA at origin is patent; biphasic, PSV 173cm/s.

SFA demonstrated multilevel narrowing; tri/biphasic, enhanced velocities, PSV 87-302cm/s.

Popliteal artery is patent; PSV 62-99cm/s.

TPT is patent.

There is >50% stenosis of the proximal Per A which is patent at ankle, PSV 147cm/s.

ATA is patent at ankle, PSV 26cm/s.

PTA is patent at ankle also, PSV 41cm/s.

Event Number : E-26083434

Courier :

Examination Date : **10-Jul-2023**

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    10-Jul-2023  
Typed By : Das Rajib Vascular Studies    10-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26634251] :**

CFA, PFA at origin is patent; tri/biphasic doppler signals.

SFA is patent in at origin; beyond the of the vessels is occluded, flow reconstituted in the adductor canal.

Popliteal artery is patent, PSV 34-50cm/s.

TP is patent.

ATA is patent at ankle, PSV 49 cm/s.

Unable to asses PTA and Per A.

**US Doppler lower limb arteries Rt [RDE26648824] :**

CFA, PFA at origin is patent; tri/biphasic doppler signals.

SFA is patent in at origin; beyond the of the vessels is occluded, flow reconstituted in the adductor canal.

Popliteal artery is patent, PSV 22-38 cm/s.

TP is patent.

ATA is patent at ankle, PSV 78 cm/s.

PTA is occluded.

Suboptimally assessed Per A.

Event Number : E-26085489

Courier :

Examination Date : **10-Jul-2023**

Ref. Source : S CHOKSY, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R

Examinations : **US Doppler lower limb arteries Lt,US Doppler lower limb arteries Rt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 10-Jul-2023  
Typed By : Das Rajib Vascular Studies 10-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26638169] :**

CFA, PFA at origin, Proximal SFA is patent- triphasic doppler signals seen.  
Mid-distal SFA is occluded.  
Popliteal artery is occluded.  
TPT is occluded.  
ATA is only run off vessel.

**US Doppler lower limb arteries Rt [RDE26648826] :**

CFA, PFA at origin, SFA, Proximal Popliteal artery is patent; triphasic.  
Mid to distal Popliteal artery, TPT and Per A appears to be occluded.  
ATA is patent, PSV 28-41cm/s.  
PTA is also patent, PSV 48cm/s.

\*\*\* URGENT \*\*\*

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available radiological history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Vascular Reg on call assessed the Pt.

Event Number : E-26088974

Courier :

Examination Date : 10-Jul-2023

Ref. Source : AHMAD, I, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT HOSPITAL, TOWER RO

Examinations : **US Doppler lower limb arteries Lt,US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    10-Jul-2023  
Typed By : Das Rajib Vascular Studies    10-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26641182] :**

CIA is patent; triphasic, PSV 112 cm/s.  
EIA is patent; triphasic, PSV 125 cm/s.  
CFA is patent; triphasic, PSV 62 cm/s.  
PFA is patent; triphasic, PSV 49 cm/s.  
SFA is patent; triphasic, PSV 52cm/s.  
Pop A is patent; triphasic, PSV 48 cm/s.  
ATA is patent; triphasic, PSV 53 cm/s.  
PTA is patent; triphasic, PSV 50 cm/s.  
Per A is patent; triphasic, PSV 34 cm/s.

**US Doppler lower limb arteries Rt [RDE26648823] :**

CIA is patent; triphasic, PSV 85-159cm/s.  
EIA is patent; triphasic, PSV 11-173cm/s.  
CFA appears to have some intimal thickening, measures ~2.6mm in AP diameter.  
CFA is patent; triphasic, PSV 53 cm/s.  
PFA is patent; triphasic, PSV 58 cm/s.  
SFA is patent; triphasic, PSV 42-72cm/s.  
Pop A is patent; triphasic, PSV 60 cm/s.  
ATA is patent; triphasic, PSV 43 cm/s.  
PTA is patent; triphasic, PSV 98 cm/s.  
Per A is patent; triphasic, PSV 32 cm/s.

Event Number : E-26091708

Courier :

Examination Date : **10-Jul-2023**

Ref. Source : HOWARD ADAM, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Lt,US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    07-Jul-2023  
Typed By : Das Rajib Vascular Studies    07-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26670542] :**

CFA, PFA at origin is patent; triphasic.

There is a trickle stump of the origin of the SFA, rest of the vessel is occluded/ acute/subacute; flow reconstituted in the AC.

Popliteal artery is patent, PSV 36cm/s.

ATA is patent at ankle, PSV 19cm/s.

PTA is also patent at ankle, PSV 21cm/s.

Per A is patent in distal segment, PSV 29cm/s.

\*\*\* URGENT \*\*\*

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available radiological history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-26118114

Courier :

Examination Date : 07-Jul-2023

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    07-Jul-2023  
Typed By : Das Rajib Vascular Studies    07-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26670542] :**

CFA, PFA at origin is patent; triphasic.

There is a trickle stump of the origin of the SFA, rest of the vessel is occluded/  
acute/subacute; flow reconstituted in the AC.

Popliteal artery is patent, PSV 36cm/s.

ATA is patent at ankle, PSV 19cm/s.

PTA is also patent at ankle, PSV 21cm/s.

Per A is patent in distal segment, PSV 29cm/s.

\*\*\* URGENT \*\*\*

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available radiological history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-26118114

Courier :

Examination Date : **07-Jul-2023**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 07-Jul-2023  
Typed By : Das Rajib Vascular Studies 07-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26640734] :**

Calcified and atherosclerotic arterial system.

CFA and PFA at origin is patent; triphasic doppler signals.

Proximal - mid SFA is patent, mid - distal segment is occluded, flow reconstituted in the adductor canal.

Popliteal artery is patent; PSV 14-15cm/s.

TPT is patent; PSV 21 cm/s.

No flow detected in the distal Per A.

PTA is patent at ankle, PSV 15cm/s.

ATA appears to be segmentally occluded.

\*\*\*

Occlusive SFA disease.

Tibial vessels disease.

Discussed with Dr. Dasgupta.

Text Emma in her mobile to review the report.

Event Number : E-26091300

Courier :

Examination Date : **07-Jul-2023**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 07-Jul-2023  
Typed By : Das Rajib Vascular Studies 07-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26639344] :**

Atherosclerotic and calcified arterial system.

CFA, PFA is patent; triphasic doppler signals.

SFA appears to have ~50% narrowing of the origin which is not significant haemodynamically.

There is >75% stenosis of the mid SFA.

Mid - distal SFA is patent; minimal flow seen.

Diseased Popliteal artery which is patent; attenuated doppler signals seen, PSV 14-17cm/s.

TPT is patent; PSV 15cm/s.

There is >50% stenosis of the distal Per A which is patent at ankle, PSV 18cm/s.

ATA is patent at ankle, PSV 13cm/s.

No flow seen in the PTA which is in keeping with occlusions.

\*\*\*

Divashan is informed of the findings.

Event Number : E-26090029

Courier :

Examination Date : **07-Jul-2023**

Ref. Source : VRIENS BIANCA, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 06-Jul-2023  
Typed By : Das Rajib Vascular Studies 06-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Both [RDE26669271] :**

Limited scan due to involuntary movement of the Pt.

**Left sides**

CFA is patent; Pulsatile doppler signals, PSV 85cm/s.

PFA is patent; PSV 44cm/s.

SFA is patent, demonstrated multilevel intraluminal narrowing, PSV 74-101cm/s.

Popliteal artery is also patent; PSV 53-63cm/s.

TPT is patent, PSV 48cm/s.

ATA is patent at ankle, PSV 27cm/s.

PTA is patent at ankle, PSV 34cm/s.

PER A is patent at ankle, PSV 61cm/s.

**Right side**

CFA appears to have >50% narrowing at level of bifurcations, extended in the origin of PFA and SFA.

CFA is patent, Pulsatile doppler signals, PSV 135 cm/s.

PFA is patent; PSV 80 cm/s.

SFA demonstrated multilevel severe narrowing which is is patent, PSV 63-73cm/s.

Popliteal artery is also patent; PSV 57-71cm/s.

TPT is patent, PSV 57 cm/s.

ATA is patent at ankle, PSV 28 cm/s.

PTA is patent at ankle, PSV 52 cm/s.

\*\*\*

RT Severe CFA and SFA disease.

Event Number : E-26116965

Courier :

Examination Date : 06-Jul-2023

Ref. Source : AHMAD, I, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER RO

Examinations : **US Doppler lower limb arteries Both**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    06-Jul-2023  
Typed By : Das Rajib Vascular Studies    06-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26638657] :**

Calcified and atherosclerotic arterial system.

CFA, PFA at origin, SFA, POp A, ATA, PTA and Per A is patent, tri/biphasic doppler signals seen.

Event Number : E-26089409

Courier :

Examination Date : **06-Jul-2023**

Ref. Source : UNKNOWN NURSE SPECIALIST, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT H

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    06-Jul-2023

Typed By : Das Rajib Vascular Studies    06-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26644688] :**

CFA, PFA at origin, SFA is patent; tri/biphasic doppler signals seen.

Popliteal artery is chronically occluded.

TPT is patent, PSV 15cm/s.

PTA is occluded in the ankle.

ATA is patent, PSV 19cm/s.

Per A is also patent, PSV 29cm/s.

\*\*\*

Occlusive Popliteal artery disease.

PTA also appears to be occluded distally.

Emma R has been emailed about the report.

Event Number : E-26094808

Courier :

Examination Date : **06-Jul-2023**

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    06-Jul-2023  
Typed By : Das Rajib Vascular Studies    06-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26669412] :**

CFA, PFA at origin, SFA, POP A is patent; triphasic doppler signals.  
PTA is patent proximal - distal shin which appears to be occluded in the ankle.  
No flow detected in the Per A which is in keeping with the occlusion.  
ATA is patent at ankle, PSV 31cm/s.

\*\*\*

Distal PTA and Per A is occluded ?

Event Number : E-26117094                      Courier :                      Examination Date : **06-Jul-2023**  
Ref. Source : S CHOKSY, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURNER R  
Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    06-Jul-2023  
Typed By : Das Rajib Vascular Studies    06-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26638656] :**

Arterial system demonstrated extensive calcific and atherosclerotic disease.

CFA and PFA at origin is patent; biphasic doppler signals seen.

There is couple of moderate stenosis (>50%) seen of the mid and distal SFA.

Pop A is also patent; PSV 72cm/s.

ATA and Per A is patent at ankle.

PTA segmentally occluded ( mid shin-distal shin) flow re-constituted at Medial malleolus.

\*\*\*

Multilevel SFA disease.

PTA segmentally occluded.

Event Number : E-26089408

Courier :

Examination Date : **06-Jul-2023**

Ref. Source : UNKNOWN NURSE SPECIALIST, CLACTON AND DISTRICT HOSPITAL, CLACTON AND DISTRICT H

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    03-Jul-2023  
Typed By : Das Rajib Vascular Studies    03-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26665408] :**

CFA is patent; triphasic, PSV- 119cm/s.

PFA is patent; triphasic, PSV -99 cm/s.

SFA is patent; triphasic, PSV -115-117 cm/s. Distal SFA in the adductor canal suboptimally visualised due to acoustic shadowing.

Pop A is patent; triphasic, PSV -138 cm/s.

TPT is patent; triphasic, PSV- 88 cm/s.

ATA is patent; triphasic, PSV -107 cm/s.

PTA is patent; triphasic, PSV -88 cm/s.

Per A is patent; triphasic, PSV- 83 cm/s.

Event Number : E-26113427

Courier :

Examination Date : **03-Jul-2023**

Ref. Source : GANNON DAVID, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 03-Jul-2023  
Typed By : Das Rajib Vascular Studies 03-Jul-2023

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26665523] :**

**Limited scan.**

CFA and PFA at origin is patent; triphasic doppler signals seen.  
There is some mixed plaques, predominantly hypoechoic/ soft seen in the bifurcation of the CFA which is causing >50% stenosis of the origin/proximal SFA.  
Popliteal artery appears to have multilevel short occlusion.  
Unable to assess TPT. ATA, PTA and Per a at ankle is patent.

\*\*\*\*

occlusive SFA and Popliteal artery disease.

**\*\*\* URGENT \*\*\***

The above report contains URGENT clinical findings which are either unexpected based on the clinical information provided on the request or which have not already been documented based on the available radiological history. This report must be urgently highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-26113531

Courier :

Examination Date : **03-Jul-2023**

Ref. Source : BOYNTON EMMA JANE, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    18-Jul-2023  
Typed By : Das Rajib Vascular Studies    18-Jul-2023

**Clinical History :**

left diabetic foot ulcer with exposed bone, non palpable pulses and monophasic on doppler

\*\* Entered by Ordercomms \*\*

Provisional Diagnosis: left diabetic foot ulcer with exposed bone, non palpable pulses and monophasic on doppler

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26680289] :**

CFA is patent; triphasic, PSV 34cm/s.

PFA at origin is also patent; triphasic, PSV 21cm/s.

SFA is patent; triphasic, PSV 24-43cm/s.

Popliteal artery is patent; triphasic, PSV 24cm/s.

TPT is also patent; 84cm/s.

Per A is patent; PSV 106cm/s.

PTA is patent at ankle, PSV 59cm/s.

ATA is patent, PSV 41cm/s.

Event Number : E-26126812

Courier :

Examination Date : 18-Jul-2023

Ref. Source : PARRATT,MICHAEL TIMOTHY, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HO:

Examinations : **US Doppler lower limb arteries Lt**



**VERIFIED**    Verified By : Das Rajib Vascular Studies    17-Jul-2023  
Typed By : Das Rajib Vascular Studies    17-Jul-2023

**Clinical History :**

FU patency right sfa superastent.

\*\* Entered by Ordercomms \*\*

Provisional Diagnosis: FU patency right sfa superastent.

**Clinical History :**

**US Doppler lower limb arteries Rt [RDE26522498] :**

CFA is patent; PSV 168cm/s.

PFA at origin is patent; PSV 171cm/s.

SFA proximal - mid is patent, PSV 117-168cm/s.

Mid to distal SFA is stented, PSV 163-204cm/s, no significant in-stent stenosis.

Good run off visualised in the distal SFA.

Popliteal stent is patent, PSV 103-181cm/s, no significant in-stent stenosis.

Good run of visualised in the distal Popliteal artery, PSV 161cm/s.

PTA at ankle is patent, PSV 63cm/s.

Per A is patent at ankle, PSV 47cm/s.

\*\*\*

SFA and Popliteal stent is patent.

Event Number : E-25984678

Courier :

Examination Date : **17-Jul-2023**

Ref. Source : VRIENS BIANCA, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL HOSPITAL, TURN

Examinations : **US Doppler lower limb arteries Rt**



**VERIFIED** Verified By : Das Rajib Vascular Studies 17-Jul-2023  
Typed By : Das Rajib Vascular Studies 17-Jul-2023

**Clinical History :**

Bi lateral short distance claudication , previously listed for RT CFAE but required PPM ,  
now needs TKR and needs PAD treating first  
o/e monophasic pulses, feet cool , no palpable pulses below femoral  
Takes edoxaban and statin

**\*\* Entered by Ordercomms \*\***

Provisional Diagnosis: Bi lateral short distance claudication , previously listed for RT  
CFAE but required PPM , now needs TKR and needs PAD treating first  
o/e monophasic pulses, feet cool , no palpable pulses below femo

**Clinical History :**

**US Doppler lower limb arteries Lt [RDE26666788] :**

Arterial system demonstrated extensive severe calcifications.

EIA severely diseased; patent in the distal segment, PSV 158 cm/s.

CFA is patent, PSV 203cm/s.

PFA is patent, PSV 166cm/s.

SFA is occluded from the origin which remains occluded in the distal segment.

Flow reconstituted in the Popliteal artery.

Popliteal artery is patent; PSV 34 cm/s.

PTA is patent at ankle, PSV 33 cm/s.

ATA is occluded in the ankle, PSV 30cm/s.

Per A is patent at ankle, PSV 20 cm/s.

**\*\*\***

SFA is occluded.

**\*\*\* URGENT \*\*\***

The above report contains URGENT clinical findings which are either unexpected based  
on the clinical information provided on the request or which have not already been  
documented based on the available radiological history. This report must be urgently  
highlighted to a SENIOR CLINICIAN for appropriate further management.

Event Number : E-26114698

Courier :

Examination Date : 17-Jul-2023

Ref. Source : UNKNOWN NURSE SPECIALIST, COLCHESTER GENERAL HOSPITAL, COLCHESTER GENERAL H

Examinations : **US Doppler lower limb arteries Lt**