

LEFT ARTERIAL:

Aorta - patent, 1.8cm.

CIA - mostly not seen. B1/triphasic proximally

EIA } triphasic flow
CFA }
DFA }

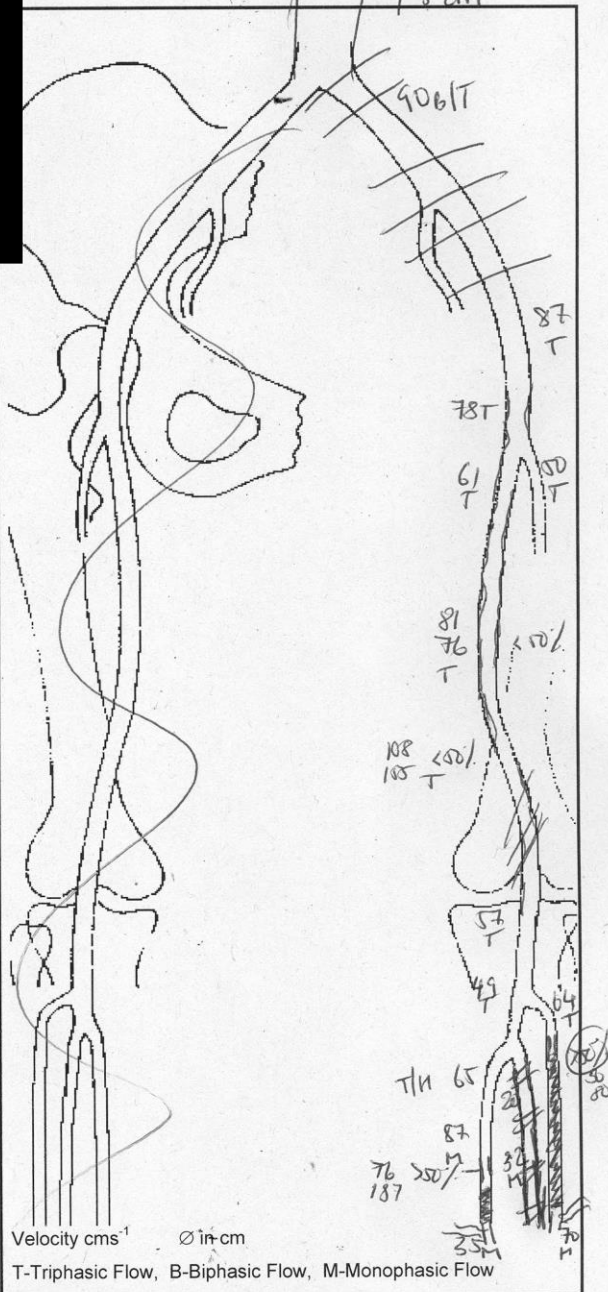
SFA } triphasic flow
No significant stenosis

POPA }

AAA - patent prox, then occluded to level of ankle where it reforms via branch

perAA - heavily calcified. Patent where seen.

PTA - short occlusion on distal leg. Reforms into foot via branch.



licanambm

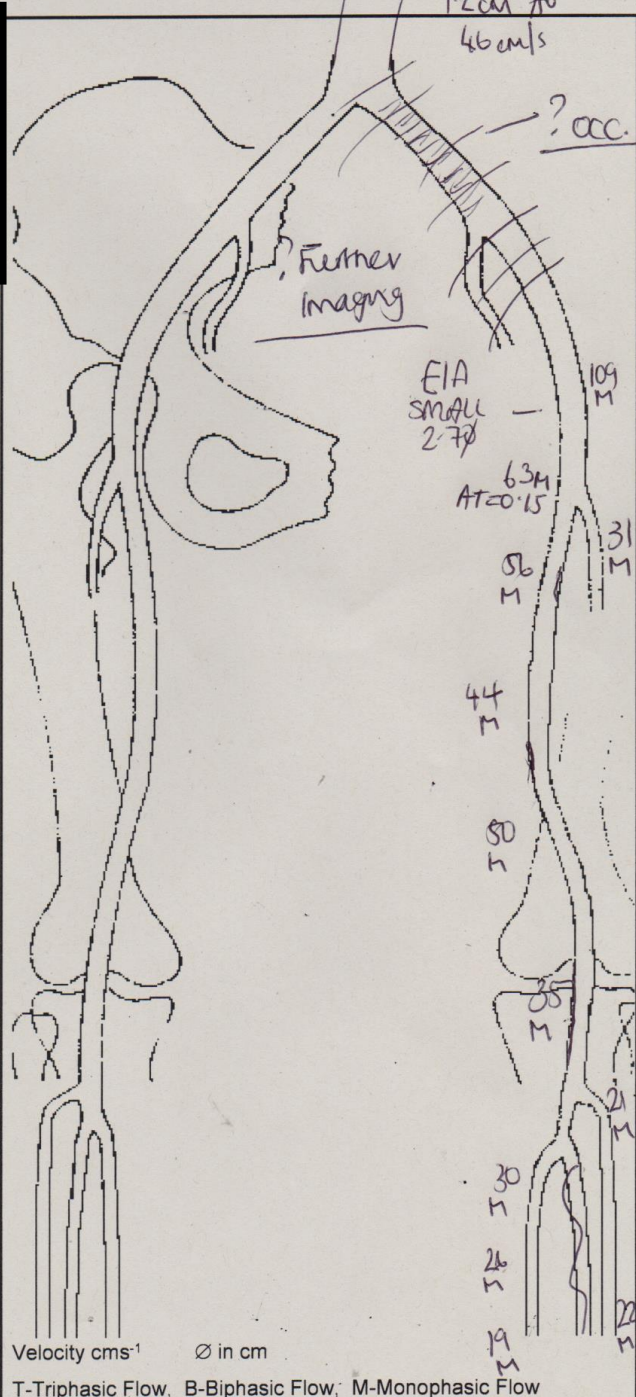


Date: 21/04/2023

Left Arterial
Aorta - patent
CIA - difficult to visualise
CIA or stent ?occluded

EIA - small 2.7mm ϕ and
monophasic flow

CFA
DFA
JFA
PFA
PTA
ATA
} Monophasic flow.



Velocity cm s^{-1} ϕ in cm

T-Triphasic Flow, B-Biphasic Flow, M-Monophasic Flow

McChamber

R SFA stent surveillance -
3/12 post Angio scan

The previously reported small
bleb/pseudoaneurysm
at distal CFA now appears
occluded.

CFA - triphasic flow
50% stenosis distally

DFA - Biphasic flow

SFA - stent patent with good
bi triphasic flow.

POPA - Biphasic flow

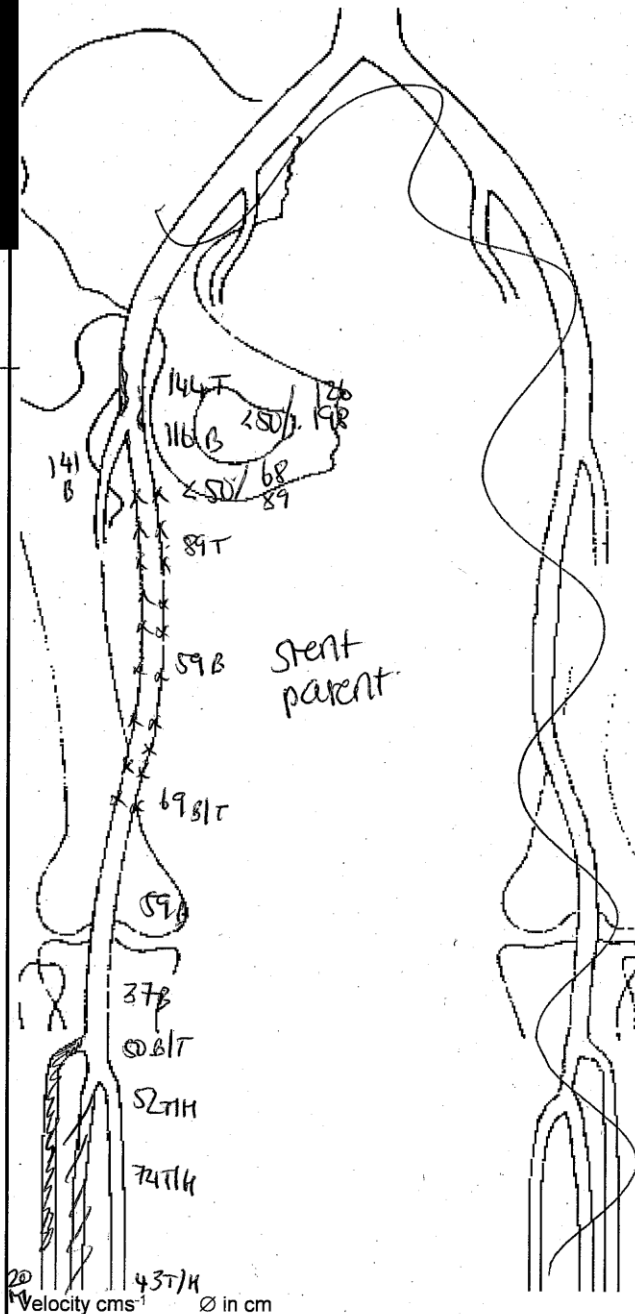
PTA - triphasic hyperaemic
flow to foot

ATA - mostly occluded
- monophasic distally

perOA - poor view

* Next scan due - 6/12
post op = March 2024.

* pt reporting pain at front
of shin whilst walking -
has to stop a lot +
lump/swelling on shin.



-? see in clinic
? just surveillance

ccaramberlin

Date:	09/11/2023
Consultant:	STM
Op Date:	12/05/15
Graft:	EVAR

Proximal Aorta (cm)	2.3
Max AP (cm)	5.5
Max T (cm)	5.8
Previous max diameter	5.4 x 5.6

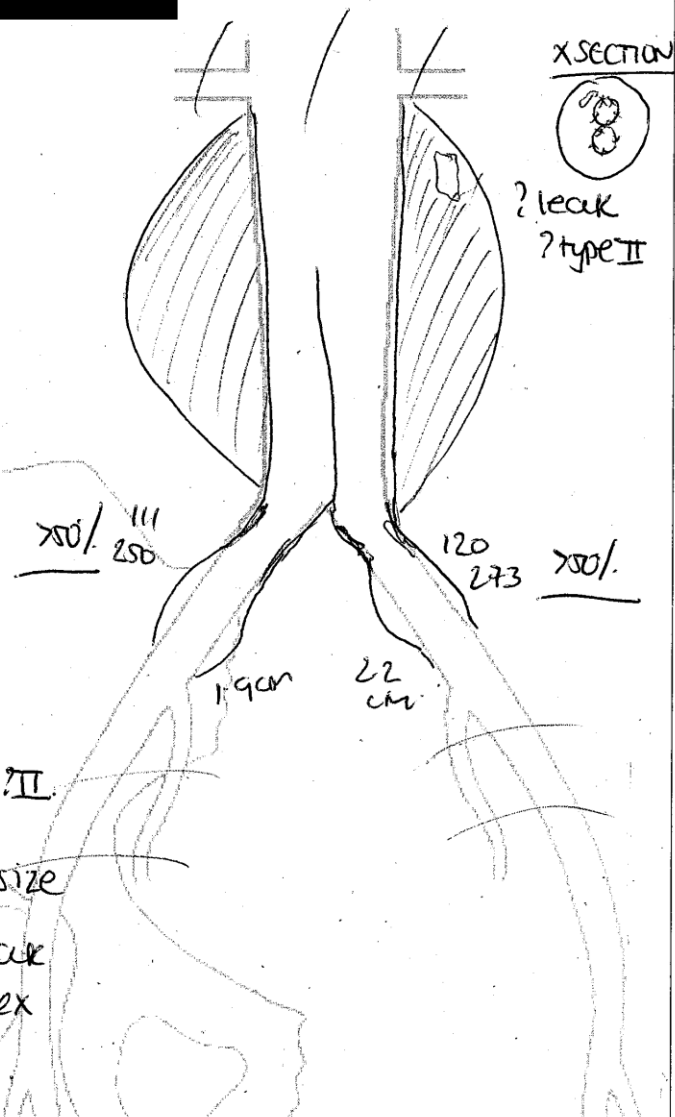
Right	
CIA (cm)	1.9
EIA PSV (cm/s)	62T
Acceleration Time (S)	0.11

Left	
CIA (cm)	2.3
EIA PSV (cm/s)	71 B/T
Acceleration Time (S)	0.12

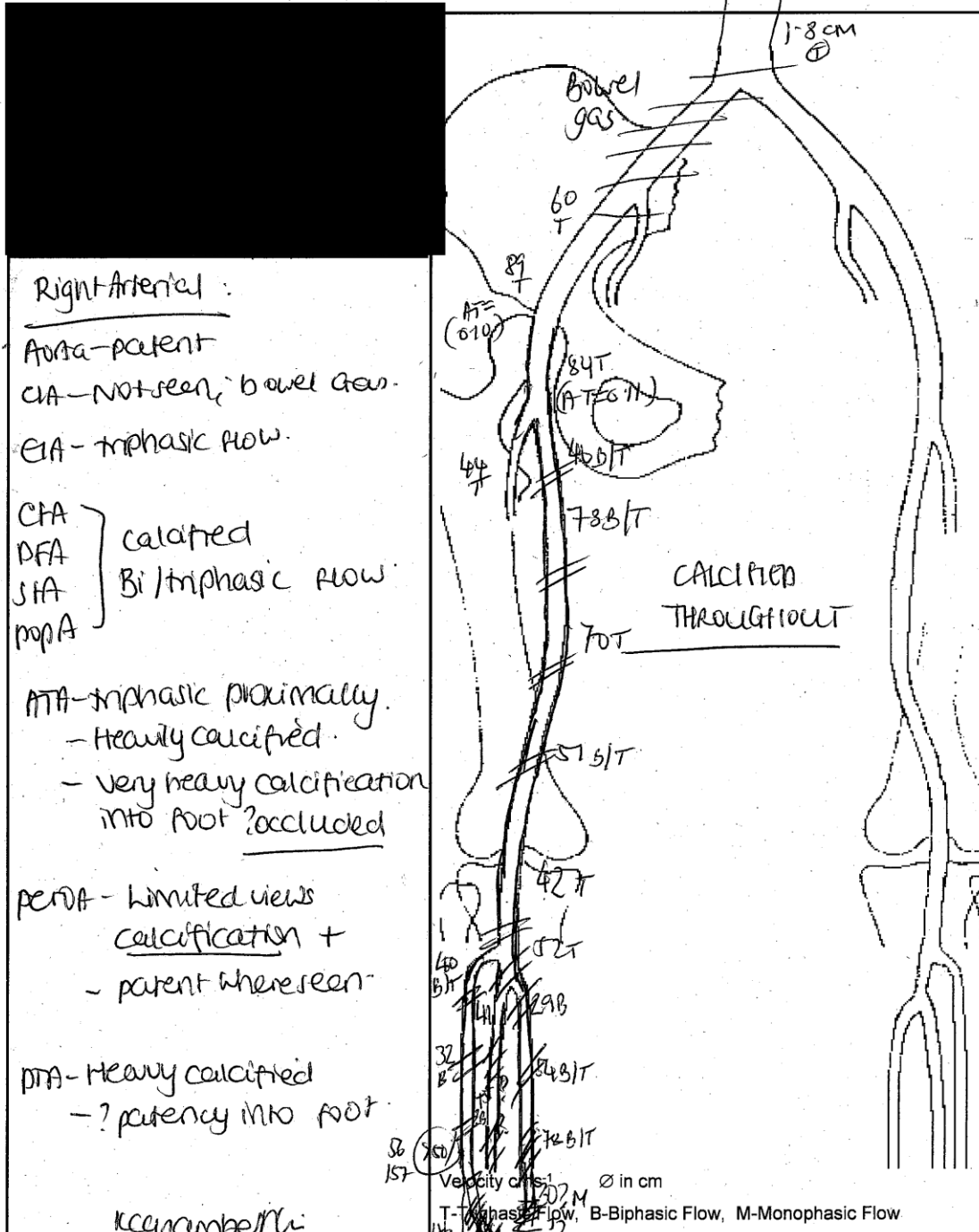
Endoleak	Y / N
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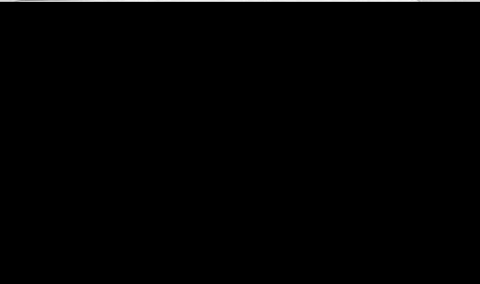
Comments

- ~2mm increase in sac size
- ? small type ? II endoleak seen as previous duplex
- B/T/triphasic flow in EIAs
- >50% stenosis in L CIA + R CIA



Keehan *Keehan*
Clinical Vascular Scientist





Toe pressure ± Arterial

R Hallux = 90 mmHg

L Hallux = NO signal

Left Arterial:

Aorta }
CIA } triphasic flow
EIA }

CFA - triphasic flow

DFA - biphasic flow

SFA - bi/triphasic flow

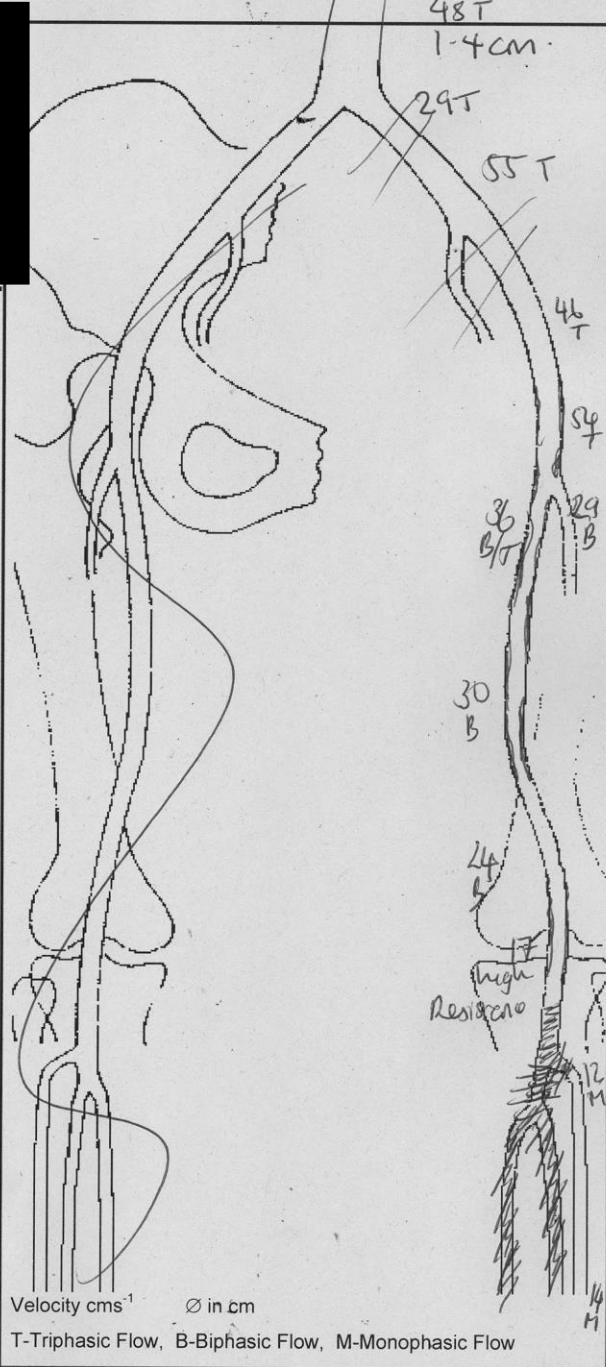
- Relatively low velocities

POA - high resistance flow

- ? occluded distally

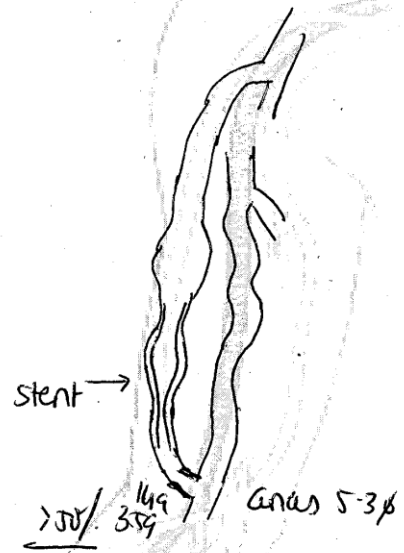
PTA }
per A } likely occluded

ATA - patent to foot



K. Chamberlain

Vessel	Size mm	PSV cm/s	Volume Flow ml/min
Brachial Artery			
1	7.0	119	388
2	6.1	144	468
3	5.2	200	300
4			



- parent (R) graft
- Low volume flows throughout
- >50% stenosis after prox anas

Clinical Vascular Scientist:
Signature:

ccenambeli

Right Arterial :

from iliacs - patent with triphasic flow WHERE SEEN

CFA - triphasic flow

DFA - Biphasic flow

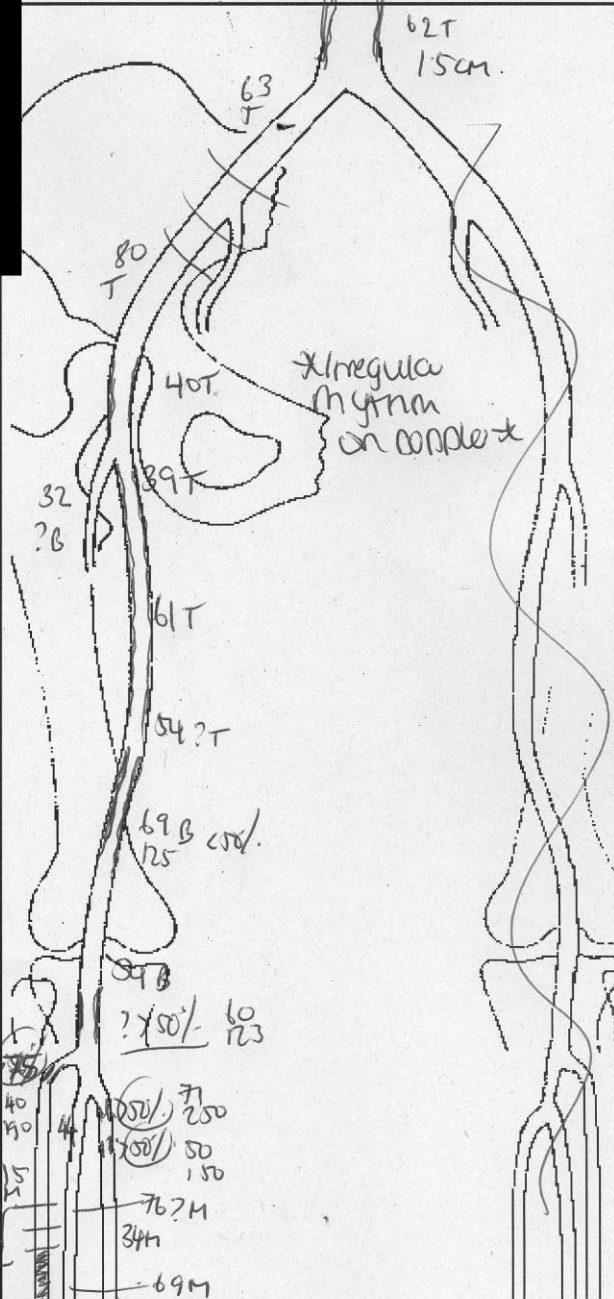
SFA - diffuse disease throughout, but no significant stenosis seen

PopA - Heavily calcified proximally.
- ? > 50% distally.

ATA - 775/ prox & occluded distal

PerA - monophasic flow

PTA - 2x 750/ prox
- monophasic beyond.



Velocity cms 43" Ø in cm

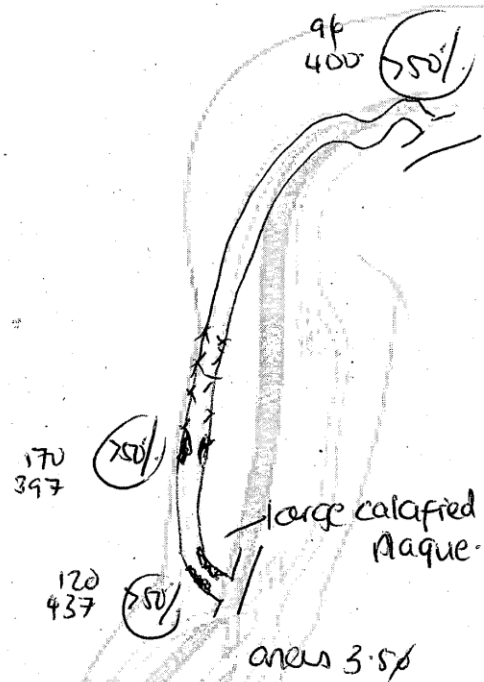
T-Triphasic Flow, B-Biphasic Flow, M-Monophasic Flow

Ilumbel



Vessel	Size mm	PSV cm/s	Volume Flow ml/min
Brachial Artery			
1	5.5	184	758
2	6.8	148	807
3			
4			

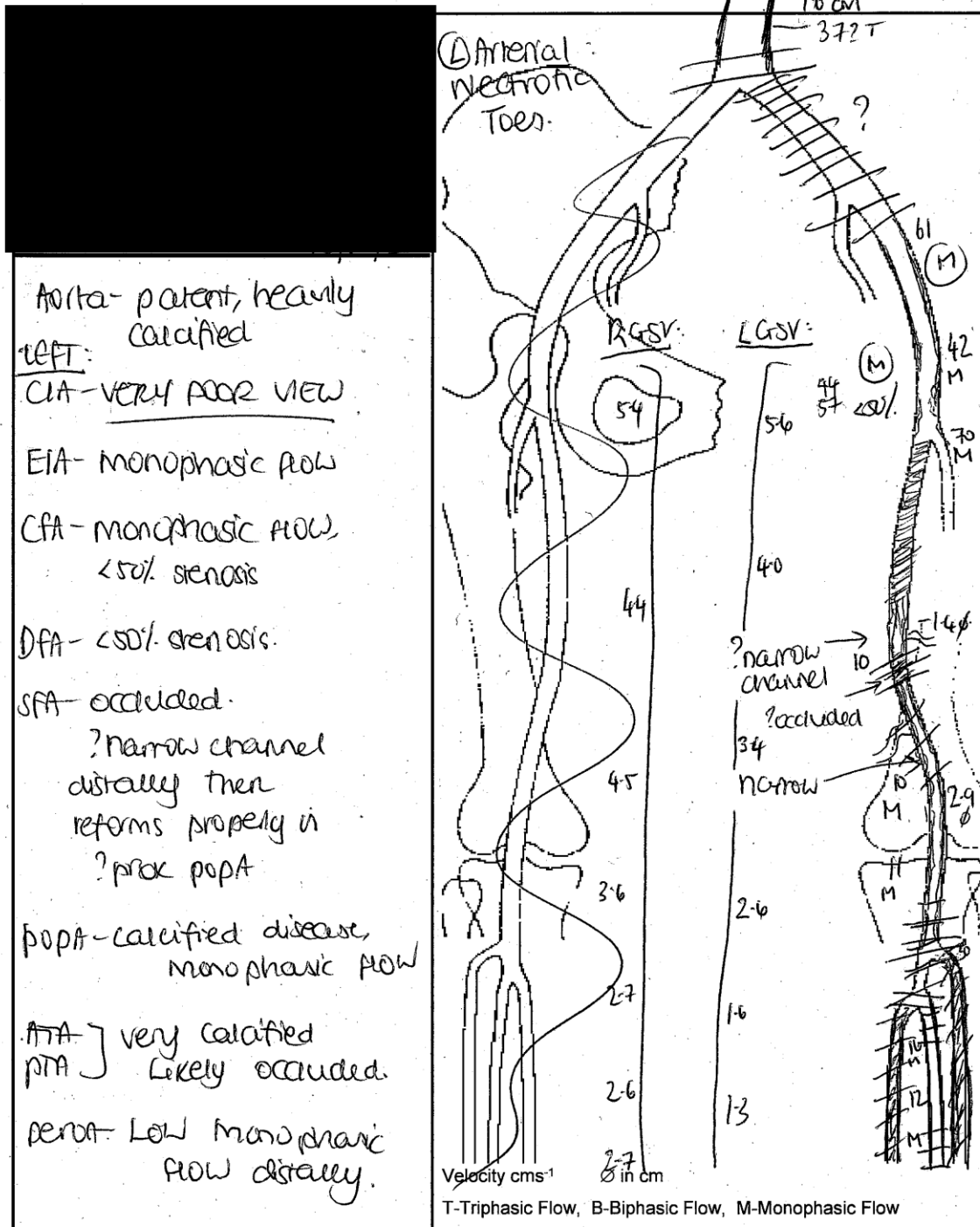
- patent @ AVF with good volume flow
- 3x >50% stenosis seen.



K. Chamberlain

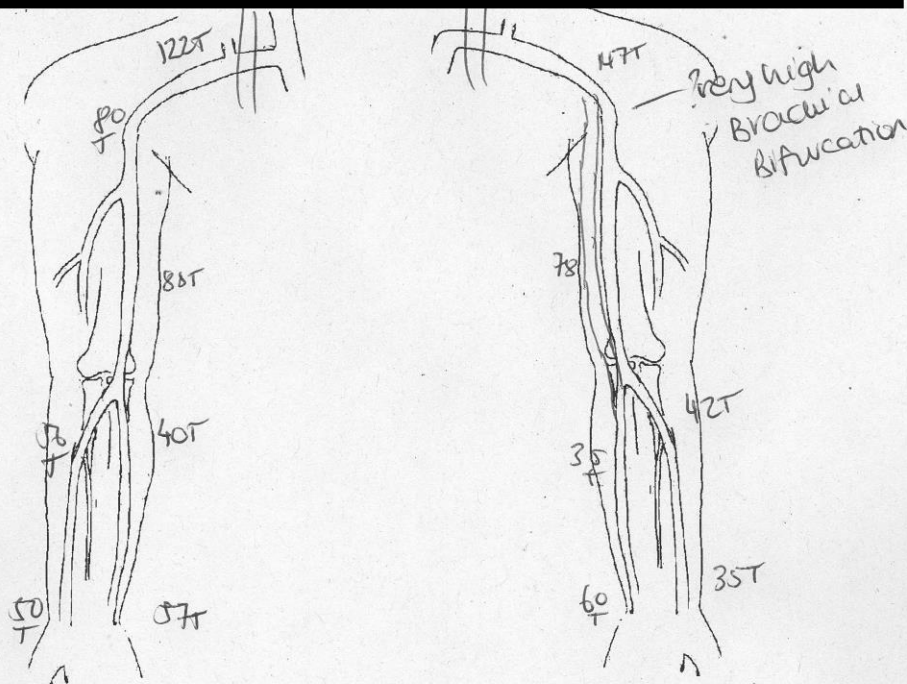
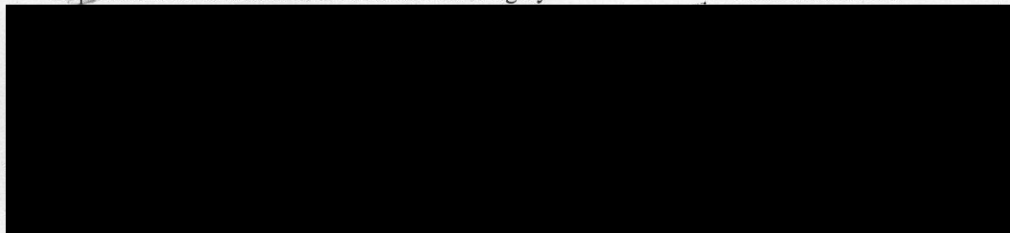
Clinical Vascular Scientist:

Signature:



CFV } NO OUT, bilaterally
 PV } GVS - \varnothing on diagram.

revascularisation.



Right			Left
	122 T	Neutral	146 T
$\frac{>50\%}{250}$	250	Abducted 90°+ externally rotated	300 $\frac{>50\%}{250}$
$\frac{>50\%}{393}$	393	Raised 180°	346 $\frac{>50\%}{250}$
$\frac{<50\%}{209}$	209	Adsons	334 $\frac{>50\%}{250}$
$\frac{>50\%}{296}$	296	Costoclavicular	299 $\frac{>50\%}{250}$

Resting scan - Normal triphasic flow.

Right: doubling of velocity in 3/4 position

Left: doubling velocity in all position.

~ suggestive of TOS.

Clinical Vascular Scientist

icechamber

LEFT ARTERIAL :

Aorta - patent, triphasic flow

CIA - appears patent where seen - poor view distally

CA - Appears mostly occluded - Acute appearance.

- Narrow channel of reversed flow distally.

CAA } monophasic flow
DFA }
SFA }

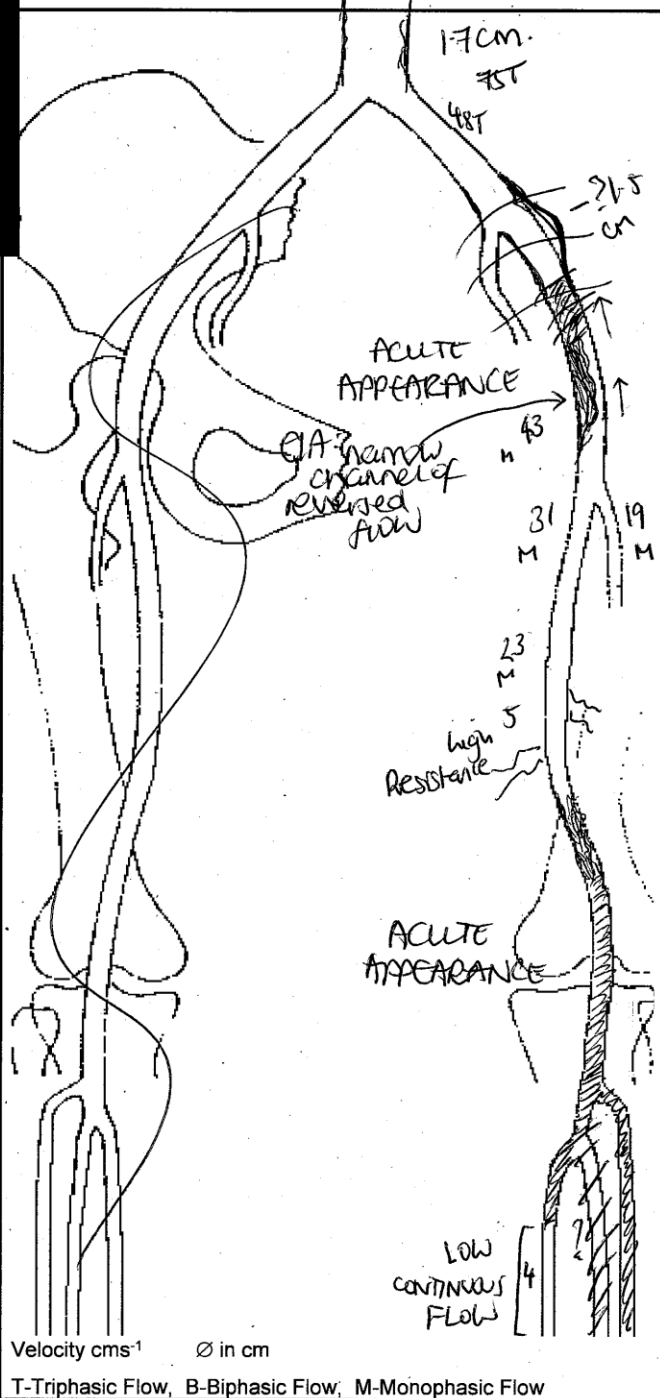
POPA - mostly occluded acute appearance.

ATA - occluded

RTA - occluded prox/mid.
- very low, continuous flow mid/distal

PERA - ?? patency.

K. Chandra





Right Arterial :

known AAA ~6.1x6.3
cm / not for surveillance
or repair STM letter 2021

CIA - NOT seen -
bowel gas

tia - only seen distally -
monophasic flow

CFA - occluded distally

OFA - occluded prox then
reforms with
monophasic flow.

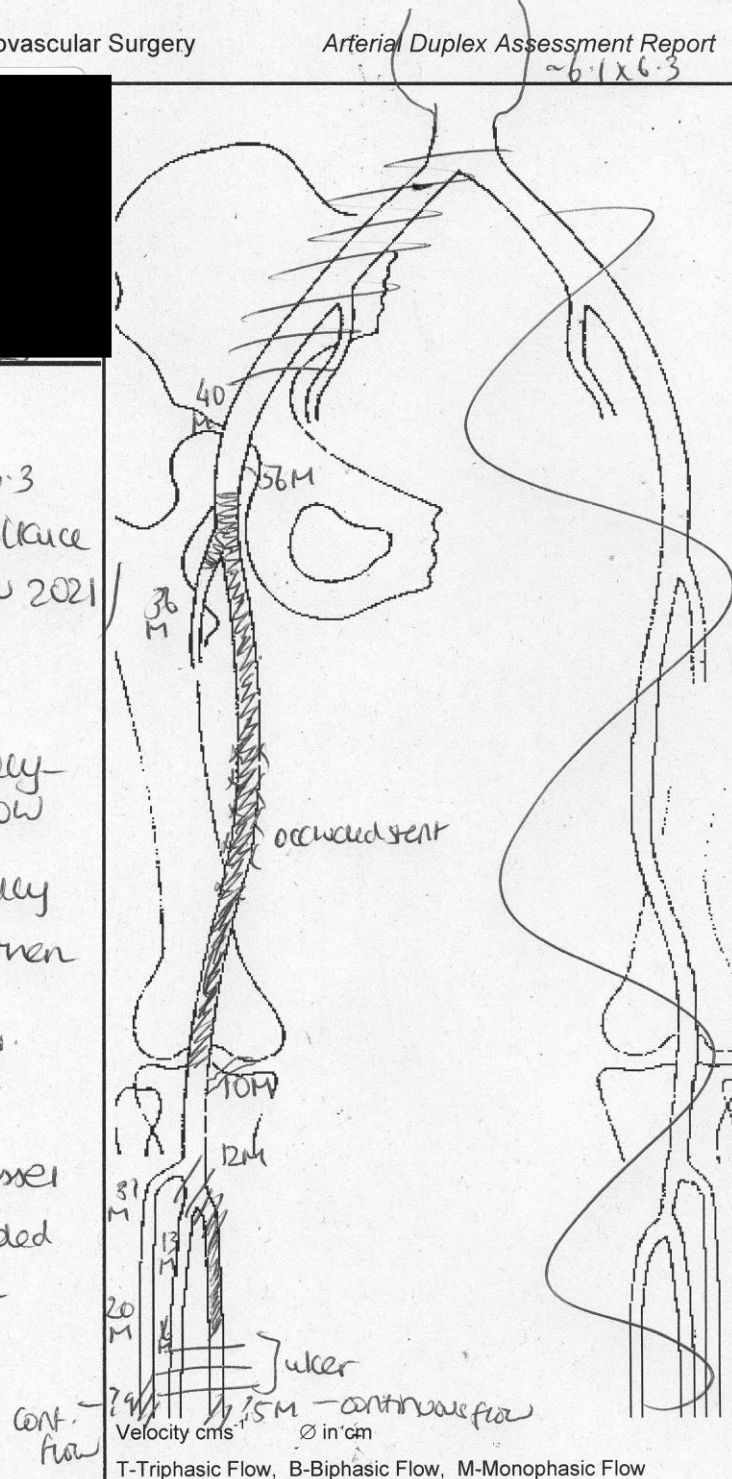
SFA - occluded

POFA - reforms mid vessel

PTA - ? mostly occluded

ATA } appear patent
POFA } very low

? continuous
flow distally



Carotid Artery

Proximal Aorta (cm)	1.8
Max AP (cm)	5.5
Max T (cm)	5.6
Previous max diameter	-

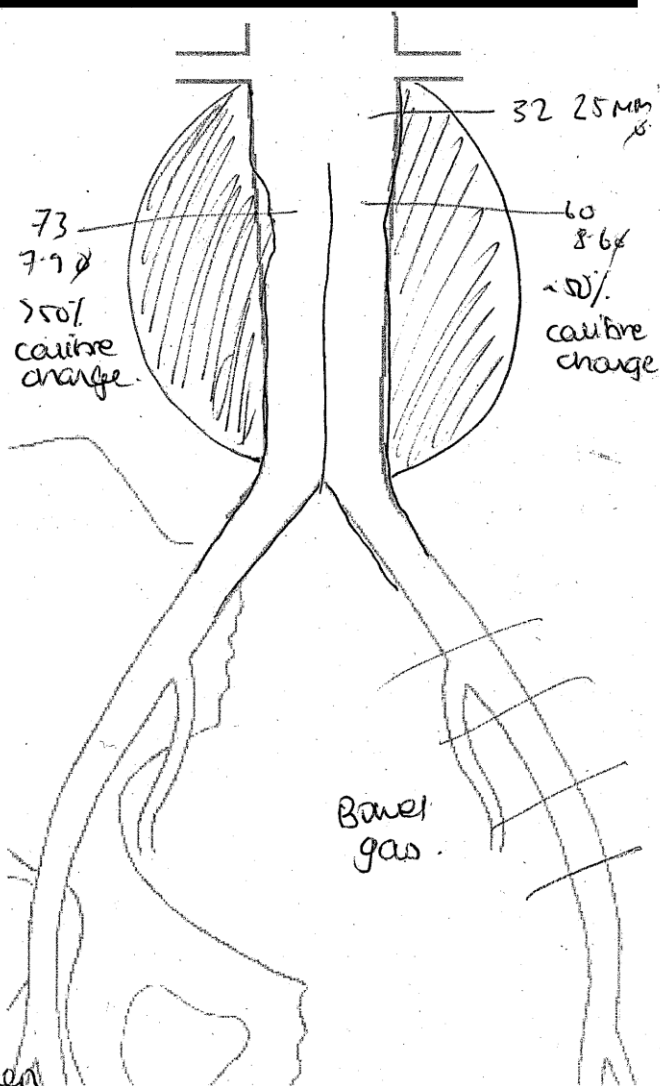
Right	
CIA (cm)	1.4
EIA PSV (cm/s)	80 T
Acceleration Time (S)	0.10

Left	
CIA (cm)	1.2
EIA PSV (cm/s)	64 B/T
Acceleration Time (S)	0.11

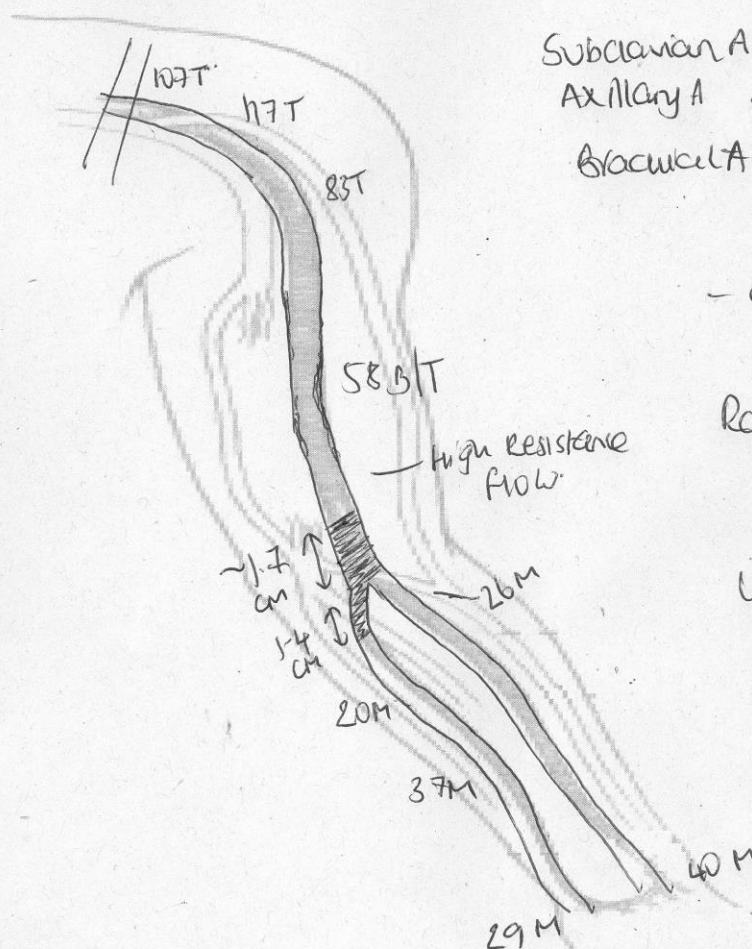
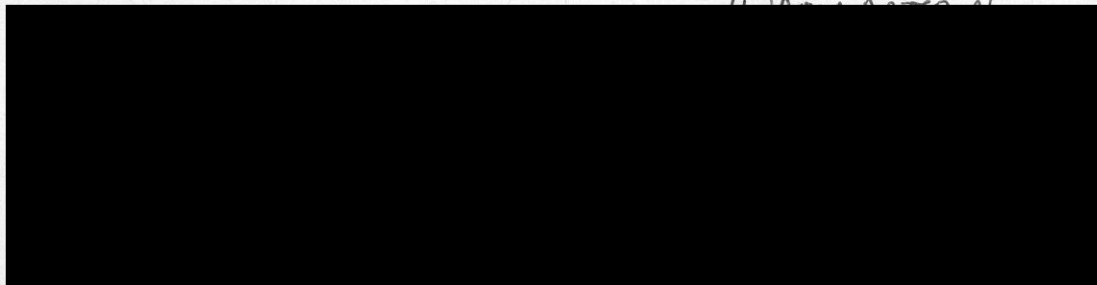
Endoleak	Y / <input checked="" type="radio"/> N
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Comments

- patent EVAR
- Good bi/triphasic flow in EIAs
- NO endoleak seen
- doubling of velocities seen in prox limbs - likely due to calibre changes.



K. Chamberlain
Clinical Vascular Scientist



Subclavian A } triphasic
Axillary A } flow.

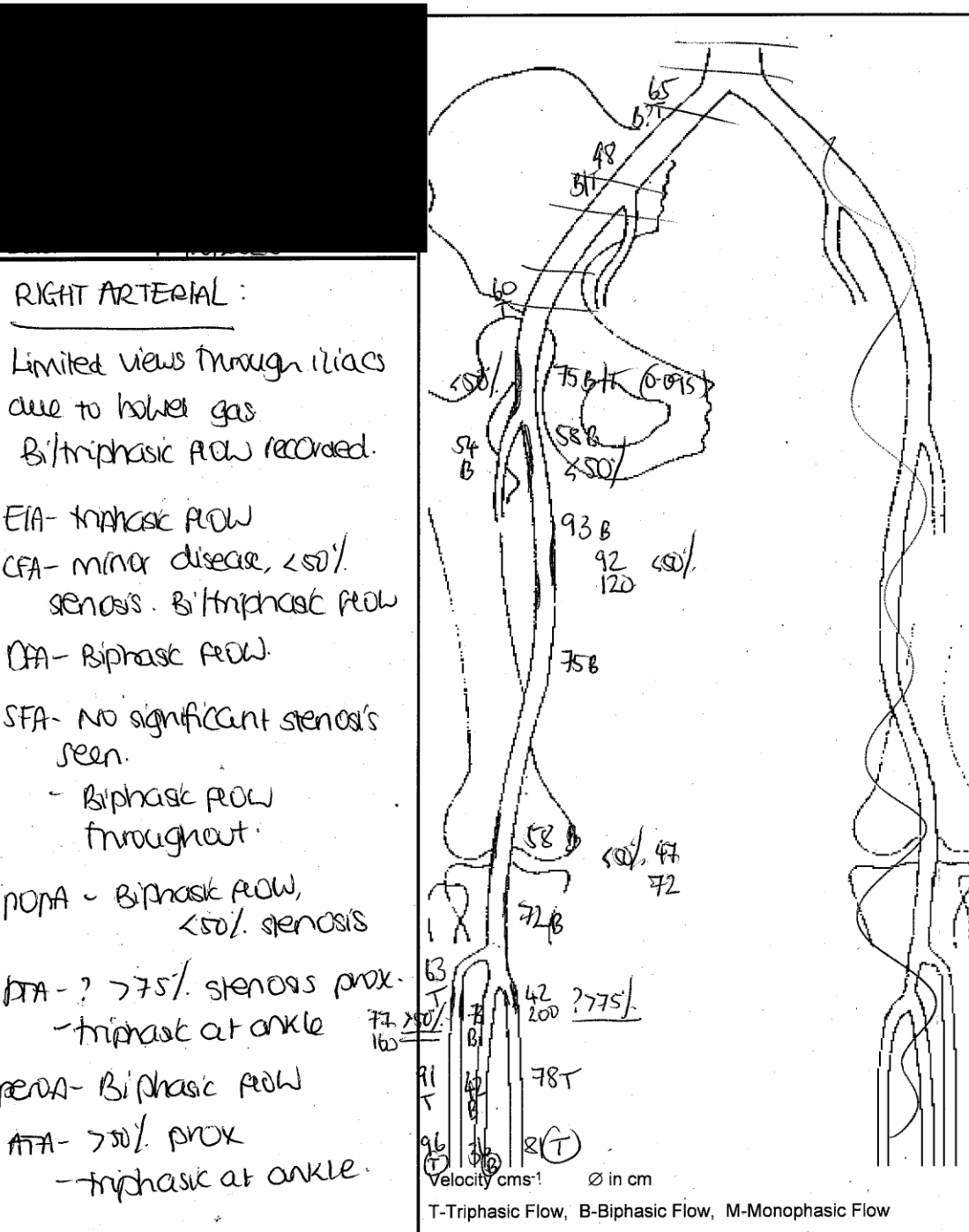
Brachial A - Bi/triphasic
flow
proximal

- occluded distally
for 1.7cm.

Radial - patent
with
monophasic
flow

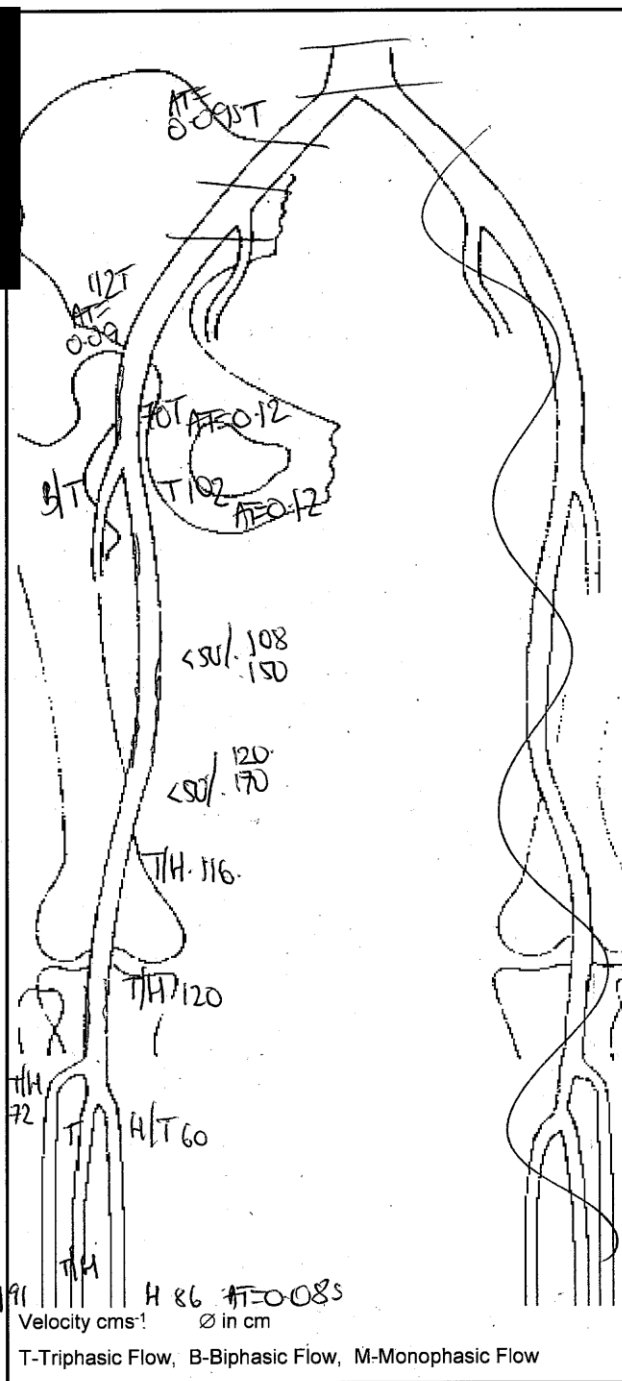
Ulnar A - occluded
for 1.3cm then
patent with
monophasic
flow.

K. Chandra
Clinical Vascular Scientist



ccarambani

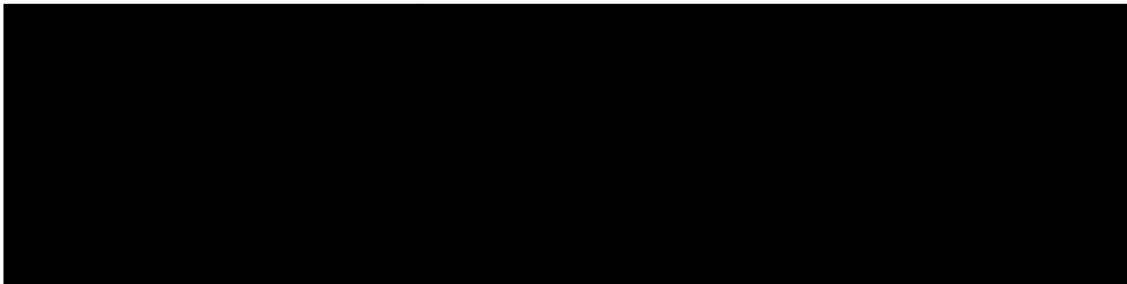
No significant stenosis seen
triphasic flow in CIA/
EIA where seen.
triphasic / hyperaemic
flow at ankle with
good upstroke time.



The Vascular Laboratory

Department of Vascular and Endovascular Surgery

EVAR Assessment Form



Proximal Aorta (cm)	NOT SEEN
Max AP (cm)	6.0
Max T (cm)	? 6.2
Previous max diameter	5.7 x 5.7 (NOV 2022)

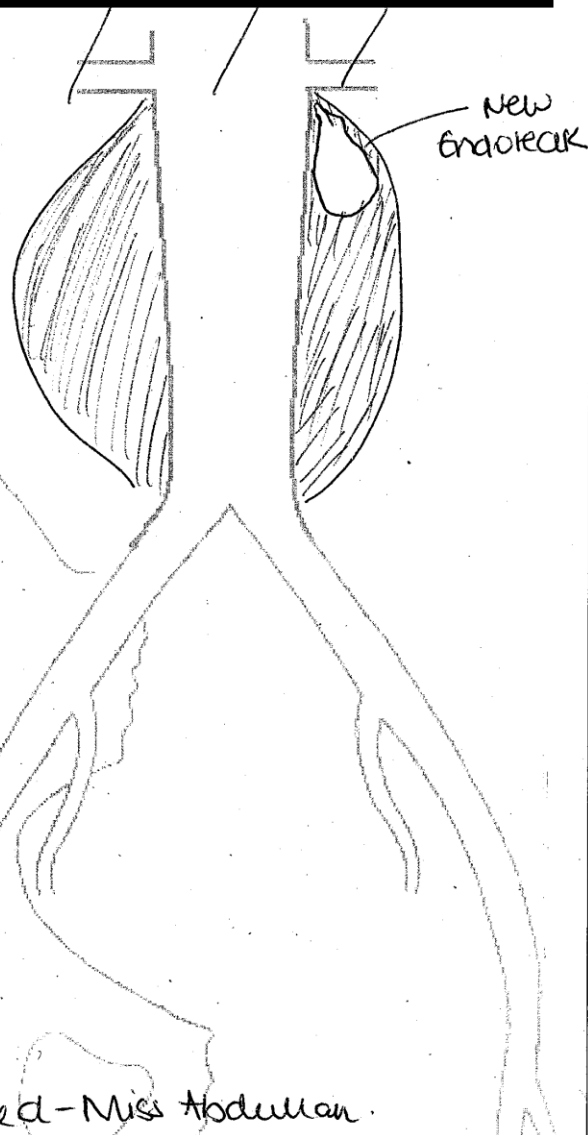
Right	
CIA (cm)	1.6
EIA PSV (cm/s)	62 T
Acceleration Time (S)	0.08

Left	
CIA (cm)	1.4
EIA PSV (cm/s)	68 T
Acceleration Time (S)	0.10

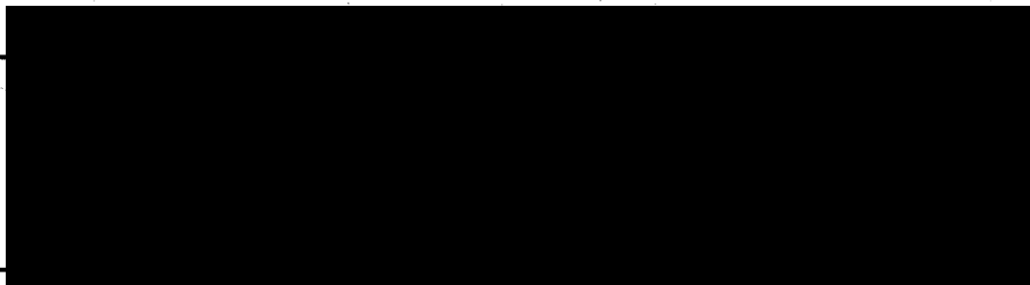
Endoleak	(Y) / N
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Comments

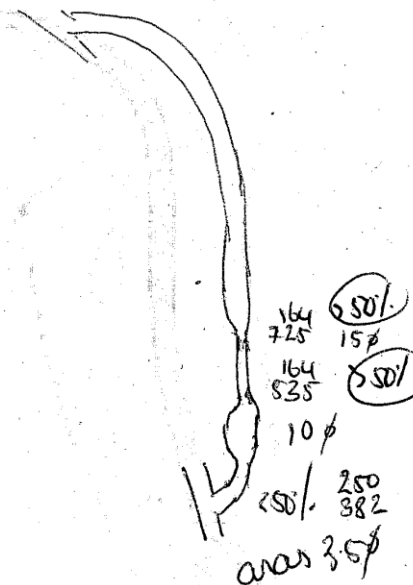
- patent EVAR
- triphasic flow in EIAs
- New endoleak detected
? type I ? type II
- vasc Reg on call phoned - Miss Abdullah
arranging urgent OPA CTA



Rachanben
Clinical Vascular Scientist



Vessel	Size mm	PSV cm/s	Volume Flow ml/min
Brachial Artery			
1	47	229	989
2	5.2	91	378
3			
4			



- parent @ Avf
- good volume flow in artery + low volume flow in vein.
- 2 x 250% stenosis seen.

Clinical Vascular Scientist:
Signature:

K. Chamberlain

Right Arterial

CIA - patent with triphasic flow where seen.

CFA - triphasic flow

DFA - Biphasic flow

SFA - triphasic flow.

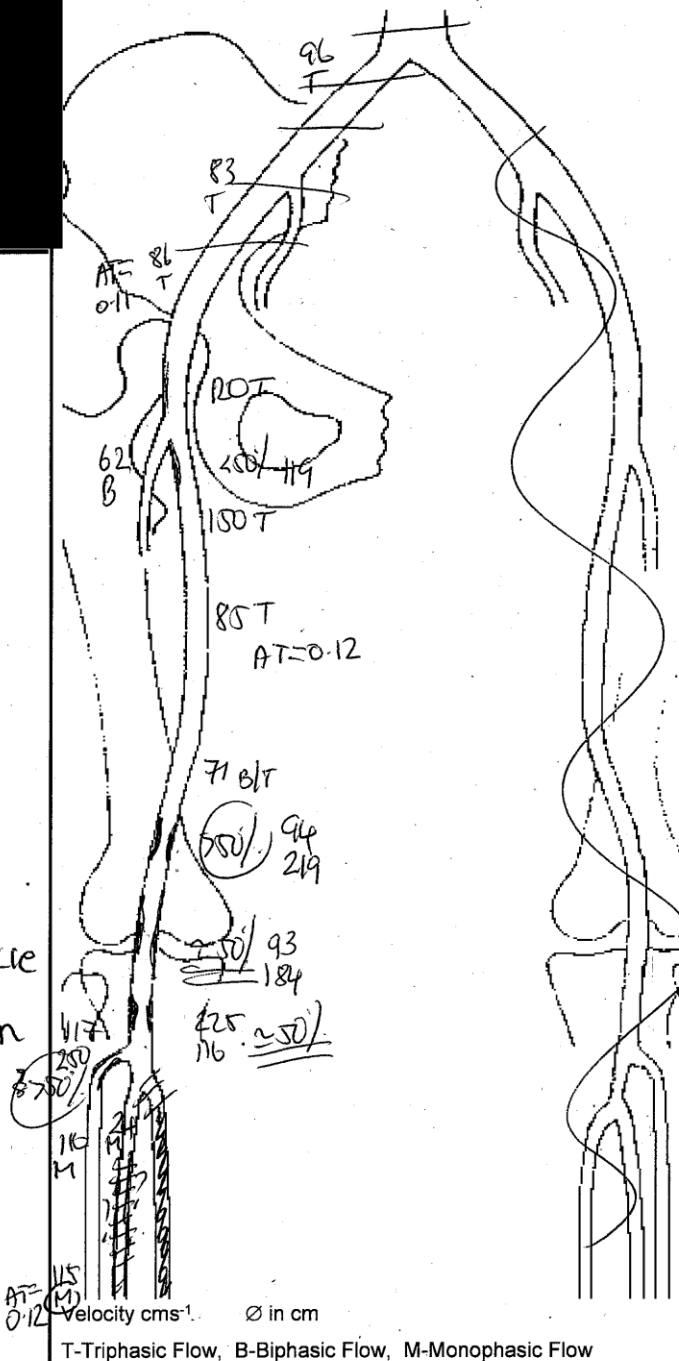
PopA - >50% stenosis prox & 2x ~50% stenosis mid & distal.

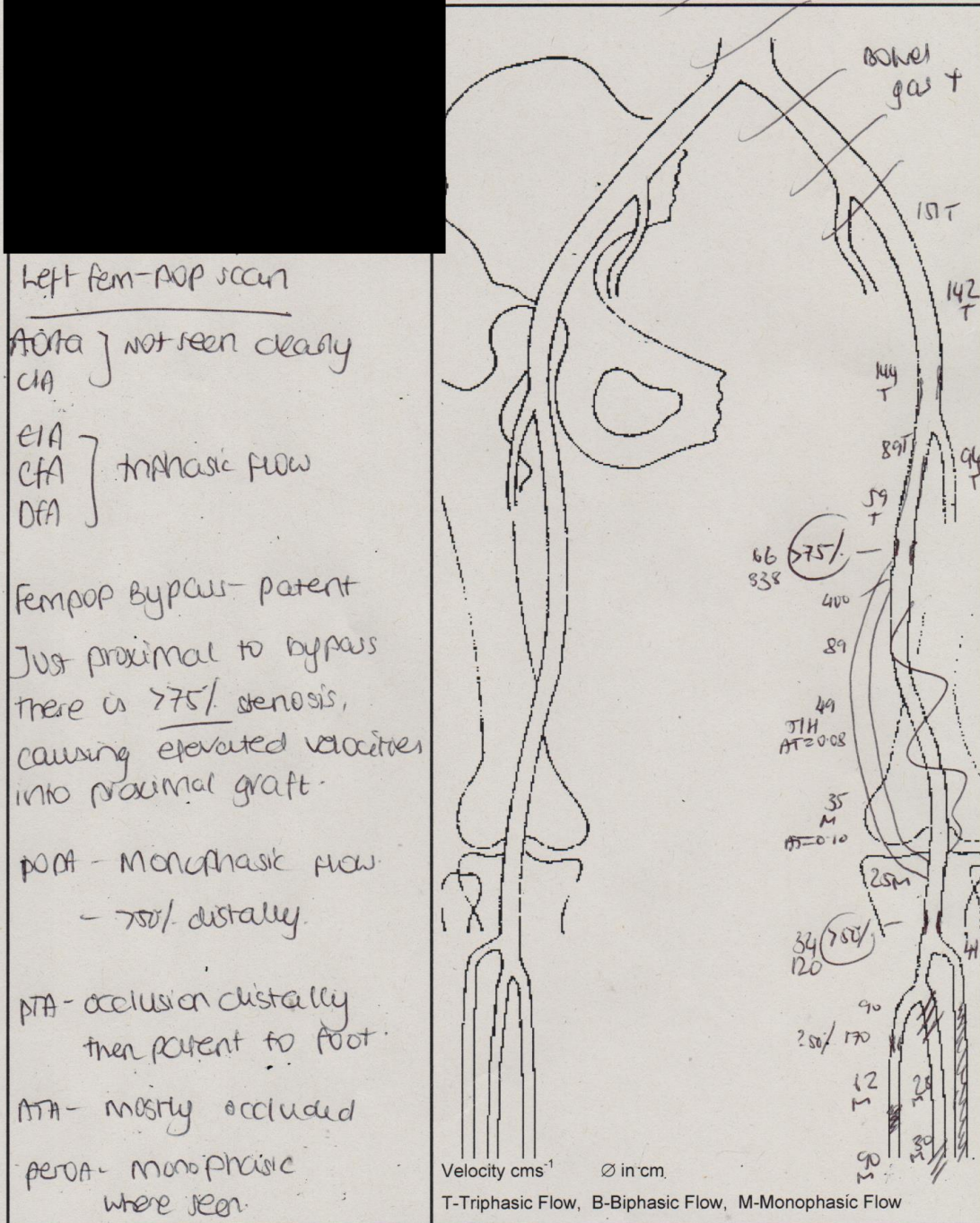
ATA - >50% stenosis prox - monophasic at ankle

PerA - 2 patent prox then unable to see flow ? calcified ? occluded

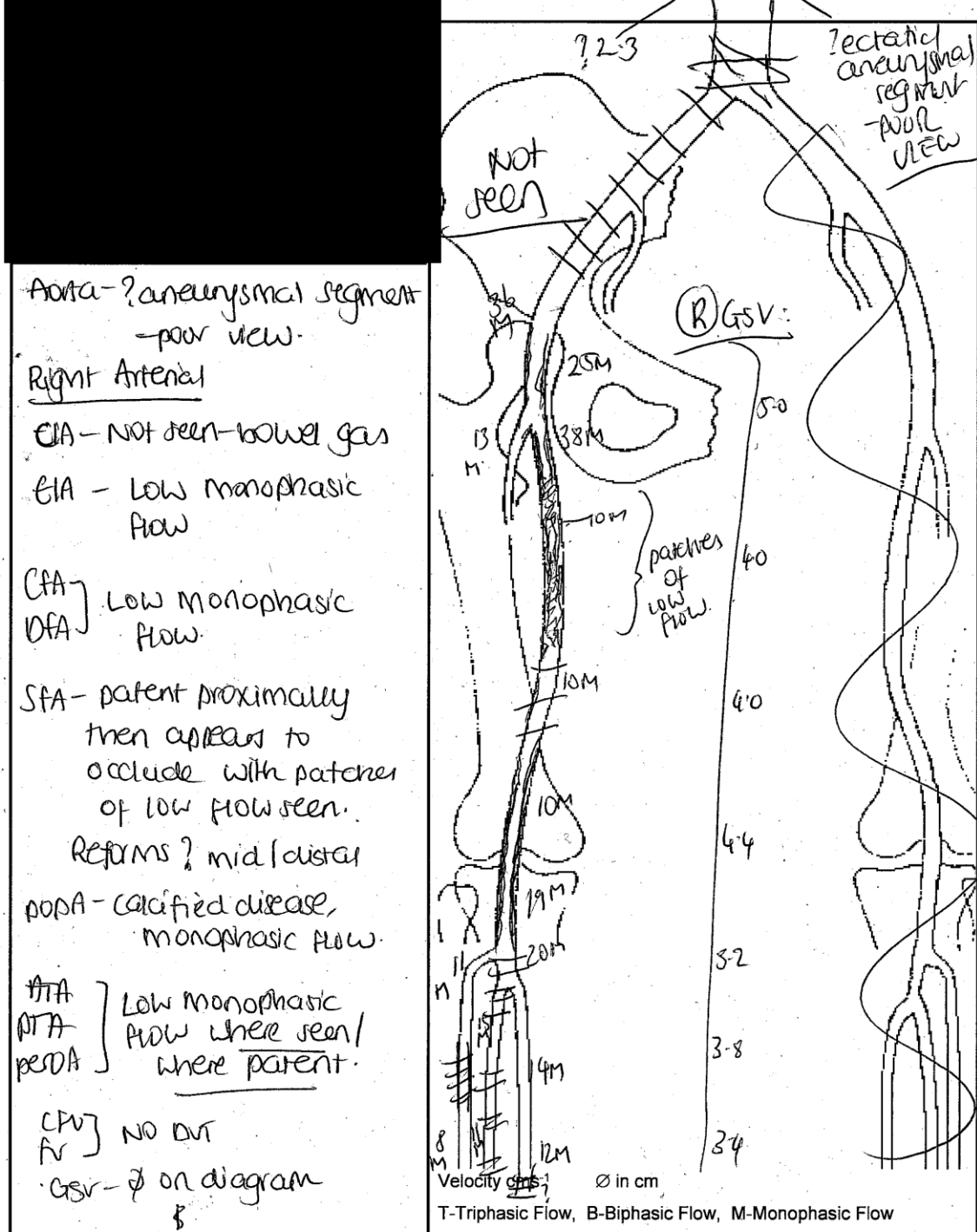
PA - known occlusion

Kochanberia



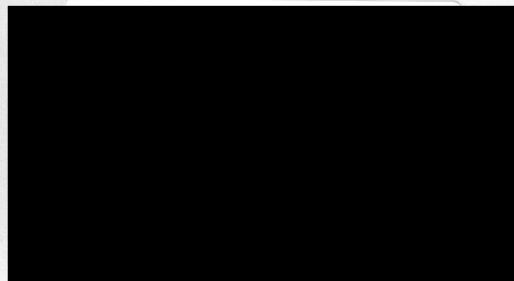


KConanberry



Toe Pressure - No signal

no aneurysm



Right Arterial: necrotic patches on toes

CTA } good triphasic flow
DFA }

STA - Bi/triphasic flow
- >50% stenosis distal
- flow remains bi/triphasic beyond

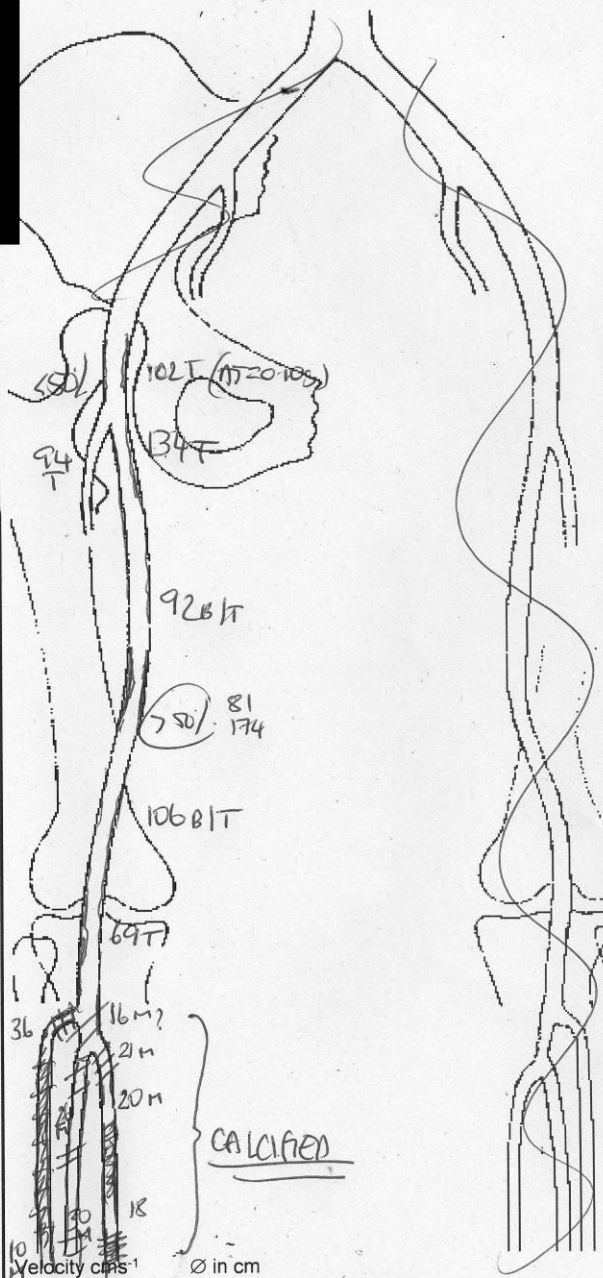
POPA - triphasic flow

ATA - ? mostly occluded
- calcified

POPA - patent where seen,
very calcified

PTA - mid occlusion
? occluded into foot
- calcified

Kechamchi



T-Triphasic Flow, B-Biphasic Flow, M-Monophasic Flow