

Outcome

Occlusion, Obscured, Calcified, Bowel gas, Stenosis Severe

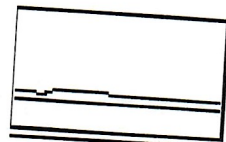
Right



162

1.00

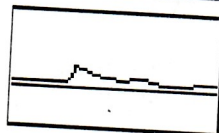
Good



Weak



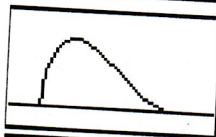
Weak



Reduced

62

0.38



Slightly Reduced

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

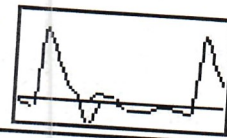
Post Exercise

Left

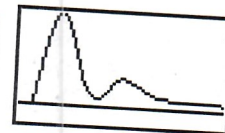
Good



Good



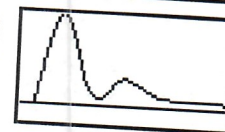
Good



Good

130

0.80



Absent



Foot Flex

60

0.37

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Poorly visualised due to calcified vessel walls and bowel gas partially obscuring views. Where seen appears patent with good triphasic waveforms, PSV 123cm/s. Appears of normal and uniform calibre, with maximum ITI dimensions AP: 1.5cm, LS: 1.6cm.

RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 4:35 pm

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triphasic waveforms, PSV 133cm/s.
EIA: Poorly visualised due to bowel gas and calcified vessel walls, appears patent where seen with good triphasic waveforms along length, PSV 128-139cm/s.
CFA: Patent with calcified vessel walls and mild turbulence with triphasic waveforms, PSV 157cm/s.
PFA: Patent with mild calcified disease and good biphasic waveforms at origin, PSV 125cm/s.
SFA: Patent with calcified vessel walls and good tri/monophasic waveforms, PSV 91-50cm/s. Appears occluded in the mid SFA with collateral vessel noted for ~2cm (58cm proximal to MM). Appears to reform with good triphasic waveforms and calcified vessel walls, PSV 139cm/s. Appears occluded with no flow identified in the mid vessel (52cm proximal to MM) and remains occluded in the distal SFA and adductor canal.
POPA: Reforms with weak monophasic waveforms and moderate diffuse disease along length, PSV 19-18cm/s. TPT: Appears patent with origin of one vessel run off identified.
ATA: Origin not identified. No flow identified in the proximal-mid vessel with heavily calcified vessel walls ?occluded. Reduced monophasic waveforms identified at ankle, PSV 29cm/s.
PTA: No flow identified in the proximal-mid vessel with heavily calcified vessel walls ?occluded. Weak monophasic waveforms identified at ankle, PSV 16cm/s, ?full patency.
PerA: Patent with heavily calcified vessel walls along length, slightly reduced hyperaemic monophasic waveforms along length, PSV 36-64cm/s.

LEFT

CIA: Obscured by bowel gas.
EIA: Proximal-mid vessel obscured by bowel gas. Distal vessel appears patent with mild calcified disease and good triphasic waveforms, PSV 147cm/s.
CFA: Poorly visualised due to calcified vessel walls causing acoustic shadowing, slightly turbulent triphasic waveforms, PSV 220cm/s.
PFA: Patent at origin with slightly turbulent triphasic waveforms and mild calcified disease, PSV 220cm/s.
SFA: Poorly visualised along length with calcified vessel walls causing acoustic shadowing, good tri/biphasic waveforms where seen suggesting no significant disease however unable to rule out focal stenosis within obscured sections, PSV 171-127cm/s. Poorly visualised through adductor canal with calcified vessel walls causing acoustic shadowing.
POPA: Patent with moderate diffuse calcified disease along length and good tri/biphasic waveforms, PSV 97-141cm/s. TPT: Patent with mild/moderate diffuse disease and origin of two vessel run off identified.
ATA: Origin not identified. Flow identified in the proximal vessel with a severe stenosis identified, with velocities increasing from PSV 126cm/s to PSV 591cm/s. Focal stenosis length ~1.4m. Calcified vessel walls along remainder of ATA with good monophasic waveforms identified at ankle, PSV 117cm/s.
PTA: Heavily calcified vessel walls along length, with weak monophasic waveforms in the proximal-mid vessel, PSV 31-26cm/s. Distal vessel appears occluded.
PerA: Poor views of the proximal-mid vessel due to depth and heavily calcified vessel walls, ?patency. Distal vessel appears patent with good bouncy monophasic waveforms, PSV 82cm/s.

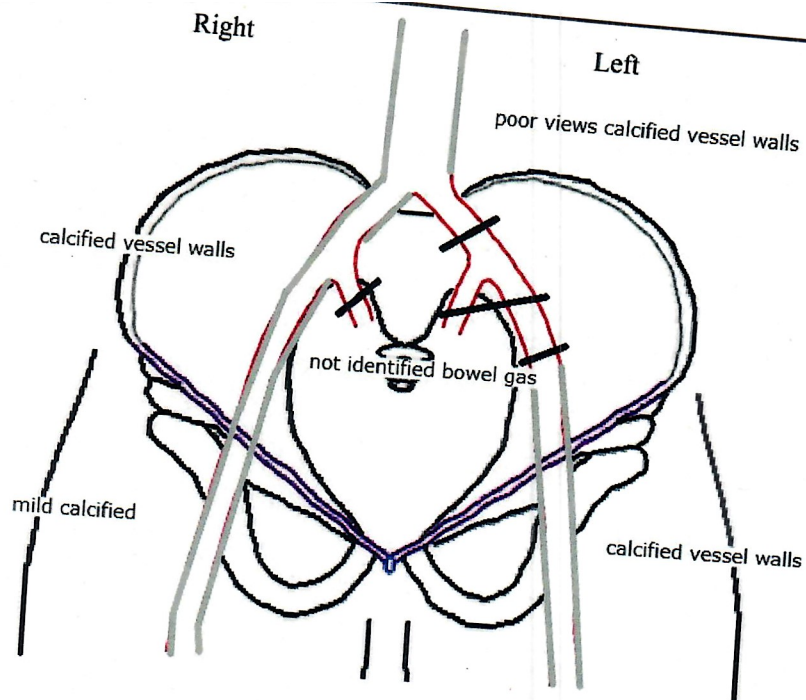
ABPI: Right resting ABPI is reduced. Left resting ABPI is (just) within normal limits at rest and becomes reduced post one-minute foot-flex exercise challenge.

Assessed by Charlotte Roberts, MCVS

Printed on 11/07/2024 at 4:35 pm

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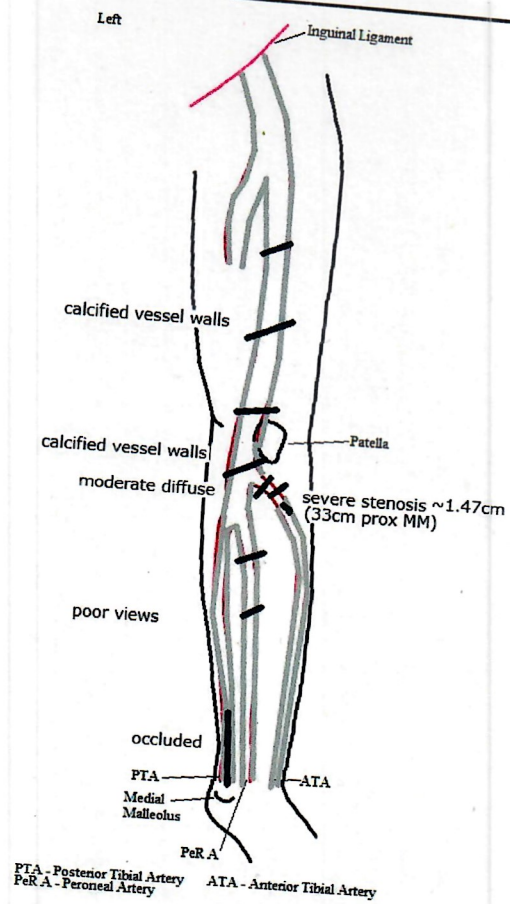
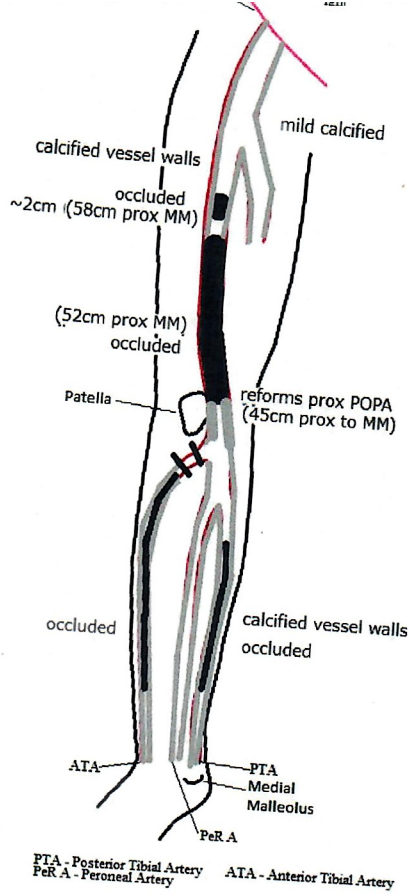


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Outcome

Bowel gas, Stenosis Moderate

Right

120

1.00

Brachial

Left

Good

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Good

High Calf

Peroneal

Good

Good

Anterior Tibial

Good

Posterior Tibial

Good

Good

120

1.00

Dorsalis Pedis

Good

Toe Pressure

115

0.96

Post Exercise

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent with mild disease and good triphasic waveforms, PSV 68cm/s. Appears of normal and uniform calibre, maximum dimensions ITI AP 2.2cm, LS: 2.2cm.

RIGHT

CIA: Moderate stenosis identified in the mid vessel, with velocities increasing from PSV 78cm/s to 168cm/s.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:08 pm

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Stenosis length ~2.9cm.

EIA: Poor views of the proximal to mid-vessel due to bowel gas. Distal vessel appears patent with mild disease and good triphasic waveforms, PSV 132cm/s.

CFA: Moderate stenosis identified in the mid vessel, no significant velocity shift identified, triphasic waveforms, PSV 124-93cm/s, however appears to form a moderate stenosis in greyscale imaging. Stenosis length ~1.7cm.

PFA: Patent with mild disease and good biphasic waveforms, PSV 72cm/s.

SFA: Patent with mild disease along length and good tri/biphasic waveforms, PSV 114-80cm/s. Patent through the adductor canal.

POPA: Patent with mild disease and good biphasic waveforms, PSV 52-79cm/s. TPT: Patent with origin of at least two vessel run off identified.

ATA: Patent with mild disease and good biphasic waveforms at ankle, PSV 39cm/s.

PTA: Patent with mild disease and good triphasic waveforms at ankle, PSV 86cm/s.

PerA: Patent with mild disease and good triphasic waveforms at ankle, PSV 95cm/s.

LEFT:

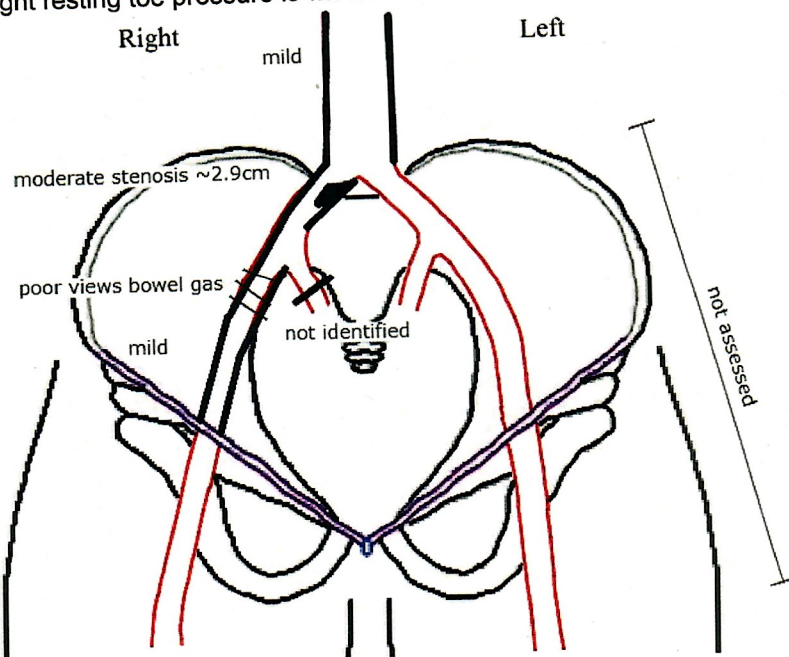
CFA: Patent with good triphasic waveforms, PSV 94cm/s.

ATA: Patent with mild disease and good triphasic waveforms at ankle, PSV 67cm/s.

PTA: Patent with mild disease and good triphasic waveforms at ankle, PSV 104cm/s.

ABPI: The right resting ABPI is within normal limits.

Toe pressure: The right resting toe pressure is within normal limits.

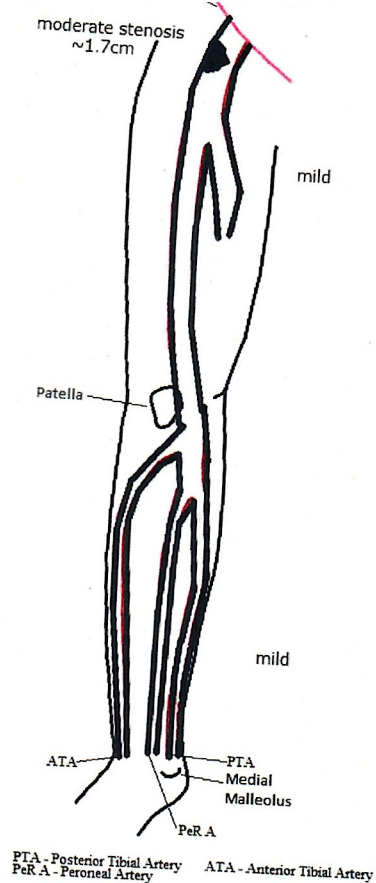


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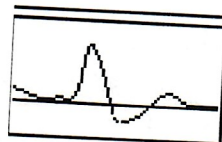
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Outcome

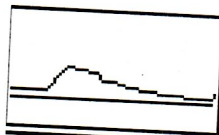
Rest pain, Ulceration
Occlusion, Bowel gas, Significant disease indicated

Right



158 1.00

Good



Reduced



Reduced



Reduced
130 0.82



Reduced

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

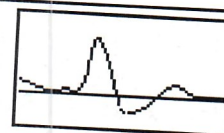
Dorsalis Pedis

Toe Pressure

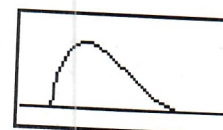
Post Exercise

Left

Good

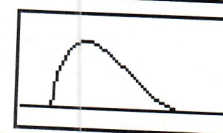


Slightly Reduced



Slightly Reduced

142 0.90



Foot Flex

82 0.52

Foot Flex

130 0.82

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

*Irregular heart rate

AORTA: Patent with mild disease and good triphasic waveforms, PSV 51cm/s. Appears of normal and uniform calibre along length with no evidence of aneurysm or focal dilation, maximum dimensions ITI AP: 1.6cm, LS: 1.7cm.

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RIGHT

CIA: Poorly visualised due to bowel gas, where seen appears patent with mild disease and good triphasic waveforms, PSV 63cm/s.

EIA: Poorly visualised due to bowel gas, where seen appears patent with mild disease and good triphasic waveforms along length, PSV 80-153cm/s.

IIA: Origin appears patent with mild disease and good triphasic waveforms, PSV 101cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 96cm/s.

PFA: Patent at origin with mild disease and good triphasic waveforms, PSV 103cm/s.

SFA: Patent at origin with mild disease and good triphasic waveforms, PSV 102cm/s. Trickle flow identified in the very proximal vessel, PSV 11cm/s. The SFA appears chronically occluded proximally (75cm proximal to the MM) and remains occluded through the adductor canal.

POPA: Appears to reform from a large collateral vessel in the proximal vessel (43cm proximal to the MM) with mild disease and reduced monophasic waveforms, PSV 20cm/s. Distal vessel appears patent with mild disease and reduced monophasic waveforms, PSV 62cm/s. TPT: Patent with origin of three vessel run off identified.

ATA: Patent with mild/moderate diffuse disease and reduced monophasic waveforms along length, PSV 51-42cm/s.

PTA: Patent with mild/moderate diffuse disease and reduced monophasic waveforms in the proximal - distal vessel, PSV 67-48cm/s. Very distal vessel obscured by dressings/ulceration on ankle.

PerA: Patent in the proximal vessel with mild/moderate diffuse disease and reduced monophasic waveforms, PSV 28cm/s. Area of intermittent flow in the mid-distal vessel measuring ~2.7cm in length, ?full patency in this section. Distally vessel appears patent with reduced monophasic waveforms, PSV 24cm/s. Very distal vessel obscured by dressings/ulceration on ankle.

LEFT

CFA: Patent with mild disease and good triphasic waveforms, PSV 167cm/s.

ATA: Patent with mild disease and slightly reduced monophasic waveforms at ankle, PSV 76cm/s.

PTA: Patent with mild disease and slightly reduced monophasic waveforms at ankle, PSV 76cm/s.

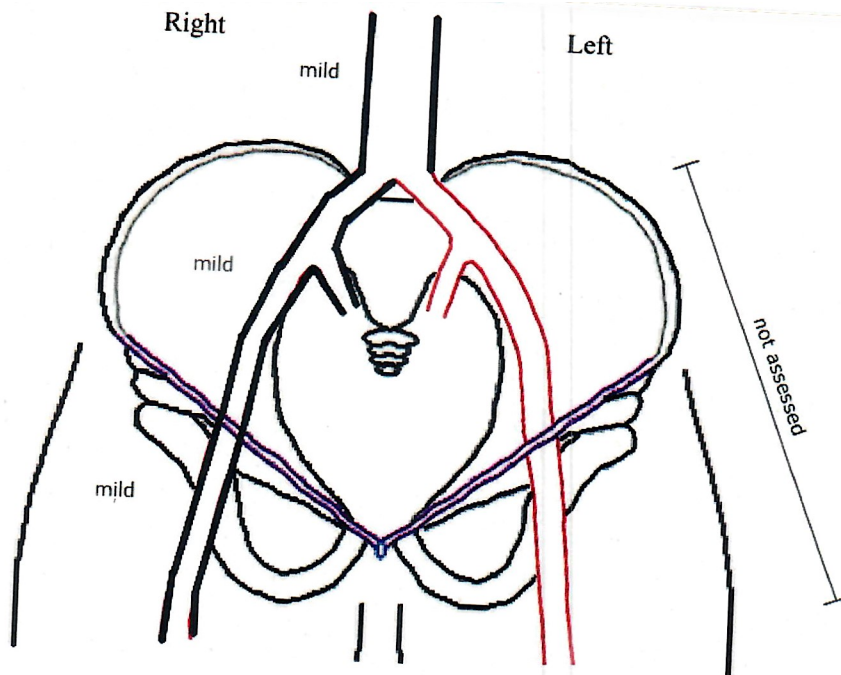
ABPI: Right resting ABPI is within normal limits at rest, and is reduced following a one minute foot-flex exercise challenge. The left resting ABPI is within normal limits and remains so following a one minute foot-flex exercise challenge.

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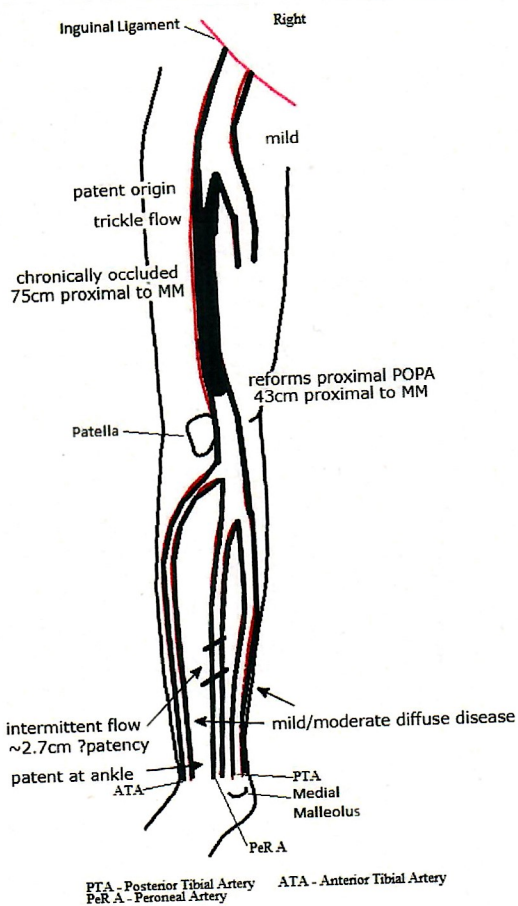


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Outcome

Occlusion, Obscured, Bowel gas, Stenosis Severe, Calcified

Right



Good

Brachial

160

1.00

Left

Common Femoral

Good



High Thigh

Low Thigh

Popliteal

Absent

High Calf

Peroneal

Reduced

Anterior Tibial

Reduced

Posterior Tibial

Reduced

110

0.69

Dorsalis Pedis

Toe Pressure

Post Exercise

Reduced

Reduced

Reduced

Slightly Reduced

90

0.56

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Obscured by bowel gas.

RIGHT

CIA: Obscured by bowel gas.

EIA: Proximal-mid vessel was obscured by bowel gas. Distal vessel appears patent with mild disease with

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... waveforms, PSV 169cm/s.

CFA: Patent with mild calcified disease and good triphasic waveforms, PSV 132cm/s.

PFA: Patent at origin with mild calcified disease and good triphasic waveforms, PSV 182cm/s.

SFA: Patent with mild calcified disease in the proximal vessel with good tri/monophasic waveforms, PSV 87-58cm/s. Vessel becomes occluded in the mid thigh (60cm proximal to MM) and is occluded through the adductor canal.

POPA: Proximal vessel is occluded. Flow reforms in the mid vessel with mild disease and reduced monophasic waveforms in the mid-distal vessel, PSV 20-22cm/s. TPT: Appears patent with mild disease and origin of two vessel run off identified.

ATA: Origin not identified ?occluded. Calcified vessel walls and intermittent flow with weak monophasic waveforms identified in the proximal vessel, PSV 12cm/s. Mid vessel appears occluded. Reforms in the distal vessel (7cm proximal to MM) with reduced monophasic waveforms, PSV 27cm/s.

PTA: Patent along length with calcified vessel walls and slightly reduced hyperaemic monophasic waveforms, PSV 47-37cm/s.

PerA: Patent along length with calcified vessel walls and reduced monophasic waveforms, PSV 27-23cm/s.

LEFT

CIA: Obscured by bowel gas.

EIA: Proximal-mid vessel was obscured by bowel gas. Distal vessel appears patent with mild disease with good biphasic waveforms, PSV 164cm/s.

CFA: Patent with mild calcified disease and good tri/biphasic waveforms, PSV 124cm/s.

PFA: Patent at origin with mild calcified disease and good triphasic waveforms, PSV 187cm/s.

SFA: Patent with mild calcified disease in the proximal vessel with good biphasic waveforms, PSV 85cm/s. Severe focal stenosis identified in the mid thigh (64cm proximal to MM) with velocities increasing from PSV 24cm/s to 118cm/s, falling to slightly reduced monophasic waveforms, PSV 45cm/s. Focal stenosis length ~0.8cm. Vessel becomes occluded in the mid thigh (61cm proximal to MM) and is occluded through the adductor canal.

POPA: Appears occluded along length. TPT: Flow reforms in the TPT with mild disease and origin of two vessel run off identified.

ATA: Origin not identified ?occluded. Calcified vessel walls and intermittent flow with reduced monophasic waveforms identified in the proximal vessel, PSV 24cm/s. Mid vessel appears occluded. Reforms in the distal vessel (8cm proximal to MM) with reduced monophasic waveforms, PSV 21cm/s.

PTA: Proximal vessel appears occluded. Reforms with calcified vessel walls in the distal vessel, with reduced hyperaemic monophasic waveforms, PSV 37cm/s.

PerA: Patent along length with calcified vessel walls and reduced monophasic waveforms, PSV 12-49cm/s.

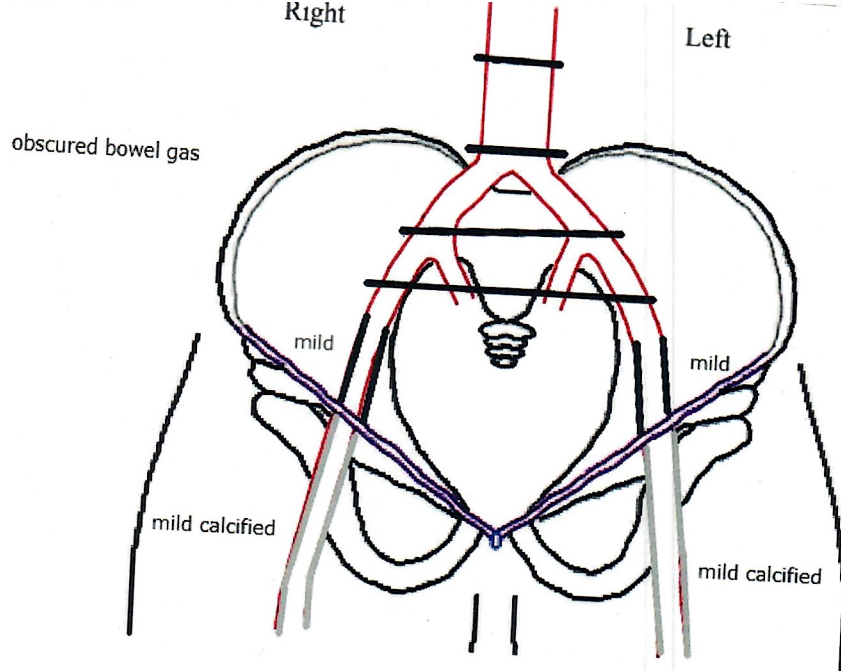
ABPI: Bilateral resting ABPIs are reduced.

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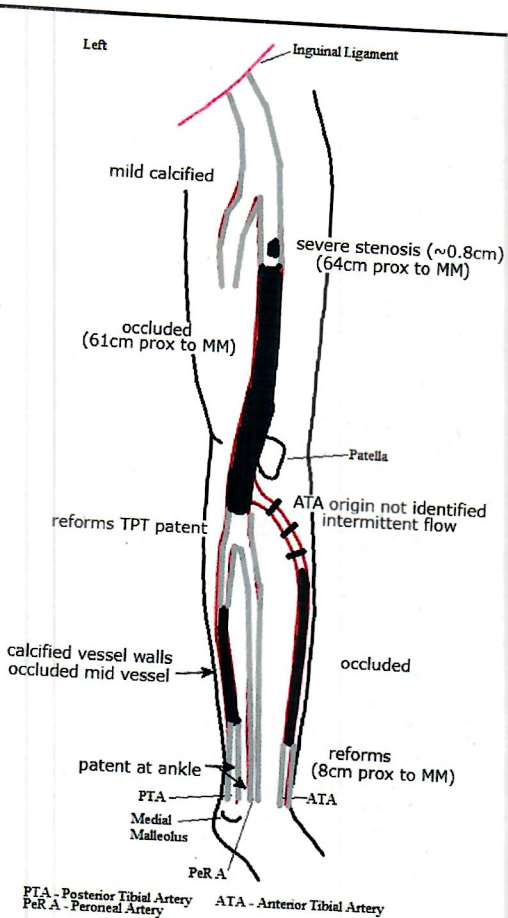
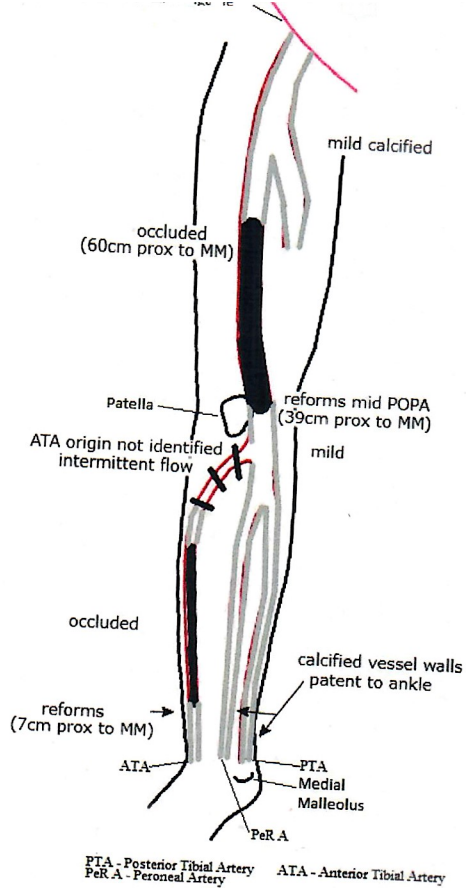


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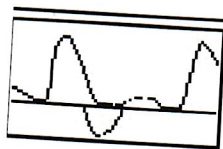
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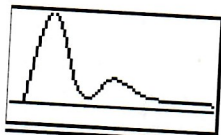
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Outcome

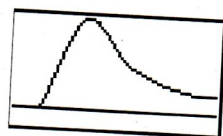
disease mild, Obscured, Bowel gas, Poor images, patient habitus, Oedema

Right

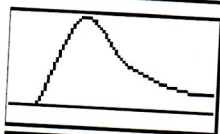
Good



Good



Good



Good

Brachial**Common Femoral****High Thigh****Low Thigh****Popliteal****High Calf****Peroneal****Anterior Tibial****Posterior Tibial****Dorsalis Pedis****Toe Pressure****Post Exercise****Left**

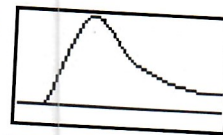
Good



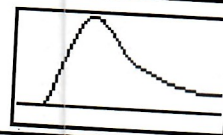
Good



Good



Good

**Notes****BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN**

*South MFT Vascular Outpatient referral performed as inpatient at Stepping Hill Hospital 18/07/2024

**Challenging assessment due to patient habitus, hostile skin, oedema, dressings, ulceration and bandaging on the calf and feet bilaterally - poor images obtained throughout

AORTA: Obscured by bowel gas and patient body habitus

Assessed by

Charlotte Roberts, MCVS

Printed on 23/07/2024 at 3:21 pm

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CIA: Obscured by bowel gas and patient body habitus
EIA: Proximal-mid vessel obscured by bowel gas and patient body habitus. Distal vessel appears patent with mild disease and good triphasic waveforms, PSV 154cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 177cm/s.
PFA: Patent with mild disease at origin and good triphasic waveforms, PSV cm/s.
SFA: Patent with mild disease along length and good tri/monophasic waveforms, PSV 129-101cm/s. Patent through adductor canal.
POPA: Patent with mild disease along length and good bouncy monophasic waveforms, PSV 89-101cm/s.
TPT: Poor views due to depth and oedema but appears patent with origin of at least two vessel run off.
ATA: Very poorly visualised proximally due hostile skin, depth and oedema, appears patent with mild calcified disease and good hyperaemic monophasic waveforms, PSV 194cm/s. Distal vessel obscured by ulceration and bandaging.
PTA: Very poorly visualised proximally due hostile skin, depth and oedema, appears patent with mild calcified disease and good hyperaemic monophasic waveforms, PSV 68cm/s. Distal vessel obscured by ulceration and bandaging.
PerA: Not identified.

LEFT

CIA: Obscured by bowel gas and patient body habitus
EIA: Proximal-mid vessel obscured by bowel gas and patient body habitus. Distal vessel appears patent with mild disease and good monophasic waveforms, PSV 187cm/s.
CFA: Patent with mild disease and good triphasic waveforms, PSV 137cm/s.
PFA: Patent with mild disease at origin and good triphasic waveforms, PSV 58cm/s.
SFA: Patent with mild disease along length and good tri/monophasic waveforms, PSV 125-187cm/s. Patent through adductor canal.
POPA: Patent with mild disease along length and good bouncy monophasic waveforms, PSV 123-100cm/s.
TPT: Poor views due to depth and oedema but appears patent with origin of at least two vessel run off.
ATA: Very poorly visualised proximally due hostile skin, depth and oedema, appears patent with mild calcified disease and good hyperaemic monophasic waveforms, PSV 127cm/s. Distal vessel obscured by ulceration and bandaging.
PTA: Very poorly visualised proximally due hostile skin, depth and oedema, appears patent with mild calcified disease and good hyperaemic monophasic waveforms, PSV 86cm/s. Distal vessel obscured by ulceration and bandaging.
PerA: Not identified.

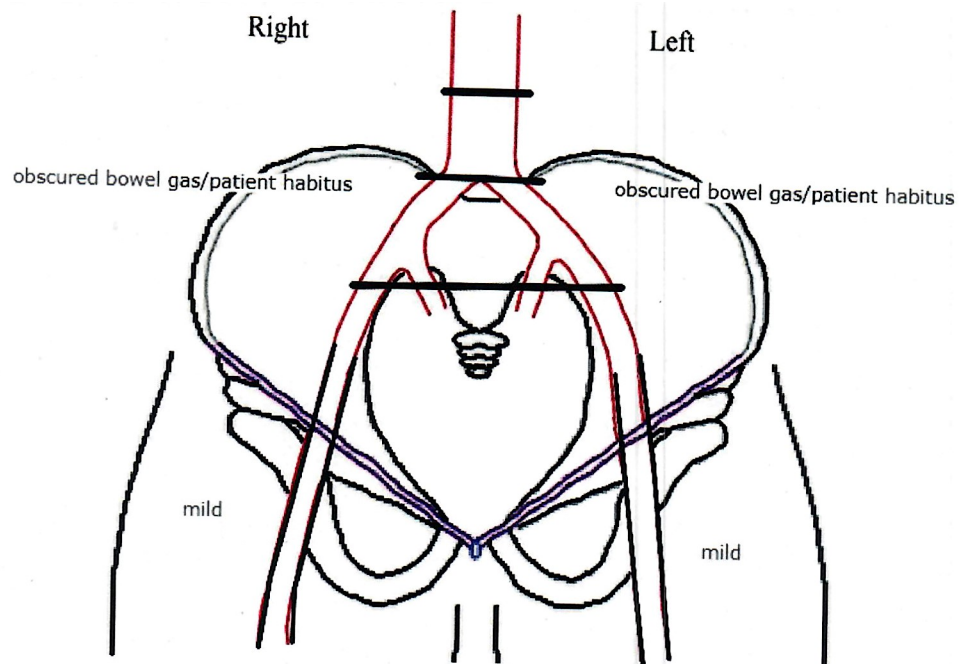
ABPI: Unable to obtain bilateral ABPI due to ulceration and bandaging on the calf and feet bilaterally. Toe pressure machine unavailable.

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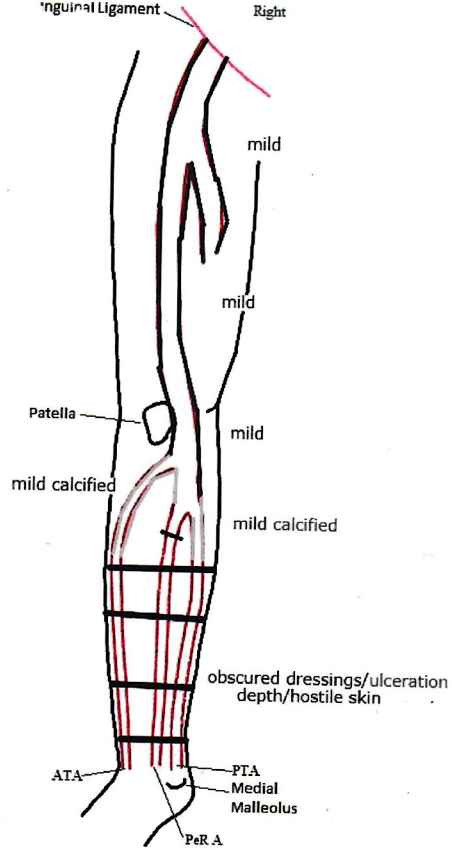


Assessed by Charlotte Roberts, MCVS

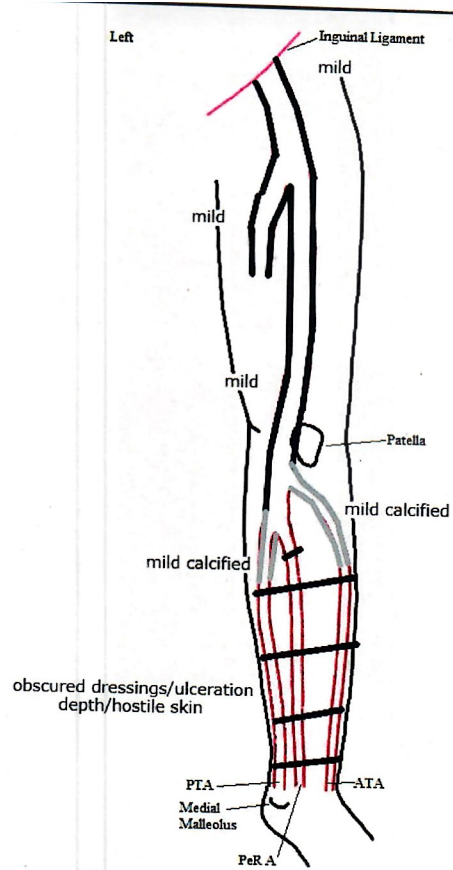
Printed on 23/07/2024 at 3:21 pm

Checked by

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.



PTA - Posterior Tibial Artery
PeR.A - Peroneal Artery
ATA - Anterior Tibial Artery



PTA - Posterior Tibial Artery
PeR.A - Peroneal Artery
ATA - Anterior Tibial Artery

Assessed by Charlotte Roberts, MCVS

Printed on 23/07/2024 at 3:21 pm

Checked by

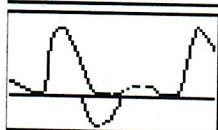
Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason Ulceration
Outcome Occlusion, Obscured, Poor images, Calcified, Calf vessel disease

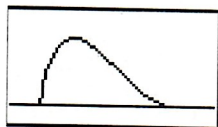
Right

160

1.00



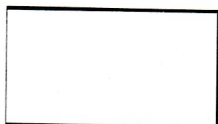
Good



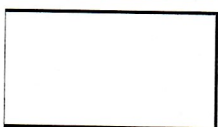
Slightly Reduced



Reduced



Absent



Absent

Weak/Absent

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

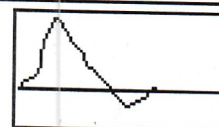
Dorsalis Pedis

Toe Pressure

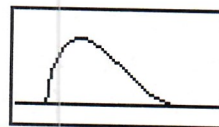
Post Exercise

Left

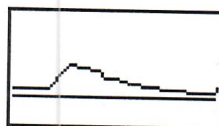
Good



Slightly Reduced



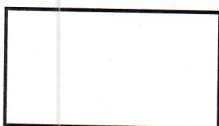
Reduced



Absent



Absent



Reduced

49

0.31

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Appears patent with mild calcified disease and good triphasic waveforms, PSV 30cm/s. Appears of normal and uniform calibre along length with no evidence of aneurysm or focal dilatation, with maximum dimensions ITI AP: 1.7cm, LS: 1.6cm.

RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:23 pm

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CIA: Patent with mild disease and good tri/biphasic waveforms, PSV 80cm/s.

EIA: Proximal-mid vessel obscured by bowel gas. Distal vessel is patent with mild disease and good triphasic waveforms, PSV 78cm/s.

CFA: Patent with mild/moderate calcified disease and good tri/monophasic waveforms, PSV 146cm/s.

PFA: Poor views of the origin due to calcification causing acoustic shadowing, slightly turbulent triphasic waveforms, PSV 162cm/s.

SFA: Poor views of the origin due to calcification causing acoustic shadowing, slightly turbulent monophasic waveforms, PSV 120cm/s. Calcified vessel walls and areas of intermittent flow along length of mid-distal vessel and through adductor canal, with good monophasic waveforms, PSV 86-91cm/s.

POPA: Patent with calcified vessel walls along length and slightly reduced monophasic waveforms, PSV 43-50cm/s. TPT: Patent with origin of one vessel run off identified.

ATA: Calcified vessel walls along length, with intermittent flow and slightly reduced monophasic waveforms proximally, PSV 43cm/s, ?full patency. Appears occluded distally.

PTA: Calcified vessel walls along length, appears occluded in the proximal-mid vessel. Intermittent flow and reduced monophasic waveforms, PSV 42cm/s, ?full patency.

PerA: Poor views of the proximal-mid vessel. Calcified vessel walls and intermittent flow identified at ankle, with reduced monophasic waveforms, PSV 37cm/s, ?full patency.

LEFT

CIA: Patent with mild disease and good triphasic waveforms, PSV 43cm/s.

EIA: Proximal-mid vessel obscured by bowel gas. Distal vessel is patent with mild disease and good triphasic waveforms, PSV 110cm/s.

CFA: Patent with mild calcified disease and good biphasic waveforms, PSV 132cm/s.

PFA: Patent with mild calcified disease and good biphasic waveforms at origin, PSV 148cm/s.

SFA: Patent with mild calcified in the proximal vessel and good biphasic waveforms, PSV 48cm/s. Appears occluded in the mid thigh (55cm proximal to the MM) and appears to reform from a collateral vessel (51cm proximal to MM) with reduced monophasic waveforms and mild/moderate diffuse calcified disease, PSV 30cm/s. Calcified vessel walls and areas of intermittent flow in the distal vessel and through adductor canal, with slightly reduced monophasic waveforms, PSV 33-55cm/s.

POPA: Patent with calcified vessel walls along length and slightly reduced monophasic waveforms, PSV 50-43cm/s. TPT: Not identified due to poor images and poor mobility.

ATA: Calcified vessel walls along length, with intermittent flow and slightly reduced monophasic waveforms in the proximal-mid vessel, PSV 51-20cm/s, ?full patency. Appears occluded distally.

PTA: Calcified vessel walls along length, appears occluded at ankle.

PerA: Calcified vessel walls along length, with intermittent flow and slightly reduced monophasic waveforms proximally, PSV 37cm/s, ?full patency. Appears occluded distally.

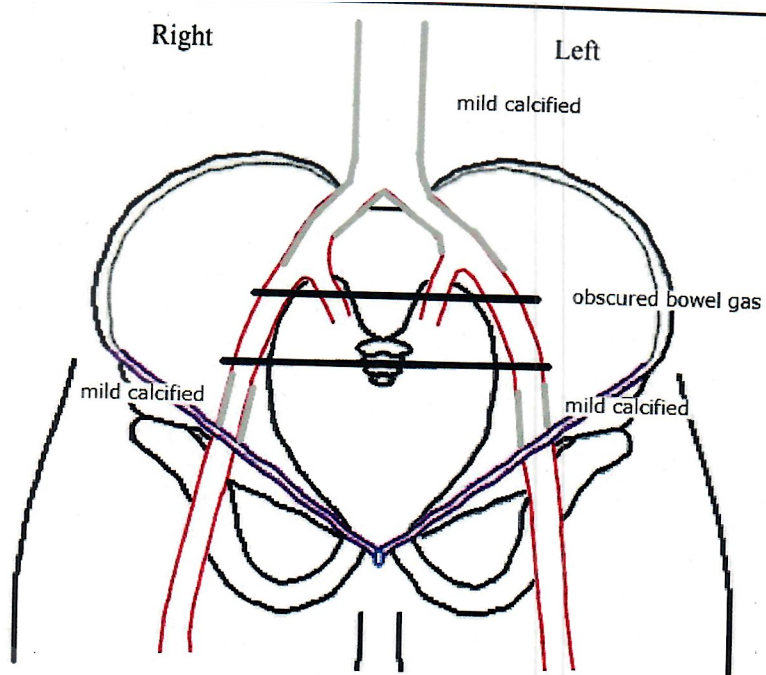
ABPI: Unable to obtain accurate bilateral resting ABPIs due to absence/weakness of pedal signals.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:23 pm

Checked by _____

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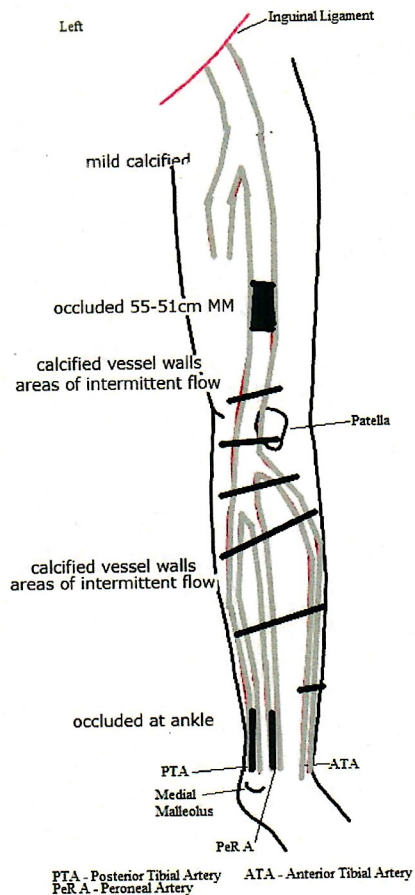
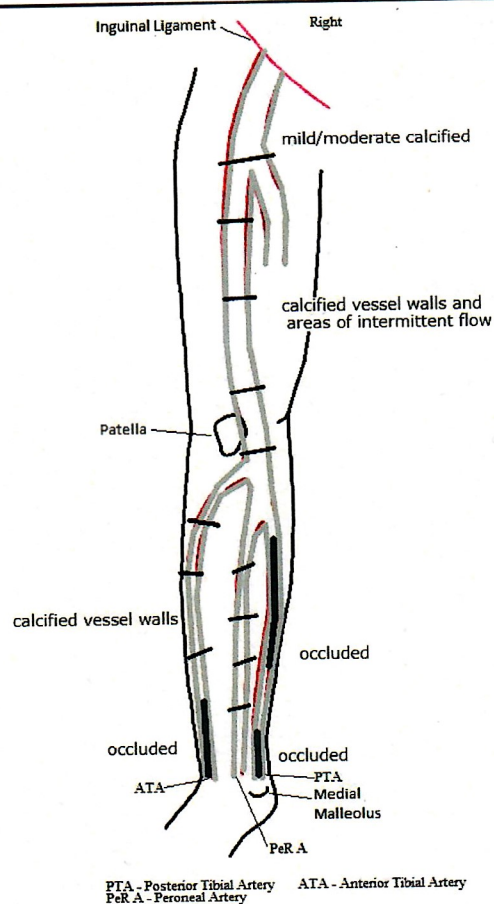


Assessed by Charlotte Roberts, MCVS

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Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:23 pm

Checked by _____

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Reason

Routine

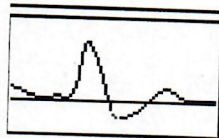
Outcome

disease mild, Obscured, Bowel gas, Calcified

Right

160

1.00



Good

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

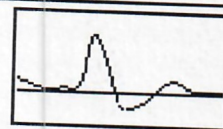
Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

Left

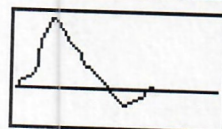
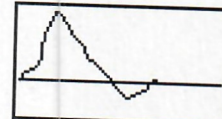


Good

Good

172

1.08



Foot Flex

178

1.11

Foot Flex

176

1.10

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent with calcified vessel walls and good triphasic waveforms, PSV 85cm/s. Appears of normal and uniform calibre along length, with maximum dimensions ITI AP: 1.4cm, LS: 1.3cm.

RIGHT

CIA: Obscured by bowel gas

Assessed by

Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:23 pm

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EIA: Proximal-mid vessel obscured by bowel gas. Distal vessel appears patent with mild calcified disease and good triphasic waveforms, PSV 133cm/s.

CFA: Patent with mild calcified disease and good triphasic waveforms, PSV 140cm/s. No aneurysm or significant arterial abnormality identified in the right groin at this time.

PFA: Patent with mild calcified disease and good triphasic waveforms at origin, PSV 60cm/s.

SFA: Patent with calcified vessel walls and good tri/biphasic waveforms along length, PSV 76-109cm/s.

Appears patent through adductor canal.

POPA: Patent with mild disease and good biphasic waveforms along length, PSV 41-65cm/s. TPT: Patent with mild disease and origin of three vessel run off identified.

ATA: Patent with mild disease and good biphasic waveforms along length, PSV 69-47cm/s.

PTA: Patent with mild disease and good biphasic waveforms along length, PSV 65-122cm/s.

PerA: Patent with mild disease and good biphasic waveforms along length, PSV 57-95cm/s.

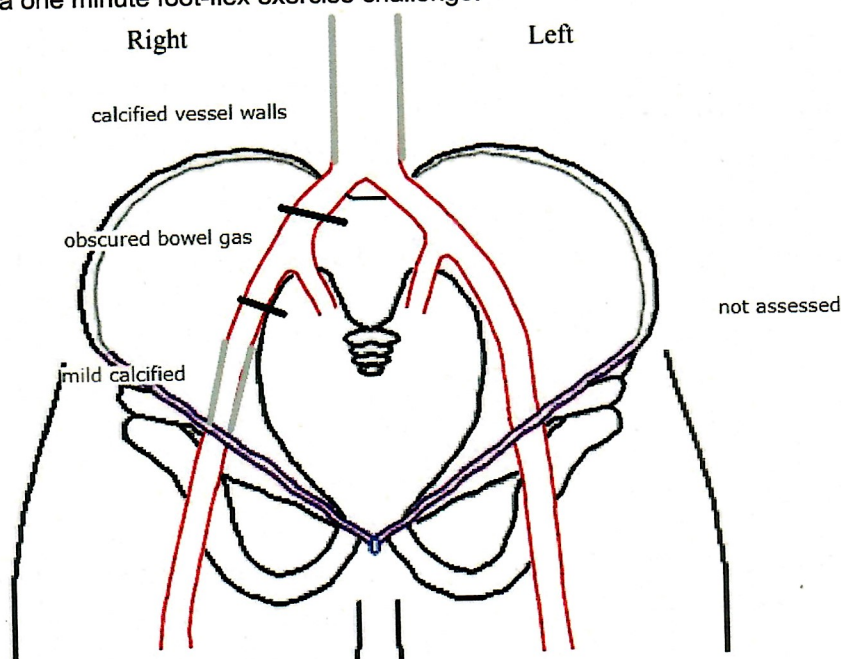
LEFT:

CFA: Patent with mild disease and good tri/biphasic waveforms, PSV 87cm/s.

ATA: Patent with mild disease and good biphasic waveforms at ankle, PSV 53cm/s.

PTA: Patent with mild disease and good biphasic waveforms at ankle, PSV 78cm/s.

ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute foot-flex exercise challenge.

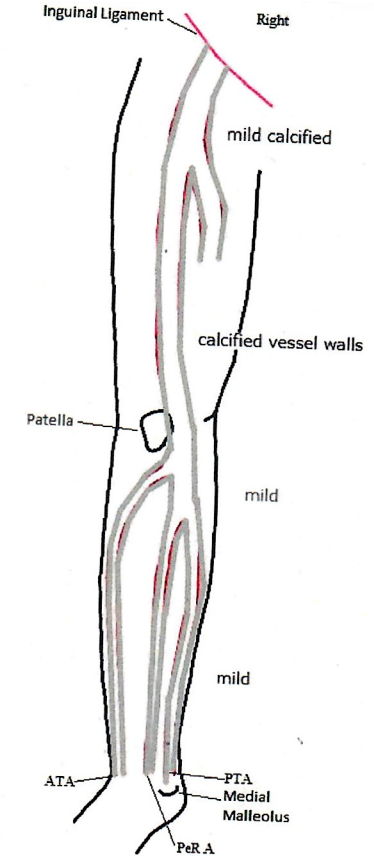


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:23 pm

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PTA - Posterior Tibial Artery ATA - Anterior Tibial Artery
PeR A - Peroneal Artery

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:23 pm

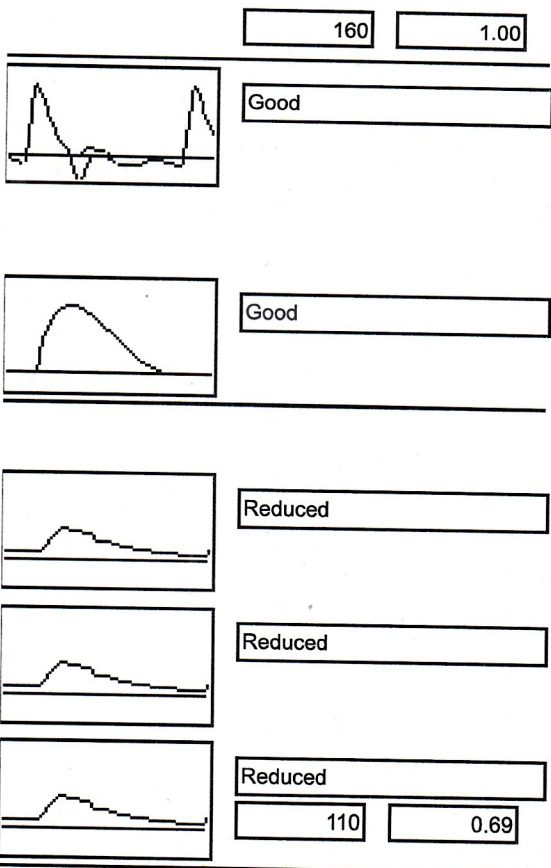
Checked by

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Reason Routine
Outcome Stenosis Severe, Calcified

Right



Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

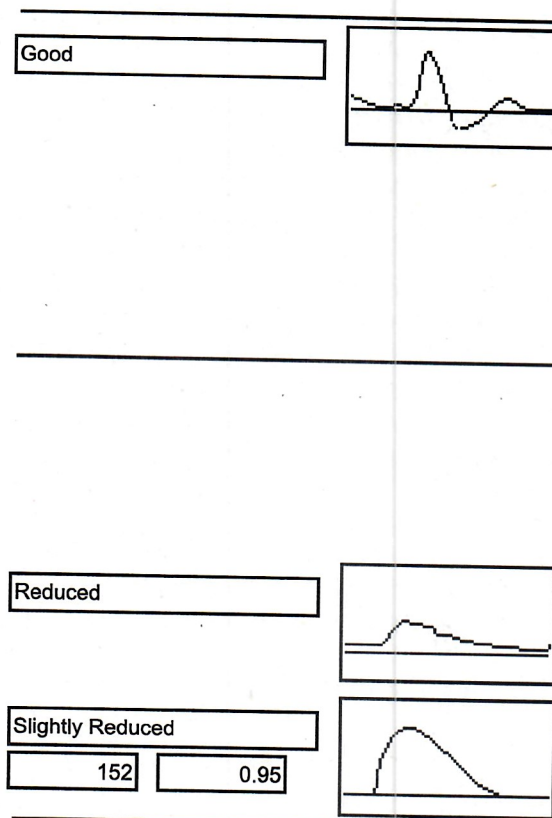
Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

Left



Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent with mild calcified disease and is ectatic (maximum dimensions OTO AP: 2.6cm, LS: 2.5cm). Good biphasic waveforms, PSV 66cm/s.

RIGHT

CIA: Patent with mild calcified disease and good biphasic waveforms, PSV 62cm/s.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:34 pm

Checked by

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IIA: Patent with mild disease at origin, good triphasic waveforms, PSV 89cm/s.

EIA: Patent with mild calcified disease in the proximal vessel, good triphasic waveforms, PSV 120cm/s.

Patent with mild/moderate diffuse calcified disease in the mid-distal vessel and good tri/monophasic waveforms, PSV 156 - 109cm/s.

CFA: Patent with mild calcified disease and good tri/monophasic waveforms, PSV 110cm/s.

PFA: Patent with mild disease at origin, good triphasic waveforms, PSV 110cm/s.

SFA: Patent with mild/moderate calcified disease in the proximal vessel, PSV 69cm/s. Severe focal stenosis identified in the mid vessel (53cm proximal to MM) with velocities increasing from PSV 125cm/s to 474cm/s, falling to PSV 157cm/s distally. Focal stenosis length ~0.6cm. Mild/moderate diffuse disease identified in the distal vessel, with good monophasic waveforms, PSV 120cm/s. Appears patent through adductor canal.

POPA: Patent with mild disease and slightly reduced monophasic waveforms along length, PSV 57-36cm/s.

TPT: Patent with mild disease and origin of three vessel run off identified.

ATA: Patent with mild calcified disease along length, slightly reduced monophasic waveforms in the proximal vessel, PSV 46cm/s and reduced monophasic waveforms in the distal vessel, PSV 30cm/s.

PTA: Patent with mild calcified disease along length, slightly reduced monophasic waveforms in the proximal vessel, PSV 38cm/s and reduced monophasic waveforms in the distal vessel, PSV 18cm/s.

PerA: Patent with mild calcified disease along length and reduced monophasic waveforms along length, PSV 40-32cm/s.

LEFT:

CFA: Patent with mild disease and good triphasic waveforms, PSV 187cm/s.

ATA: Patent with mild calcified disease and reduced monophasic waveforms at ankle, PSV 17cm/s.

PTA: Patent with mild calcified disease and slightly reduced monophasic waveforms at ankle, PSV 37cm/s.

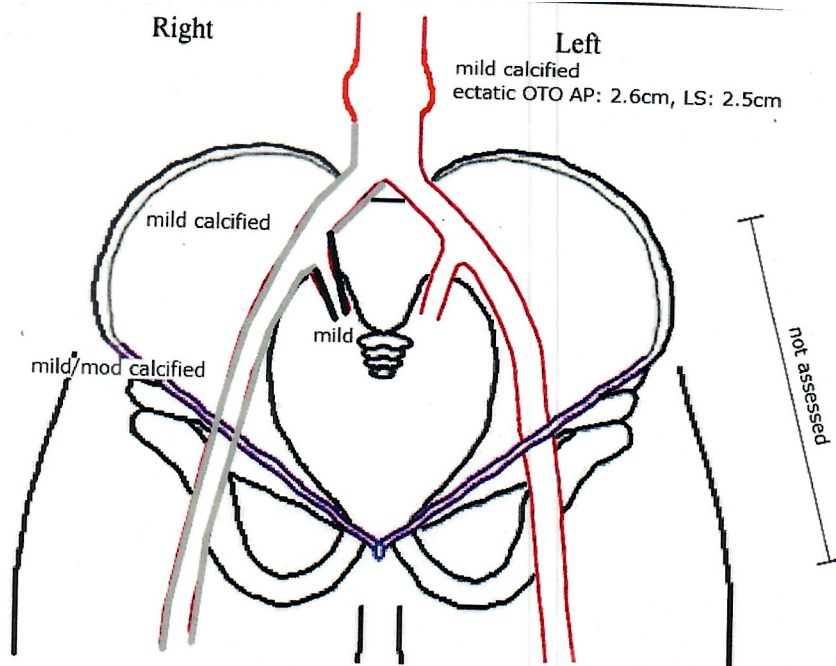
ABPI: Right resting ABPI is reduced. Left resting ABPI is within normal limits.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:34 pm

Checked by _____

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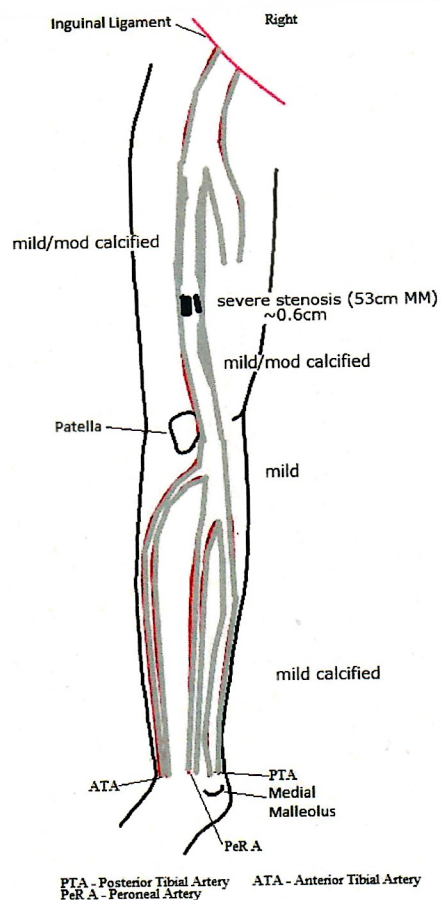


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:34 pm

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Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:34 pm

Checked by _____

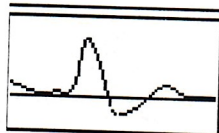
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Reason Graft vein fem-pop
Outcome graft patent

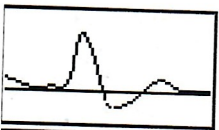
Right

130

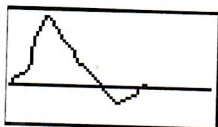
1.00



Good



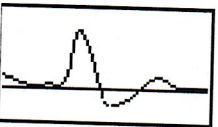
Good



Good



Good



Good

140

1.08

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

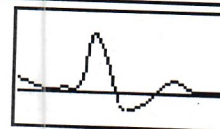
Dorsalis Pedis

Toe Pressure

Post Exercise

Left

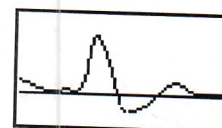
Good



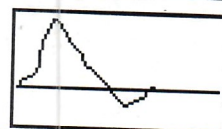
Good

120

0.92



Good



Notes

RIGHT POST OPERATIVE FEMORO-POPLITEAL BYPASS VEIN)

RIGHT

CFA: Patent with mild disease and good triphasic waveforms, PSV 104cm/s.

PFA: Patent with mild disease at origin with good triphasic waveforms, PSV 118cm/s.

SFA: Patent in the proximal vessel with good biphasic waveforms, PSV 65cm/s.

Assessed by

Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:47 pm

Checked by

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GRAFT

Proximal anastomosis to the common femoral artery appears patent with good triphasic waveforms, PSV 69cm/s.

Graft appears patent along its length with no evidence of focal stenosis, 123cm/s to 107cm/s, good bi/triphasic waveforms.

Distal anastomosis to the proximal popliteal appears patent with slightly turbulent triphasic waveforms, PSV 121cm/s.

PopA: Mild/moderate disease with good triphasic waveforms, PSV 42-56cm/s. TPT: Patent with origin of a 3 vessel run-off noted.

ATA/PTA: Patent along length with good triphasic waveforms, PSV 71-78cm/s.

PeroA: Good biphasic waveforms at the ankle, PSV 49cm/s.

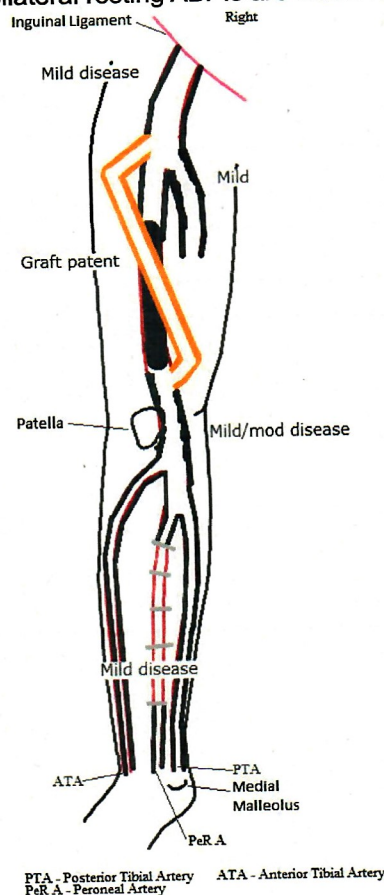
LEFT

CFA: Mild calcified disease. Good triphasic waveforms, PSV 96cm/s.

ATA: Good triphasic waveforms at the ankle, 74cm/s.

PTA: Good biphasic waveforms at the ankle, PSV 36cm/s.

APBI: Bilateral resting ABPIs are within normal limits.



Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:47 pm

Checked by

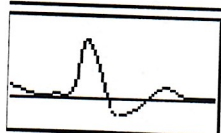
Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason Claudication
Outcome Occlusion, Bowel gas, Poor images, Calcified

Right

132

1.00



Good

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

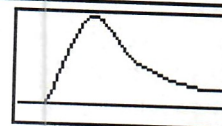
Dorsalis Pedis

Toe Pressure

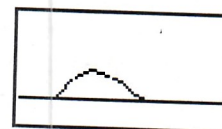
Post Exercise

Left

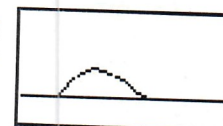
Good



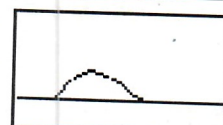
Reduced



Reduced



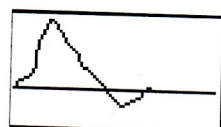
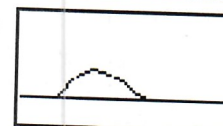
Reduced



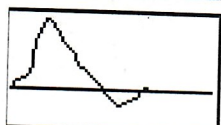
Reduced

80

0.61



Good



Good

98

0.74

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Poor views due to bowel gas, appears patent where seen with mild calcified disease, good triphasic waveforms, PSV 74cm/s. Appears of normal and uniform calibre along length with no aneurysm or focal dilation identified, maximum dimensions ITI AP: 1.8cm, LS: 1.7cm.

LEFT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:31 pm

Checked by

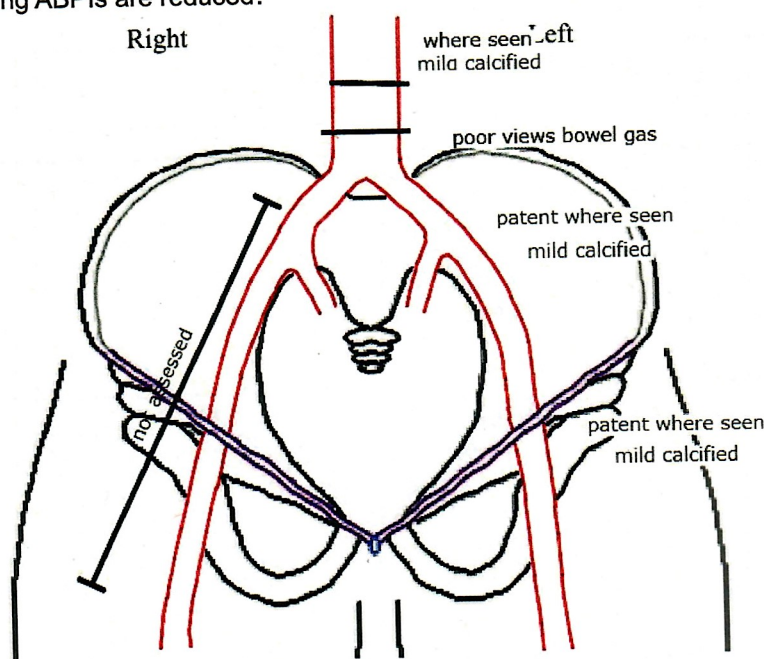
Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

CIA: Patent where seen with mild calcified disease and good triphasic waveforms, PSV 96cm/s.
 EIA: Patent where seen with mild calcified disease, good tri/monophasic waveforms, PSV 80-190cm/s.
 CFA: Appears patent proximally with moderate heavily calcified disease, good monophasic waveforms, PSV 134cm/s. Distal vessel is obscured due to calcification.
 PFA: Origin obscured, where seen turbulent monophasic waveforms noted in proximal vessel, ?significant stenosis with raised velocities obtained distal to the obscured region PSV 435cm/s falling to PSV 114cm/s.
 SFA: Appears occluded from the origin. Vessel remains occluded until mid vessel (57cm proximal to MM) where some intermittent flow is identified, reduced monophasic waveforms, PSV 45-34cm/s, vessel appears heavily calcified with moderate/severe disease becoming milder in distal vessel, reduced monophasic waveforms, PSV 23cm/s. Vessel appears patent through the adductor canal.
 POPA and TPT: Patent with mild calcified disease, reduced monophasic waveforms, PSV 28-31cm/s. Origins of 2 vessel run off noted.
 ATA: Patent along length with mild calcified disease, hyperaemic monophasic waveforms identified in the proximal vessel, PSV 46cm/s, reduced monophasic waveforms identified in the distal vessel, PSV 10cm/s.
 PTA: Vessel appears patent along length with mild calcified disease and reduced monophasic waveforms, PSV 33-19cm/s.
 PerA: Proximal-mid vessel not identified. Distal vessel appears patent with mild calcified disease and reduced monophasic waveforms, PSV 14cm/s. ?full patency

RIGHT

CFA: Patent with mild disease and slightly turbulent triphasic waveforms identified, PSV 225cm/s. Distal vessel appears of large calibre, maximum AP= 1.45cm, ?due to intervention.
 PTA and ATA: Patent with mild disease and good biphasic waveforms, PSV 23-31cm/s.

ABPI: Bilateral resting ABPIs are reduced.

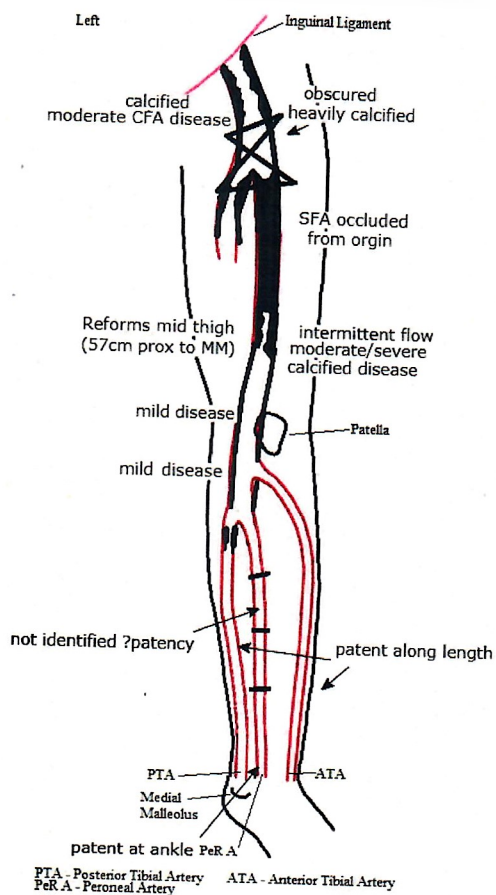


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:31 pm

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.



Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:31 pm

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Reason

Claudication

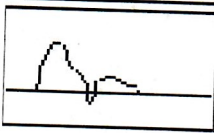
Outcome

Stenosis Severe, Calcified

Right

126

1.00



Good

Brachial

Common Femoral

Good

Left

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

Foot Flex

126

1.00

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent with mild disease and good triphasic waveforms, PSV 82cm/s. Appears of normal and uniform calibre along length, with no evidence of focal dilation, maximum dimensions ITI AP: 1.4cm, LS: 1.5cm.

RIGHT

Assessed by

Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:29 pm

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

CIA: Widely patent with good triphasic waveforms, PSV 91cm/s.
EIA: Patent with mild disease and good triphasic waveforms along length, PSV 70-111cm/s.
IIA: Patent with mild disease at origin, with good triphasic waveforms, PSV 147cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 116cm/s.
PFA: Patent with mild disease and good biphasic waveforms, PSV 54cm/s.
SFA: Patent with mild disease and good tri/biphasic waveforms PSV 76-46cm/s. Patent through adductor canal.

POPA: Severe stenosis identified in the POPA (49cm MM) with velocities increasing from PSV 73cm/s to 348cm/s, falling to PSV 63cm/s distal to stenosis. Stenosis length ~2.3cm. Mild disease with slightly reduced monophasic waveforms identified distally, PSV 40cm/s. TPT: Patent with two vessel run off identified.

ATA: Patent with mild disease and slightly reduced monophasic waveforms along length, PSV 33-22cm/s.

PTA: Patent in the proximal vessel with slightly reduced monophasic waveforms, PSV 22cm/s. Intermittent flow and calcified disease identified in the mid vessel, ?patency. Poor views distally ?patency ?small calibre.

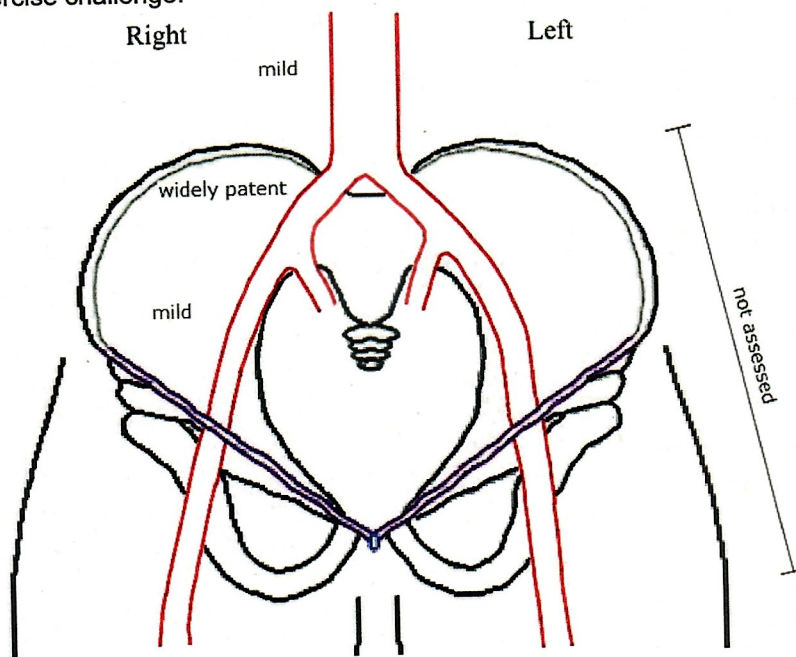
PerA: Intermittent flow with calcified disease identified along length, weak monophasic waveforms, PSV 23-20cm/s.

LEFT

CFA: Patent with mild disease and good triphasic waveforms, PSV 113cm/s.

ATA: Patent with mild disease and good triphasic waveforms at ankle, PSV 39cm/s.

ABPI: Right resting ABPI is reduced. Left resting ABPI is within normal limits and remains so following a one minute foot-flex exercise challenge.

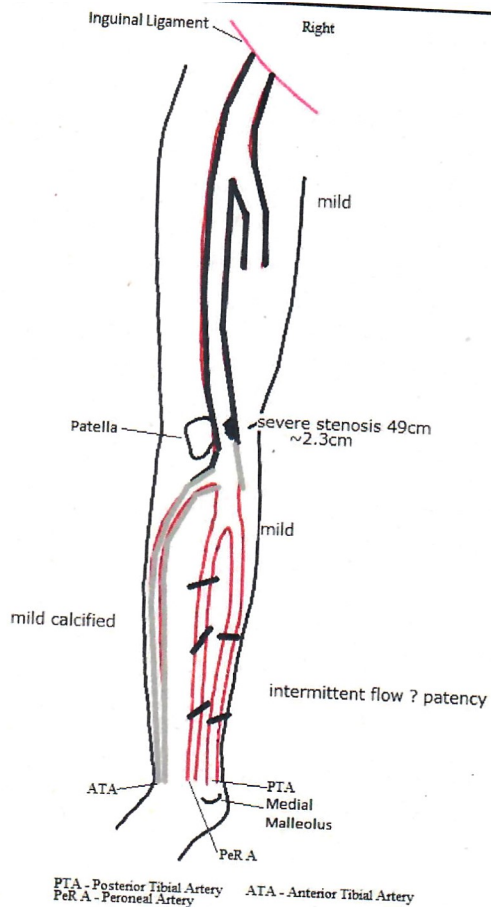


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:29 pm

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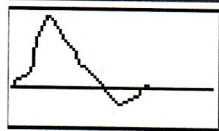
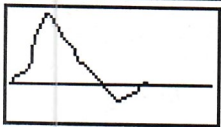
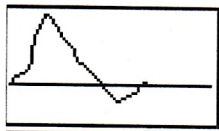

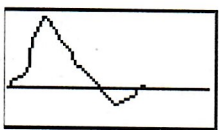
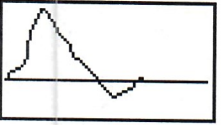
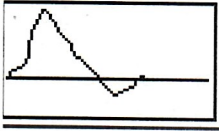
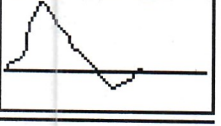




Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:29 pm

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Reason: Claudication
Outcome: Obscured, Bowel gas, Poor images, Stenosis Moderate

Right		Left
<div>1281.00</div> <div></div> <div>Good</div>	Brachial	<div></div> <div></div> <div></div>
<div></div> <div></div> <div>Good</div>	Common Femoral	<div>Good</div> <div></div>
	High Thigh	
	Low Thigh	
<div></div> <div></div> <div>Good</div>	Popliteal	<div>Good</div> <div></div>
<div></div> <div></div> <div>Good</div>	Peroneal	<div>Good</div> <div></div>
<div></div> <div></div> <div>Good</div>	Anterior Tibial	<div>Good</div> <div></div>
<div></div> <div></div> <div>Good</div>	Posterior Tibial	<div>Good</div> <div></div>
	Dorsalis Pedis	
	Toe Pressure	
<div>Foot Flex</div> <div>1341.05</div>	Post Exercise	<div>Foot Flex</div> <div>920.72</div>

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Poor views due to bowel gas, appears patent with mild calcified disease and of normal and uniform calibre, ITI AP: 1.7cm, LS: 1.5cm.

RIGHT

CFA: Patent with mild disease and good biphasic waveforms, PSV 165cm/s.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:26 pm

Checked by

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

POPA: Patent with mild disease and good biphasic waveforms, PSV 93cm/s.
ATA: Patent with mild disease and good biphasic waveforms at ankle, PSV 76cm/s.
PTA: Patent with mild disease and good biphasic waveforms at ankle, PSV 149cm/s.

LEFT

CIA: Patent with mild calcified disease and good triphasic waveforms, PSV 81cm/s.
EIA: Proximal-mid vessel obscured by bowel gas. Distal vessel with good biphasic waveforms, PSV 109cm/s.

CFA: Patent with mild calcified disease and good biphasic waveforms, PSV 140cm/s.
PFA: Origin obscured by calcification. Turbulent tri/monophasic waveforms identified just distal to origin, which appears mildly diseased, PSV 303cm/s.
SFA: Patent with mild disease in the proximal-mid vessel, good biphasic waveforms PSV 154-98cm/s.
Patent with mild calcified disease in the distal vessel and good biphasic waveforms, PSV 101cm/s. Appears patent through adductor canal.
POPA: Moderate focal stenosis identified in the mid vessel, with velocities increasing from PSV 129cm/s to PSV 291cm/s, falling to PSV 123cm/s distal to stenosis. Focal stenosis length ~1cm. TPT: Patent with origin of at least two vessel run off identified.
ATA: Patent with mild disease and good biphasic waveforms along length, PSV 113 - 84cm/s.
PTA: Patent with mild disease and good biphasic waveforms along length, PSV 112 - 106cm/s.
PerA: Patent at ankle with good biphasic waveforms, PSV 95cm/s.

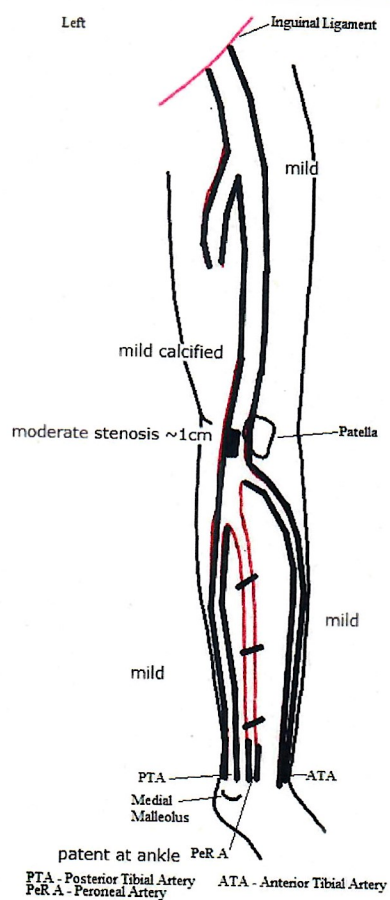
ABPI: Bilateral resting ABPIs are within normal limits. No significant reduction in the right systolic ankle pressure observed following a one minute exercise challenge. Left ABPI is reduced following one minute foot-flex exercise challenge.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:26 pm

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Reason Ulceration
Outcome Aneurysm, Occlusion, Stenosis Moderate, Calcified

Right



Good

Brachial

116

1.00

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Slightly Reduced

High Calf

Peroneal

Reduced

Anterior Tibial

Reduced

Posterior Tibial

Reduced

64

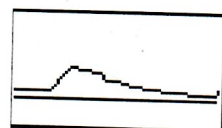
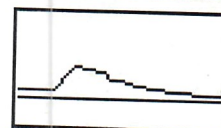
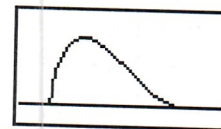
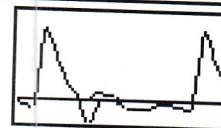
0.55

Dorsalis Pedis

Toe Pressure

Post Exercise

Left



Reduced

66

0.57

Absent

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Appears aneurysmal, with maximum dimensions ITI AP: 4.1cm, LS: 4.2cm, OTO AP: 4.5cm, LS: 4.5cm. Mixed and dense plaque identified within the AAA lumen, forming a less than 40% stenosis. Slightly turbulent triphasic waveforms, PSV 62cm/s.

LEFT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:25 pm

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

CIA: Patent with mild disease and good triphasic waveforms, PSV 127cm/s.
EIA: Patent with mild disease and good triphasic waveforms, PSV 144-202cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 158cm/s.

PFA: Patent at origin with mild disease and good triphasic waveforms, PSV 211cm/s.

SFA: Patent in the proximal vessel with mild/moderate diffuse calcified disease and good triphasic waveforms, PSV 101-86cm/s. Appears occluded in the mid vessel (64cm MM) and reforms distally (56cm MM) with mild/moderate diffuse calcified disease and turbulent monophasic waveforms, PSV 62cm/s. Appears patent through adductor canal with mild/moderate diffuse calcified disease, and hyperaemic monophasic waveforms, PSV 35cm/s.

POPA: Patent with mild/moderate disease and hyperaemic monophasic waveforms along, length, PSV 44-89cm/s. TPT: Patent with mild/moderate disease and hyperaemic monophasic waveforms, PSV 101cm/s. Origin of three vessel run off identified.

ATA: Patent with mild disease proximally, hyperaemic monophasic waveforms, PSV 92cm/s. Moderate stenosis identified in the proximal vessel (24cm MM) with velocities increasing from PSV 51cm/s to 141cm/s, falling to PSV 42cm/s distal to stenosis. Focal stenosis length ~1.4cm. Reduced monophasic waveforms identified at ankle, PSV 16cm/s.

PTA: Calcified vessel walls and intermittent flow identified in the proximal to mid vessel, with reduced monophasic waveforms identified at ankle, PSV 31cm/s, ?full patency.

PerA: Poorly visualised, reduced monophasic waveforms at ankle, PSV 33cm/s, ?full patency.

RIGHT

CFA: Good tri/monophasic waveforms, PSV 188cm/s.

ATA: Hyperaemic monophasic waveforms at ankle, PSV 38cm/s.

PTA: Appears occluded at ankle.

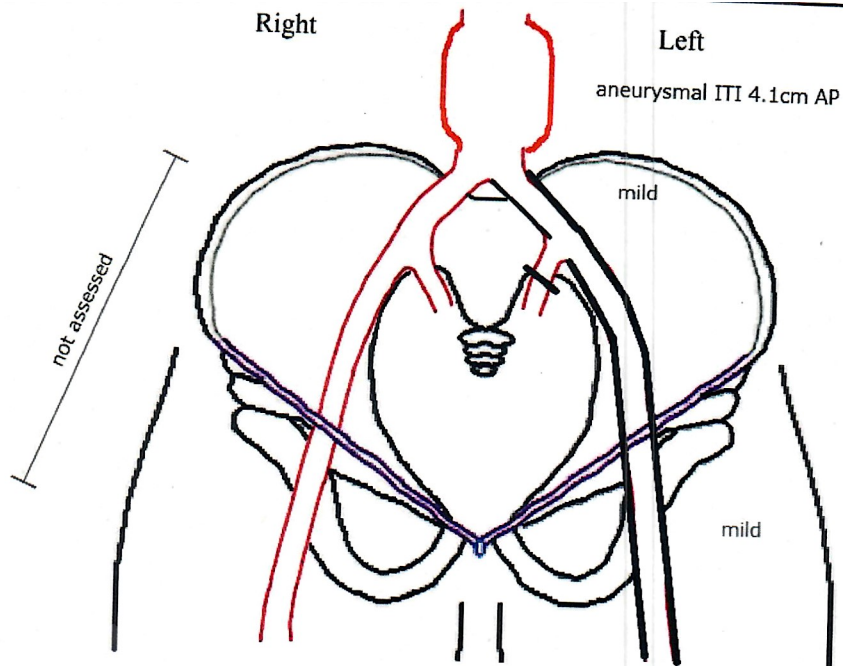
ABPI: Bilateral resting ABPIs are reduced.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:25 pm

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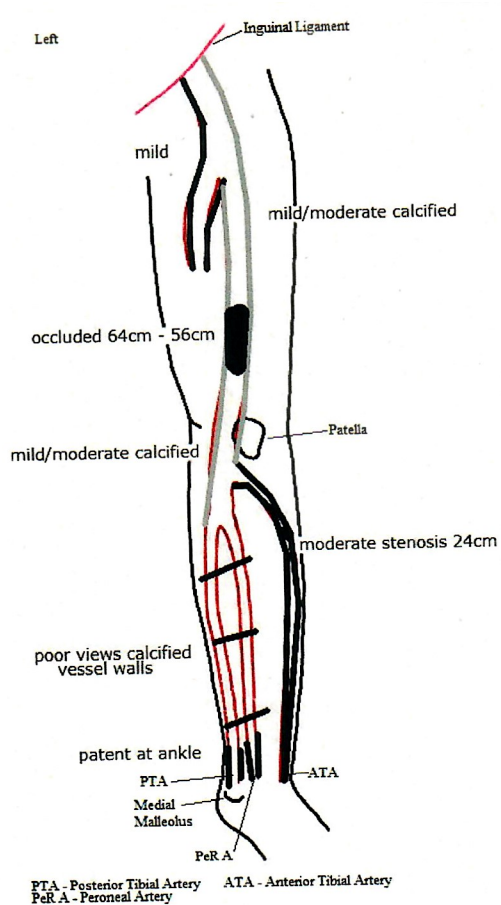


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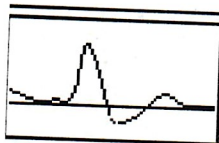
Outcome

Graft vein fem-pop
disease mild, Calcified, graft patent

Right

178

1.00



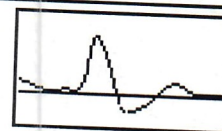
Good

Brachial

Common Femoral

Good

Left



High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Slightly Reduced

Reduced

Slightly Reduced

Slightly Reduced

150

0.84

Anterior Tibial

Slightly Reduced

Posterior Tibial

Reduced

Dorsalis Pedis

Toe Pressure

Post Exercise

Notes

RIGHT POST OPERATIVE FEMORO-POPLITEAL BYPASS (VEIN)
*Previous right CFA endarterectomy

RIGHT

CFA: Patent with mild disease, slightly turbulent triphasic waveforms, PSV 151cm/s.

PFA: Patent with mild calcified disease at origin, good tri/biphasic waveforms, PSV 122cm/s.

Assessed by

Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:48 pm

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GRAFT

PROX ANAST: Patent with slightly turbulent monophasic waveforms, PSV 184cm/s.

GRAFT BODY: Graft appears patent along length. Slightly reduced monophasic waveforms identified in the proximal vessel, PSV 124cm/s. Velocity change noted in the mid vessel (60cm MM), PSV 98cm/s to 298cm/s, falling to PSV 116cm/s distally, no focal stenosis identified in greyscale imaging ?due to remnant valve site. Distal vessel appears patent with slightly reduced monophasic waveforms, PSV 121cm/s.

DISTAL ANAST: Patent with slightly reduced monophasic waveforms, PSV 121cm/s.

POPA: Patent with mild disease along length with slightly reduced monophasic waveforms, PSV 77-95cm/s. TPT: Appears patent with mild disease and origin of two vessel run off identified.

ATA: Patent with mild calcified disease along length, with slightly reduced monophasic waveforms, PSV 77-55cm/s.

PTA: Patent with mild calcified disease along length, with slightly reduced monophasic waveforms, PSV 110-106cm/s.

PeroA: Poor views with intermittent flow and calcified vessel walls at ankle, reduced monophasic waveforms at ankle, PSV 34cm/s, ?full patency.

LEFT

CFA: Patent with mild calcified disease, good triphasic waveforms, PSV 148cm/s.

ATA: Patent with slightly reduced monophasic waveforms at ankle, PSV 61cm/s.

PTA: Intermittent flow and reduced monophasic waveforms at ankle, PSV 23cm/s.

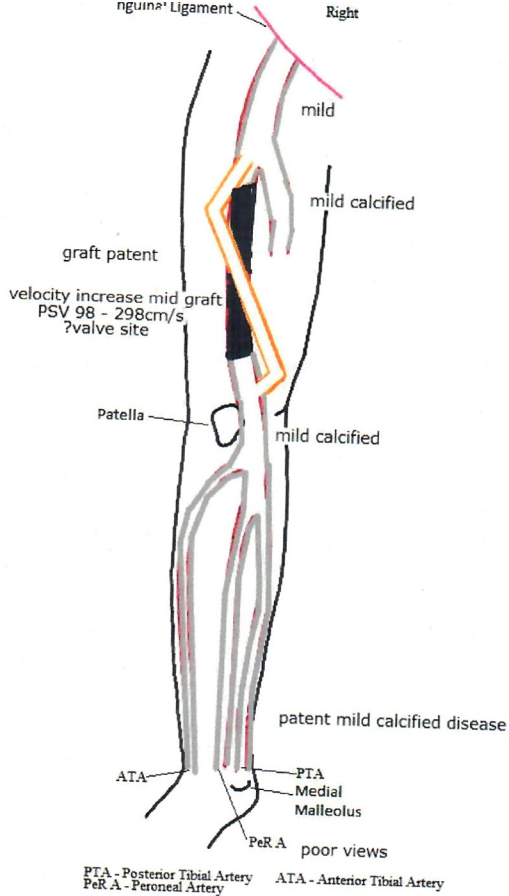
ABPI: Right resting ABPI is within normal limits.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:48 pm

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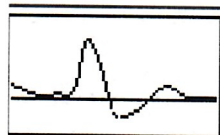
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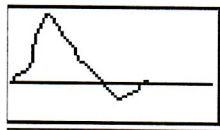
Reason
Claudication, Stent

Outcome
Obscured, Poor images, Stenosis Severe, Calcified

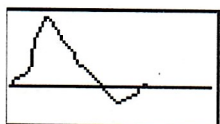
Right



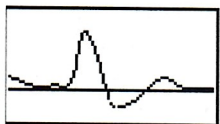
Good



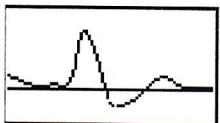
Good



Good



Good



Good

160

1.16

Brachial

138

1.00

Common Femoral

Turbulent

High Thigh

Low Thigh

Popliteal

Reduced

High Calf

Peroneal

Weak

Anterior Tibial

Reduced

Posterior Tibial

Slightly Reduced

128

0.93

Dorsalis Pedis

Toe Pressure

Foot Flex

168

1.22

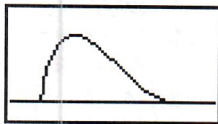
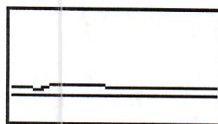
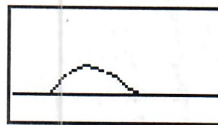
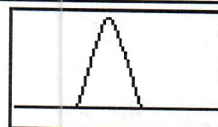
Post Exercise

Foot Flex

100

0.72

Left



Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

*Rt iliac stent

AORTA: Appears aneurysmal, with maximum dimensions OTO AP: 5.4cm, LS: 5.4cm. Mural thrombus identified within the AAA lumen, forming a 60-70% reduction in luminal diameter. Good biphasic waveforms, PSV 77cm/s.

Assessed by
Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:10 pm

Checked by

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RIGHT

CIA: Obscured by bowel gas.

EIA: Obscured by bowel gas. Very distal vessel appears patent with mild disease and good triphasic waveforms, PSV 128cm/s.

CFA: Severe stenosis identified with dense and calcified disease, measuring ~2.3cm in length. No raised velocities identified, with good triphasic waveforms, PSV 171cm/s, however stenosis appears significant in greyscale imaging.

PFA: Appears patent with mild disease and slightly turbulent biphasic waveforms at origin, PSV 222cm/s.

SFA: Appears patent with mild disease in the proximal vessel with slightly turbulent triphasic waveforms, PSV 205cm/s. Appears patent with mild disease along length, good tri/biphasic waveforms, PSV 96-66cm/s. Appears patent through adductor canal.

POPA: Patent with mild disease and good biphasic waveforms, PSV 56-50cm/s. TPT: Appears patent with mild disease and origin of three vessel run off identified.

ATA: Patent along length with mild disease and good tri/biphasic waveforms, PSV 55-50cm/s.

PTA: Patent along length with calcified vessel walls and good tri/biphasic waveforms, PSV 72-51cm/s.

PerA: Poorly visualised with calcified vessel walls and intermittent flow, good biphasic waveforms at ankle, PSV 27cm/s, ?full patency.

LEFT

CIA: Obscured by bowel gas.

EIA: Obscured by bowel gas. Very distal vessel appears patent with mild disease and tri/monophasic waveforms, PSV 67cm/s.

CFA: Severe stenosis identified with dense and calcified disease, measuring ~4.1cm, extending to the bifurcation. Velocities increase from PSV 56cm/s to 524cm/s.

PFA: Patent with mild disease and reduced monophasic waveforms at origin, PSV 37cm/s.

SFA: Patent with mild disease and slightly turbulent monophasic waveforms proximally, PSV 92cm/s.

Patent with mild disease in the mid vessel, slightly reduced monophasic waveforms, PSV 51cm/s.

Moderate diffuse, calcified disease identified in the distal vessel, with intermittent flow obscuring short sections, PSV 49-64cm/s. Appears patent with mild/moderate calcified disease through the adductor canal.

POPA: Patent with mild disease and reduced monophasic waveforms, PSV 25cm/s. TPT: Patent with mild disease and origin of at least two vessel run off identified.

ATA: Patent with calcified vessel walls and reduced monophasic waveforms along length, PSV 21-24cm/s.

PTA: Patent with calcified vessel walls and slightly reduced monophasic waveforms along length, PSV 55-33cm/s.

PerA: Poorly visualised with calcified vessel walls and intermittent flow, weak monophasic waveforms at ankle, PSV 22cm/s, ?full patency.

ABPI: Bilateral resting ABPIs are within normal limits. No significant reduction in right ABPI following a one minute exercise challenge. Left ABPI is reduced following one-minute exercise challenge.

Suggest alternative imaging.

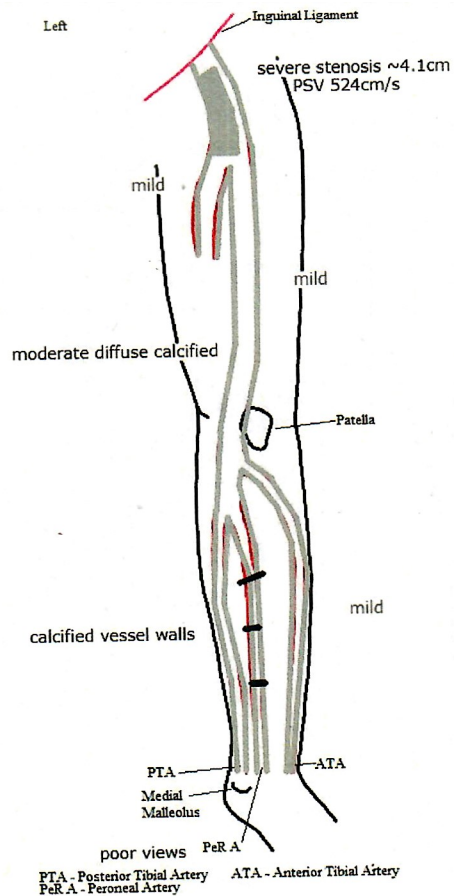
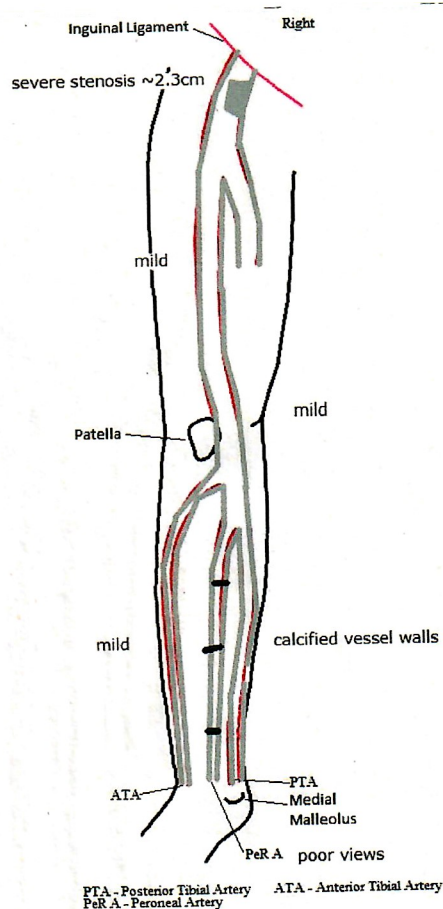
Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:10 pm

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Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:10 pm

Checked by

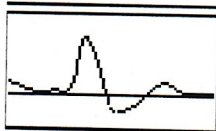
Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Outcome

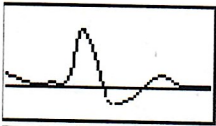
Bowel gas, Poor images, Calcified, Calf vessel disease

Right

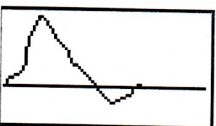
144 1.00



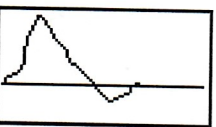
Good



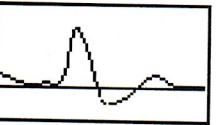
Good



Good



Good 162 1.13



Good

125 0.87

160 1.11

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

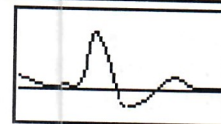
Dorsalis Pedis

Toe Pressure

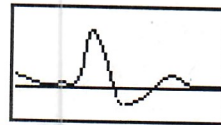
Post Exercise

Left

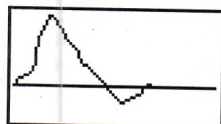
Good



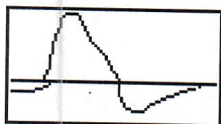
Good



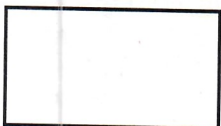
Good



Good 168 1.17



Absent



95 0.66

138 0.96

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent with mild disease and good triphasic waveforms, PSV cm/s. Appears of normal and uniform calibre, with no evidence of focal dilation or aneurysm identified, maximum dimensions ITI AP: 1.9cm, LS: 1.9cm.

RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:09 pm

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Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

CIA: Poor views due to bowel gas, where seen appears patent with mild disease and good biphasic waveforms, PSV 67cm/s.
EIA: Poor views of the proximal to mid vessel. Appears patent distally with mild disease and good triphasic waveforms, PSV 101cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 111cm/s.
PFA: Patent with mild disease at origin, with good tri/biphasic waveforms, PSV 61cm/s.
SFA: Patent with mild disease along length, good biphasic waveforms, PSV 73-58cm/s. Appears patent through adductor canal.
POPA: Patent with mild disease and good tri/biphasic waveforms, PSV 60-37cm/s. TPT: Patent with mild calcified disease and origin of at least two vessel run off.
ATA: Calcified vessel walls but appears patent along length, good biphasic waveforms, PSV 118-55cm/s.
PTA: Calcified vessel walls with intermittent flow and good triphasic waveforms, PSV 121-20cm/s, ?full patency.
PerA: Calcified vessel walls but appears patent along length, good biphasic waveforms, PSV 32-34cm/s.

LEFT

CIA: Poor views due to bowel gas, where seen appears patent with mild disease and good triphasic waveforms, PSV 116cm/s.
EIA: Poor views of the proximal to mid vessel. Appears patent distally with mild disease and good triphasic waveforms, PSV 100cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 91cm/s.
PFA: Patent with mild disease at origin, with good biphasic waveforms, PSV 46cm/s.
SFA: Patent with mild disease along length, good triphasic waveforms, PSV 86-49cm/s. Appears patent through adductor canal.
POPA: Patent with mild disease and good tri/biphasic waveforms, PSV 72-49cm/s. TPT: Patent with mild calcified disease and origin of at least two vessel run off.
ATA: Calcified vessel walls along length. Severe stenosis identified in the proximal vessel, PSV 265cms/s, falling to PSV 56cm/s. Good biphasic waveforms identified at ankle, PSV 39cm/s.
PTA: Calcified vessel walls and intermittent flow with good biphasic waveforms in the proximal-mid vessel, PSV 38cm/s, ?full patency. Distal vessel appears occluded.
PerA: Calcified vessel walls but appears patent along length, good biphasic waveforms, PSV 55-38cm/s.

ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute exercise challenge.

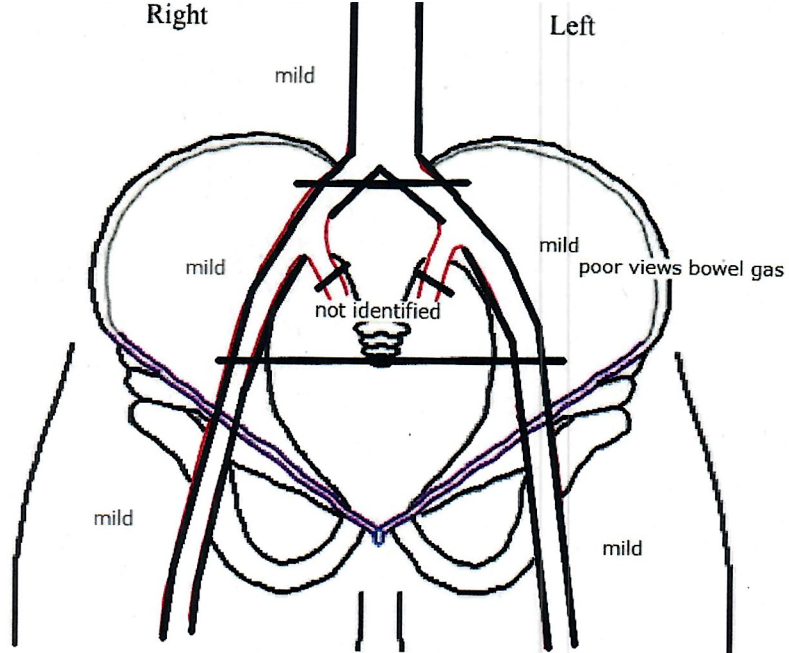
Toe Pressure: Bilateral resting toe pressures are within normal limits.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:09 pm

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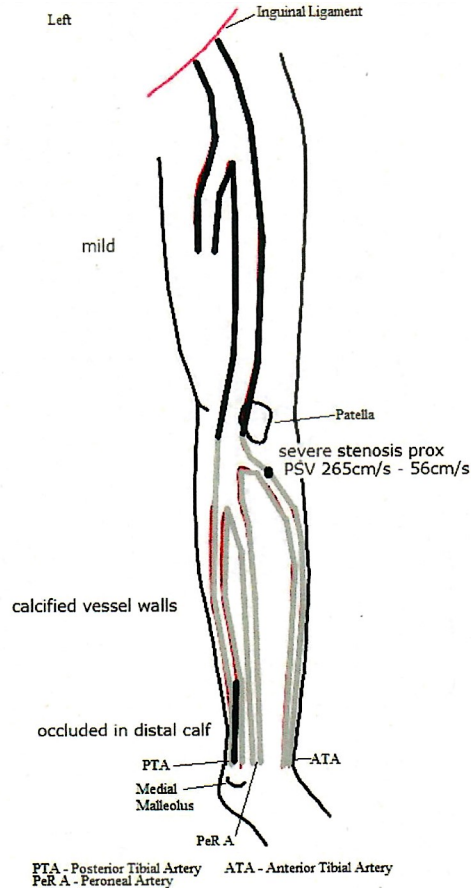
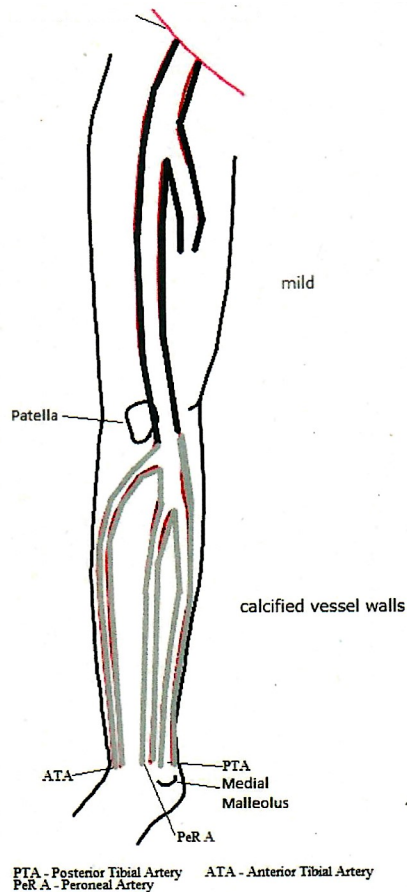


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:09 pm

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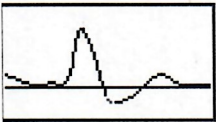
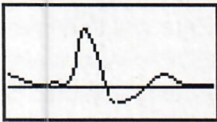
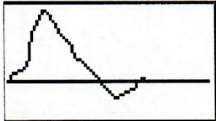
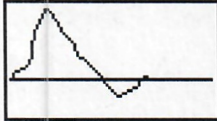
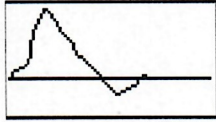
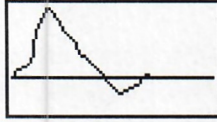

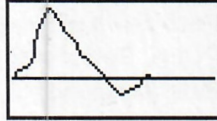
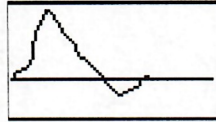
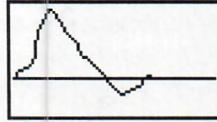


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:09 pm

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Right			Left	
		Brachial	142	1.00
	Good	Common Femoral	Good	
		High Thigh		
		Low Thigh		
	Good	Popliteal	Good	
		High Calf		
	Good	Peroneal	Good	
	Good	Anterior Tibial	Good	
	Good 156 1.10	Posterior Tibial	Good 162 1.14	
		Dorsalis Pedis		
		Toe Pressure		
Foot Flex 152 1.07		Post Exercise	Foot Flex 158 1.11	

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Patent with minimal mild disease and good triphasic waveforms, PSV 83cm/s. Appears of normal and uniform calibre along length, with no evidence of focal dilation. Maximum dimensions ITI AP: 1.4cm, LS: 1.4cm.

RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:04 pm

Checked by

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

EIA: Proximal-mid vessel obscured by bowel gas, minimal mild disease and good triphasic waveforms identified in the distal vessel, PSV 150cm/s.

CFA: Patent with minimal mild disease and good triphasic waveforms, PSV 111cm/s.

PFA: Patent with minimal mild disease at origin, good triphasic waveforms, PSV 94cm/s.

SFA: Patent with minimal mild disease along length, with good tri/biphasic waveforms, PSV 92-84cm/s. Patent with minimal mild disease through the adductor canal.

POPA: Patent with minimal mild disease in the proximal vessel, good biphasic waveforms, PSV 81cm/s.

Patent with mild calcified disease in the distal vessel, good biphasic waveforms, PSV 81cm/s. TPT: Patent with origin of two vessel run off identified.

ATA: Patent with mild calcified disease and good tri/biphasic waveforms along length, PSV 66-81cm/s.

PTA: Patent with mild calcified disease and good biphasic waveforms along length, PSV 56-72cm/s.

PerA: Patent with mild calcified disease and good biphasic waveforms along length, PSV 49-50cm/s.

LEFT

CIA: Patent with minimal mild disease and good triphasic waveforms, PSV 89cm/s.

EIA: Proximal-mid vessel obscured by bowel gas, minimal mild disease and good triphasic waveforms identified in the distal vessel, PSV 143cm/s.

CFA: Patent with minimal mild disease and good triphasic waveforms, PSV 134cm/s.

PFA: Patent with minimal mild disease at origin, good triphasic waveforms, PSV 99cm/s.

SFA: Patent with minimal mild disease along length, with good tri/biphasic waveforms, PSV 89-75cm/s. Patent with minimal mild disease through the adductor canal.

POPA: Patent with minimal mild disease in the proximal vessel, good biphasic waveforms, PSV 63cm/s.

Patent with mild calcified disease in the distal vessel, good biphasic waveforms, PSV 74cm/s. TPT: Patent with origin of two vessel run off identified.

ATA: Patent with mild calcified disease and good tri/biphasic waveforms along length, PSV 76-72cm/s.

PTA: Patent with mild calcified disease and good biphasic waveforms along length, PSV 51-72cm/s.

PerA: Patent with mild calcified disease and good biphasic waveforms along length, PSV 48-62cm/s.

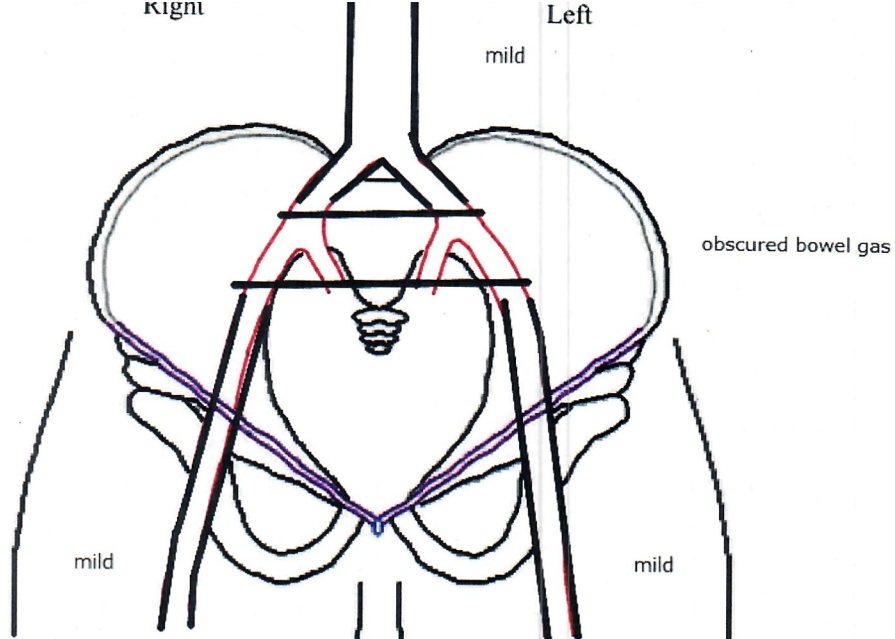
ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute exercise challenge.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:04 pm

Checked by _____

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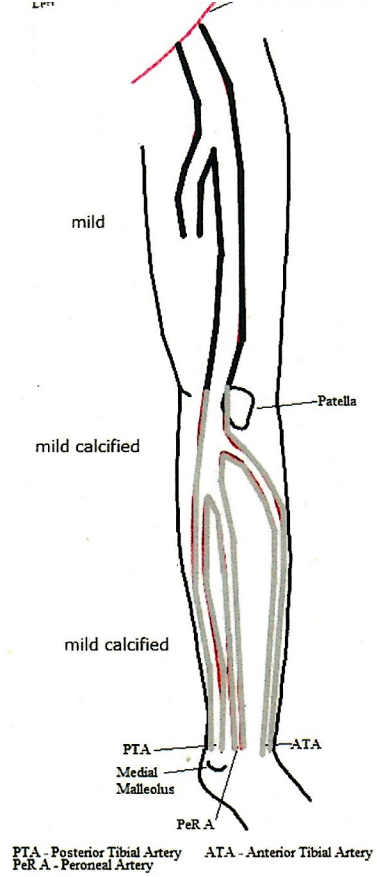
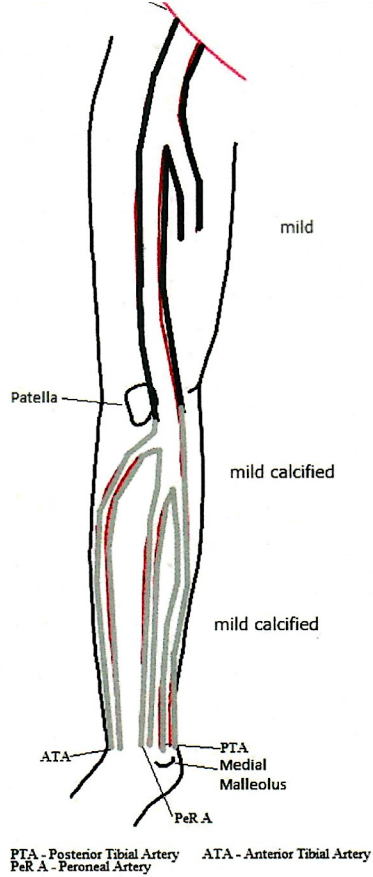


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:04 pm

Checked by _____

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Assessed by Charlotte Roberts, MCVS

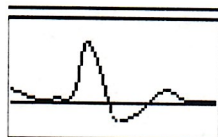
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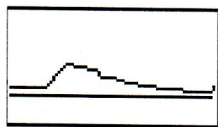
Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Reason Claudication
Outcome Occlusion, Obscured, Bowel gas, Calcified, Significant disease indicated

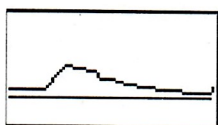
Right



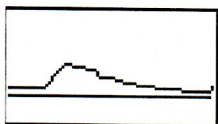
Good



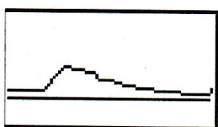
Reduced



Reduced



Reduced



Reduced

90

0.75

Brachial

120

1.00

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Reduced

High Calf

Peroneal

Reduced

Anterior Tibial

Reduced

Posterior Tibial

Reduced

84

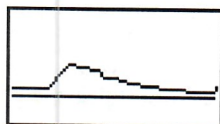
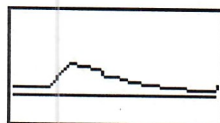
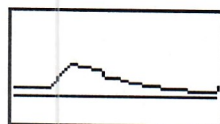
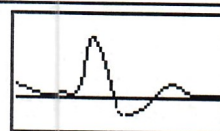
0.70

Dorsalis Pedis

Toe Pressure

Post Exercise

Left



Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Proximal-mid vessel appears patent with minimal mild calcified disease and good triphasic waveforms, PSV 41cm/s. Distal vessel was obscured by bowel gas. Where seen appears of normal and uniform calibre, maximum dimensions ITI AP: 2.0cm, LS: 1.9cm.

RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:45 pm

Checked by

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

CIA: Obscured by bowel gas.

EIA: Proximal-mid vessel is obscured by bowel gas. Distal vessel appears patent with mild calcified disease and good triphasic waveforms, PSV 127cm/s.

CFA: Patent with mild disease and good triphasic waveforms, PSV 129cm/s.

PFA: Patent at origin with mild calcified disease and good triphasic waveforms, PSV 147cm/s.

SFA: Patent with mild/moderate calcified disease in the proximal vessel with good monophasic waveforms, PSV 95cm/s, becoming a small channel of flow with slightly reduced monophasic waveforms, PSV 42cm/s, to the mid vessel. The SFA then appears to become occluded with mixed, dense and calcified disease (67cm to 55cm MM), with no flow identified. Flow reforms in the distal vessel (55cm) which appears moderate diffuse diseased with slightly reduced monophasic waveforms, PSV 44cm/s through the adductor canal.

POPA: Patent with mild/moderate calcified disease in the proximal vessel with reduced monophasic waveforms, PSV 31cm/s. Patent with mild disease in the distal vessel with reduced monophasic waveforms, PSV 36cm/s. TPT: Appears patent with mild/moderate calcified disease and origin of two vessel run off identified.

ATA: Patent along length with mild calcified disease and reduced monophasic waveforms, PSV 53-27cm/s.

PTA: Patent along length with mild calcified disease and reduced monophasic waveforms, PSV 28-31cm/s.

PerA: Patent along length with mild calcified disease and reduced monophasic waveforms, PSV 25-29cm/s.

LEFT

CIA: Obscured by bowel gas.

EIA: Proximal-mid vessel is obscured by bowel gas. Distal vessel appears patent with mild calcified disease and good triphasic waveforms, PSV 116cm/s.

CFA: Patent with mild/moderate disease and good triphasic waveforms, PSV 139cm/s.

PFA: Patent at origin with mild calcified disease and good triphasic waveforms, PSV 101cm/s.

SFA: Appears occluded from origin with mixed, dense and calcified disease to the mid thigh, where a small channel of flow appears to reform (63cm), with reduced monophasic waveforms, PSV 25cm/s, moderate diffuse and calcified disease identified in the distal vessel with reduced monophasic waveforms, PSV 35cm/s.

POPA: Patent with mild/moderate calcified disease in the proximal vessel with reduced monophasic waveforms, PSV 28cm/s. Patent with mild disease in the distal vessel with reduced monophasic waveforms, PSV 33cm/s. TPT: Appears patent with mild calcified disease and origin of two vessel run off identified.

ATA: Patent along length with mild calcified disease and reduced monophasic waveforms, PSV 36-27cm/s.

PTA: Patent along length with mild calcified disease and reduced monophasic waveforms, PSV 27-30cm/s.

PerA: Patent along length with mild calcified disease and reduced monophasic waveforms, PSV 19-21cm/s.

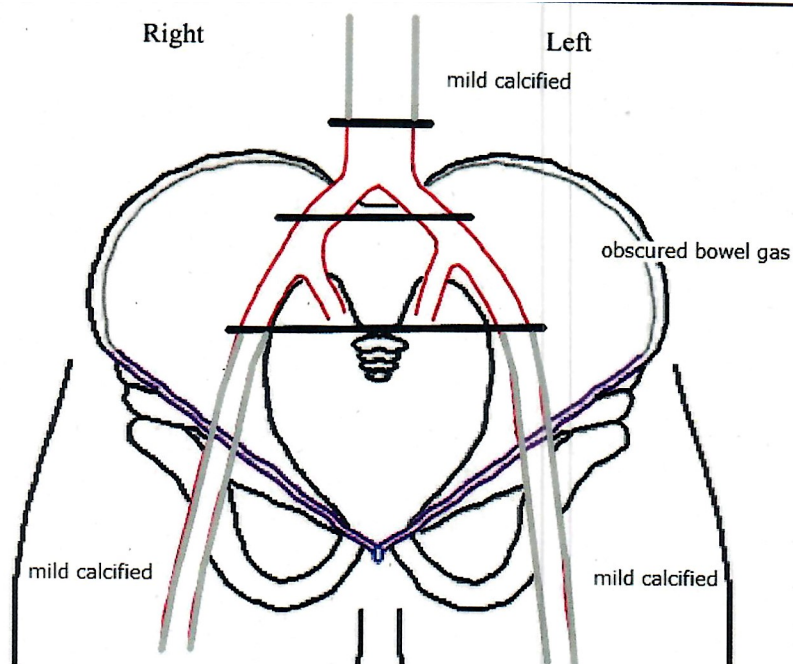
ABPI: Right and left resting ABPIs are reduced.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:45 pm

Checked by _____

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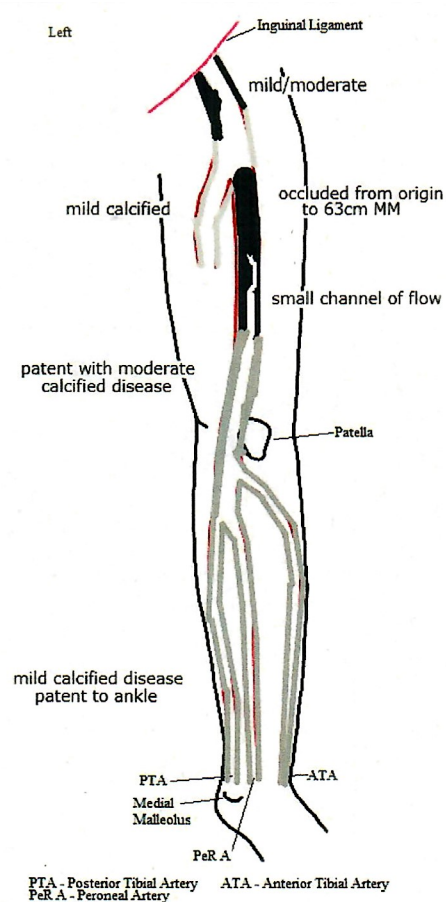
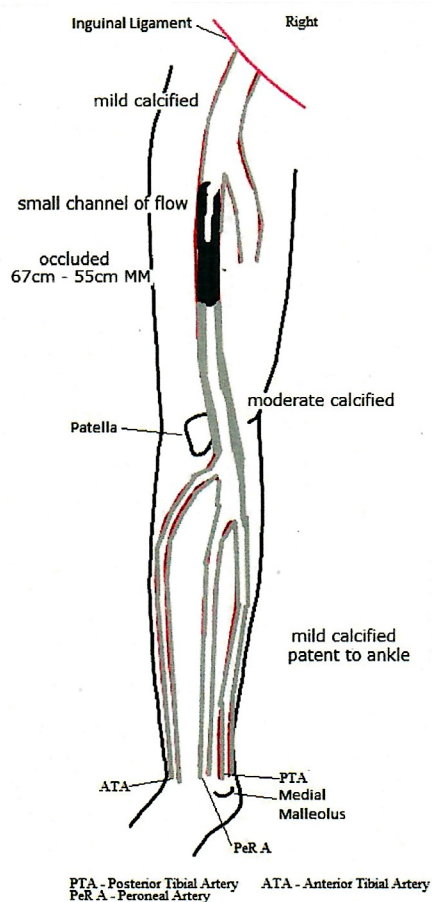


Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:45 pm

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Assessed by Charlotte Roberts, MCVS

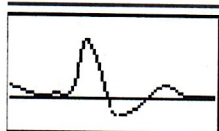
Printed on 10/07/2024 at 12:45 pm

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Reason Graft vein fem-pop
Outcome Aneurysm, graft patent

Right



Good

Brachial

120

1.00

Common Femoral

Good

High Thigh

Low Thigh

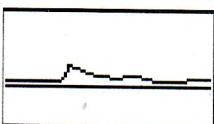
Popliteal

High Calf

Peroneal



Reduced



Reduced

Anterior Tibial

Weak/Absent

Posterior Tibial

Good

130

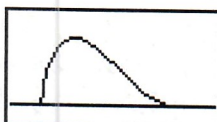
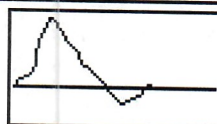
1.08

Dorsalis Pedis

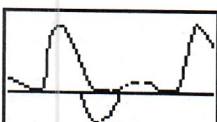
Toe Pressure

Post Exercise

Left



Slightly Reduced



Notes

LEFT FEMORO-POPLITEAL GRAFT SURVEILLANCE SCAN (VEIN)

*Irregular heart rate noted

*Previous known occluded prosthetic graft noted

LEFT

CFA: Patent with mild calcified disease and good biphasic waveforms, PSV 89cm/s. Distal CFA bifurcation appears aneurysmal. Maximum dimensions ITI AP: 3.4cm, LS: 2.0cm - unable to replicate previous LS

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:48 pm

Checked by

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measurement, no increase in measurements since previous assessment.

PFA: Some shadowing due to acoustic shadowing from calcification but appears patent where seen with mild calcified disease, good triphasic waveforms at origin, PSV 36cm/s.

FEM-DISTAL POP GRAFT

PROX ANAST: Appears patent with good triphasic waveforms, PSV 36cm/s.

GRAFT BODY: Appears patent along length with biphasic waveform along length, PSV 68-25cm/s. Graft velocities below 45cm/s may be indicative of future graft failure.

DISTAL ANAST: Appears patent with good tri/monophasic waveforms, PSV 59cm/s.

TPT: Appears patent with mild calcified disease and origin of at least two vessel run off identified.

ATA: Appears patent with calcified vessel walls and good biphasic waveforms in the proximal vessel, PSV 49cm/s. Intermittent flow identified in then mid vessel with weak retrograde flow identified at ankle ?full patency.

PTA: Appears patent along length with calcified vessel walls and good tri/monophasic waveforms at ankle, PSV 83-65cm/s.

PEROA: Poorly visualised with calcified vessel walls and slightly reduced monophasic waveforms at ankle, PSV 58cm/s.

RIGHT

CFA: Good triphasic waveforms, PSV 25cm/s.

ATA: Reduced monophasic waveforms at ankle, PSV 16cm/s.

PTA: Reduced monophasic waveforms at ankle, PSV 23cm/s.

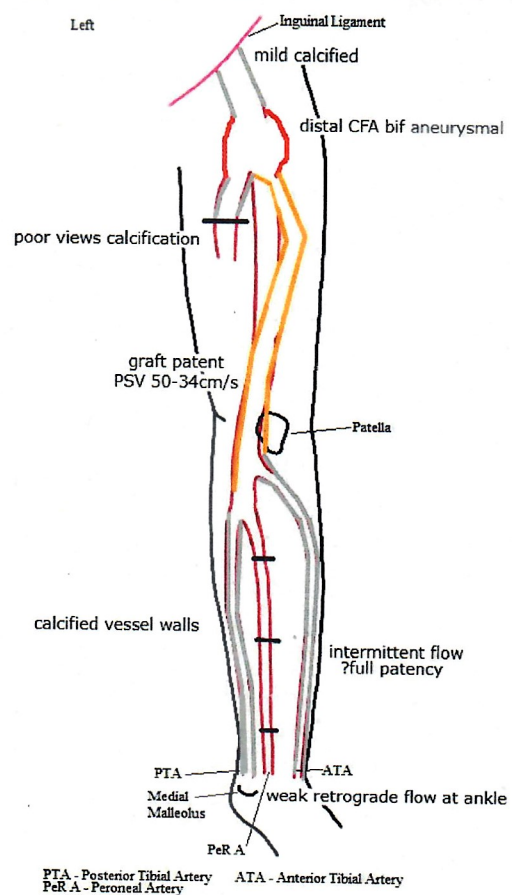
ABPI: Left resting ABPI is within normal limits.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:48 pm

Checked by _____

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Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:48 pm

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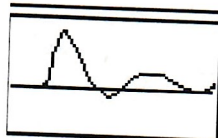


Outcome

Ulceration
Occlusion, Obscured, Bowel gas, Calf vessel disease

Right

116 1.00



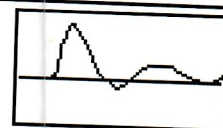
Good

Brachial

Common Femoral

Good

Left



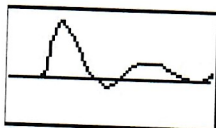
High Thigh

Low Thigh

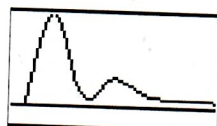
Popliteal

High Calf

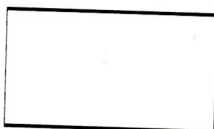
Peroneal



Good



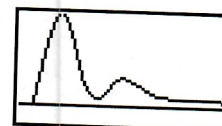
Good



Absent

Anterior Tibial

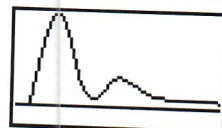
Good



Good

Posterior Tibial

Good



108

0.93

110

0.95

Dorsalis Pedis

Toe Pressure

Post Exercise

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Obscured by bowel gas and tense abdomen.

RIGHT

CIA: Obscured by bowel gas and tense abdomen.

EIA: Proximal-mid vessel obscured by bowel gas and tense abdomen. Distal vessel appears patent with

Assessed by Charlotte Roberts, MCVS

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... disease and good triphasic waveforms, PSV 135cm/s.

CFA: Patent with mild disease and good tri/monophasic waveforms, PSV 166cm/s.

PFA: Patent at origin with mild disease and good tri/monophasic waveforms, PSV 225cm/s.

SFA: Patent with mild disease and good tri/monophasic waveforms along length, PSV 53-66cm/s. TPT: Patent with origin of two vessel run off identified.

ATA: Appears occluded along length with no flow identified to ankle.

PTA: Patent with mild disease and good hyperaemic monophasic waveforms to ankle, PSV 78-80cm/s.

PerA: Patent with mild disease and good hyperaemic monophasic waveforms to ankle, PSV 82-87cm/s.

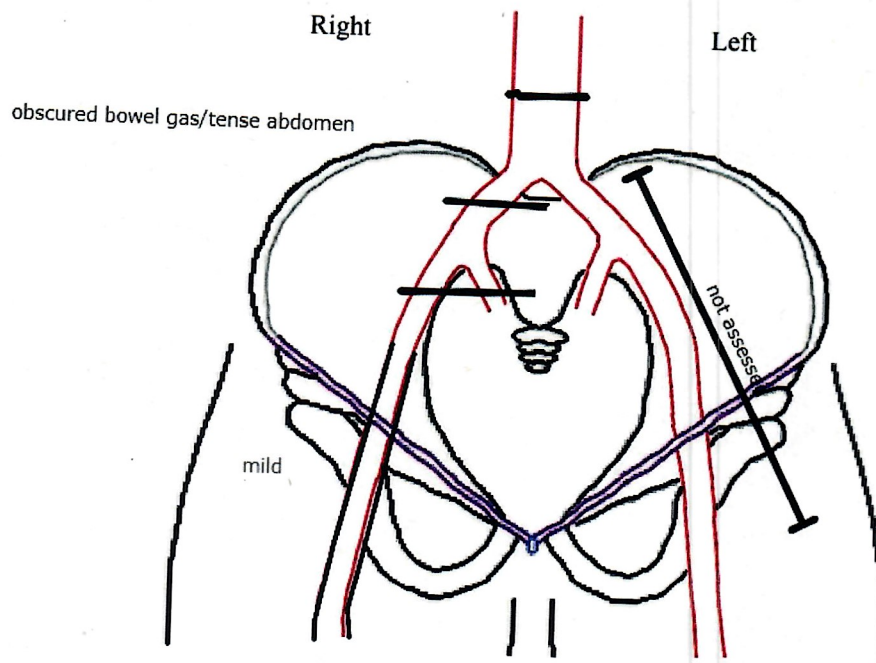
LEFT

CFA: Patent with mild disease and good tri/monophasic waveforms, PSV 123cm/s.

ATA: Patent with mild disease and good hyperaemic monophasic waveforms at ankle, PSV 75cm/s.

PTA: Patent with mild disease and good hyperaemic monophasic waveforms at ankle, PSV 125cm/s.

ABPI: Bilateral resting ABPIs are within normal limits. Patient unable to perform sufficient one minute exercise challenge.

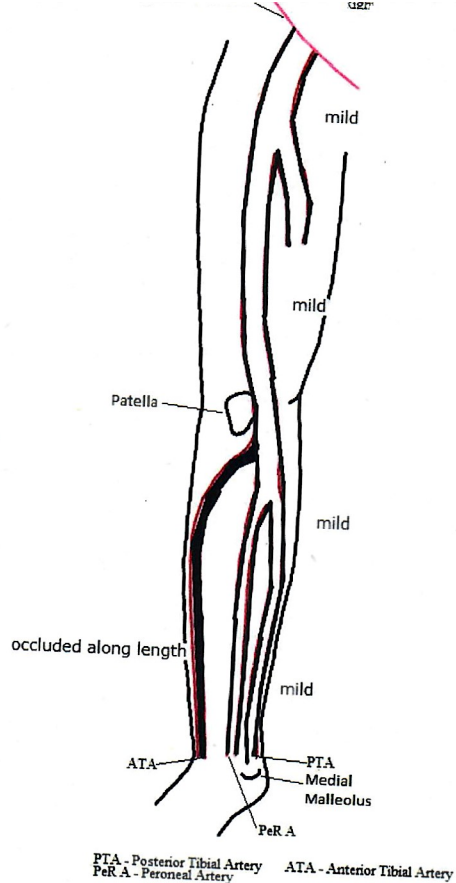


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Reason

Claudication

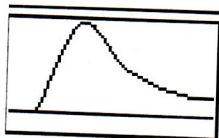
Outcome

Occlusion, Obscured, Bowel gas, Stenosis Severe, Calcified, Calf vessel disease

Right

180

1.00



Good

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

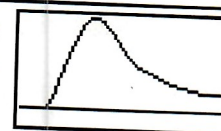
Dorsalis Pedis

Toe Pressure

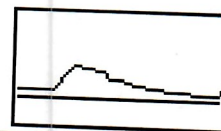
Post Exercise

Left

Good



Reduced



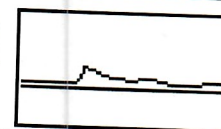
Reduced



Weak



Reduced



220

1.22

Absent

Reduced

Reduced

100

0.56

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Poorly visualised due to bowel gas and patient habitus. Small section of mid aorta visualised which appears patent with calcified vessel walls, good triphasic waveforms, PSV 47cm/s. Small section appears of normal calibre, maximum dimensions AP: 1.9cm - unable to fully exclude focal dilatation or aneurysm from this assessment.

Assessed by

Charlotte Roberts, MCVS

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RIGHT

CIA: Obscured by bowel gas and patient habitus.

EIA: Obscured by bowel gas and patient habitus in the proximal vessel. Severe stenosis identified in the mid vessel with velocities increasing from PSV 216cm/s to PSV 582cm/s, falling to PSV 148cm/s in the distal vessel with mild calcified disease. Focal stenosis length ~1.9cm.

CFA: Mild/moderate calcified disease and good monophasic waveforms in the proximal-mid vessel, PSV 128cm/s. Distal vessel was partially obscured by calcification.

PFA: Patent with mild/moderate calcified disease and turbulent triphasic waveforms at origin, PSV 203cm/s.

SFA: Appears occluded from origin along length.

POPA: Reflows in the proximal vessel (43cm prox to MM), with moderate diffuse calcified disease and weak monophasic waveforms, PSV 20cm/s. Moderate diffuse calcified disease and weak monophasic waveforms in the distal vessel, PSV 20cm/s. TPT: Moderate diffuse calcified disease and origin of one vessel run off identified.

ATA: Heavily calcified vessel walls and intermittent flow with reduced monophasic waveforms along length, PSV 34-26cm/s, ?full patency.

PTA: Heavily calcified vessel walls and intermittent flow with reduced monophasic waveforms along length, PSV 20-17cm/s, ?full patency.

PerA: Heavily calcified vessel walls and no flow identified ?occluded

LEFT

CIA: Obscured by bowel gas and patient habitus.

EIA: Obscured by bowel gas and patient habitus in the proximal-mid vessel. Distal vessel is patent with mild calcified disease and good monophasic waveforms, PSV 119cm/s - ?significant proximal disease.

CFA: Mild/moderate calcified disease and good monophasic waveforms in the proximal-mid vessel, PSV 97cm/s.

PFA: Patent with mild/moderate calcified disease and good monophasic waveforms at origin, PSV 55cm/s.

SFA: Patent with moderate diffuse calcified disease in the proximal-mid vessel, with good monophasic waveforms, PSV 75-90cm/s. Moderate diffuse calcified disease with obscured sections in the distal vessel, with reduced monophasic waveforms, PSV 27cm/s - unable to rule out significant stenosis within obscured sections.

POPA: Moderate diffuse calcified disease and reduced monophasic waveforms along length, PSV 35-23cm/s. TPT: Moderate diffuse calcified disease and origin of one vessel run off identified.

ATA: Heavily calcified vessel walls with weak monophasic waveforms at ankle, PSV 14cm/s, ?full patency.

PTA: Heavily calcified vessel walls and intermittent flow with reduced monophasic waveforms along length, PSV 45-28cm/s, ?full patency.

PerA: Heavily calcified vessel walls and intermittent flow with reduced monophasic waveforms along length, PSV 31-17cm/s, weak monophasic waveforms identified at ankle ?full patency.

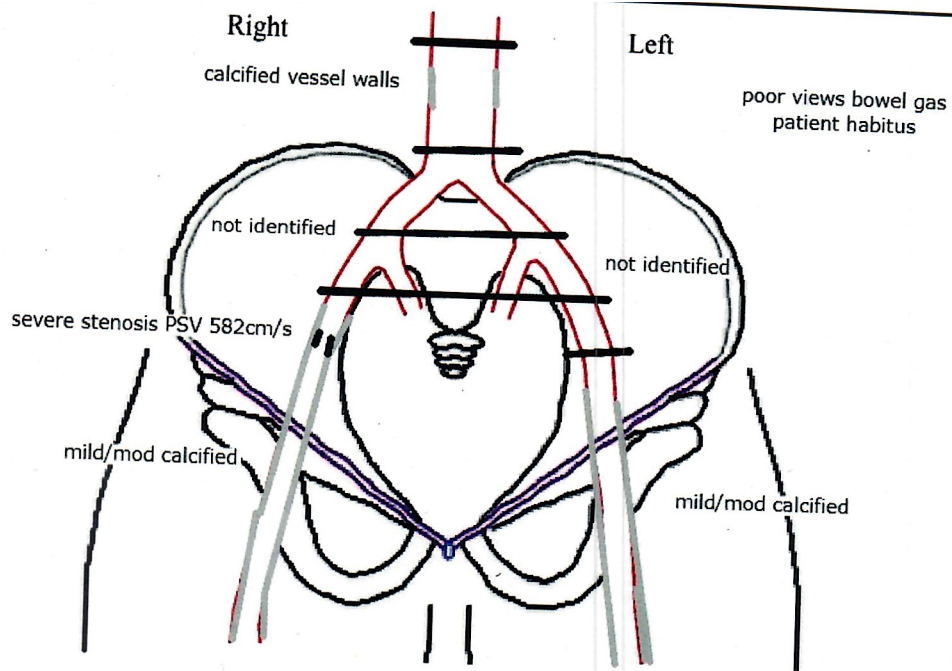
ABPI: Right resting ABPI is reduced. Left resting ABPI is incompressible at 220mmHg, indicating calcification of the crural arteries, becoming reduced post one-minute foot-flex exercise challenge.

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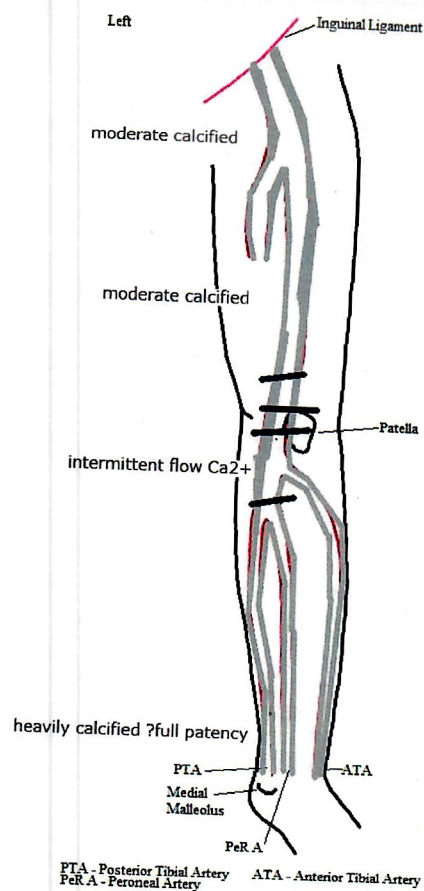
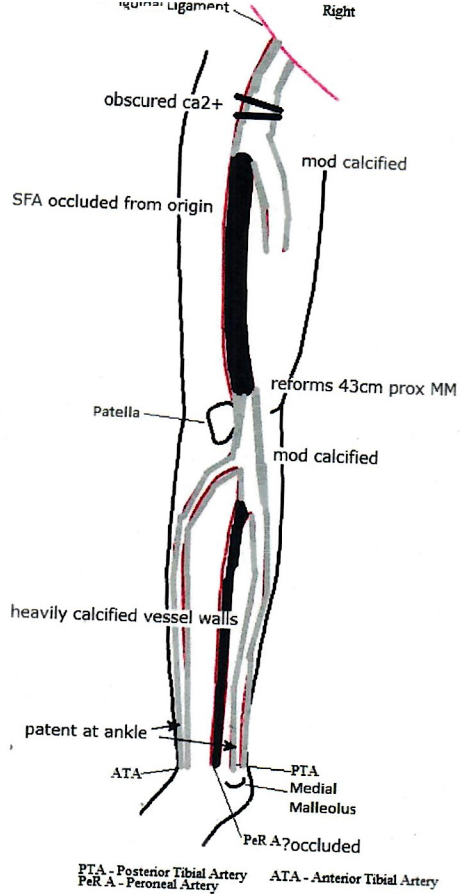


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Reason Graft vein fem-distal
Outcome Stenosis severe, graft patent

Right

110

1.00

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Left

Anterior Tibial

Reduced

Posterior Tibial

Slightly Reduced

Dorsalis Pedis

Toe Pressure

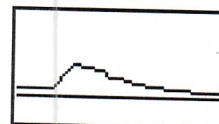
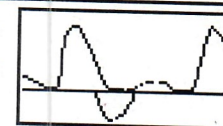
Post Exercise



Good

108

0.98



Notes

LEFT LOWER LIMB ARTERIAL DUPLEX SCAN
Mid SFA to proximal PTA reverse LSV graft - July 2023.

LEFT
CFA: Patent with mild dense disease and mild turbulence and triphasic waveforms, PSV 170cm/s.
PFA: Patent with mild dense disease at at origin and triphasic waveforms, PSV 183cm/s.
SFA: Patent with mild/moderate disease at origin with mild turbulence and tri/monophasic waveforms, PSV

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105cm/s. Mild/moderate diffuse disease to mid thigh level, and good monophasic waveforms, PSV 84cm/s.

Proximal anastomosis: Widely patent with good tri/monophasic waveforms, PSV 143cm/s.

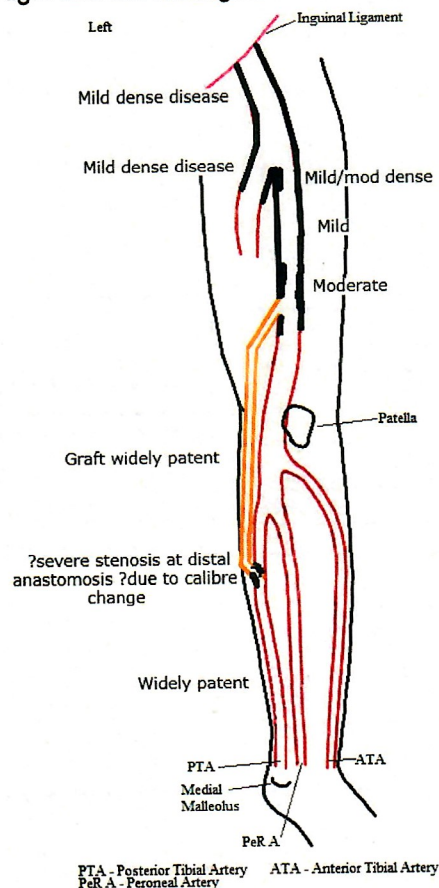
Graft body: Widely patent distally with good monophasic flow PSV 80-42cm/s. Graft velocities less than PSV 45cm/s may be indicative on impending graft failure.

Distal anastomosis: Appears to narrow with turbulent velocities increasing to PSV 360cm/s, patent lumen reducing from 0.5cm to 0.18cm ?severe stenosis ?elevated velocities due to calibre change at distal anastomosis.

ATA: Patent with reduced monophasic waveforms at ankle, PSV 16cm/s.

PTA: Patent along its visualised length to ankle with slightly reduced monophasic waveforms, PSV 41 - 36cm/s.

Right and left resting ABPI are within normal limits.



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Checked by _____

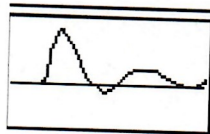
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Outcome

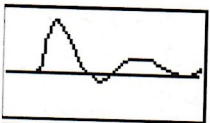
Ulceration
Occlusion, Obscured, Bowel gas, Calf vessel disease

Right

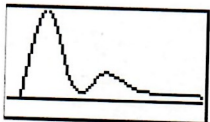
116 1.00



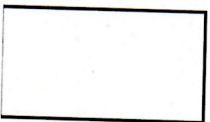
Good



Good



Good



Absent



Good

108

0.93

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

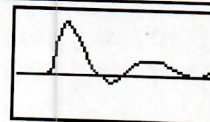
Dorsalis Pedis

Toe Pressure

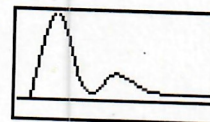
Post Exercise

Left

Good



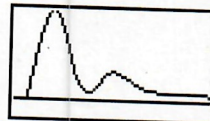
Good



Good

110

0.95



Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX SCAN

AORTA: Obscured by bowel gas and tense abdomen.

RIGHT

CIA: Obscured by bowel gas and tense abdomen.

EIA: Proximal-mid vessel obscured by bowel gas and tense abdomen. Distal vessel appears patent with

Assessed by Charlotte Roberts, MCVS

Printed on 18/07/2024 at 9:43 am

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mild disease and good triphasic waveforms, PSV 135cm/s.

CFA: Patent with mild disease and good tri/monophasic waveforms, PSV 166cm/s.

PFA: Patent at origin with mild disease and good tri/monophasic waveforms, PSV 225cm/s.

SFA: Patent with mild disease and good tri/monophasic waveforms along length, PSV 53-66cm/s. TPT:

Patent with origin of two vessel run off identified.

ATA: Appears occluded along length with no flow identified to ankle.

PTA: Patent with mild disease and good hyperaemic monophasic waveforms to ankle, PSV 78-80cm/s.

PerA: Patent with mild disease and good hyperaemic monophasic waveforms to ankle, PSV 82-87cm/s.

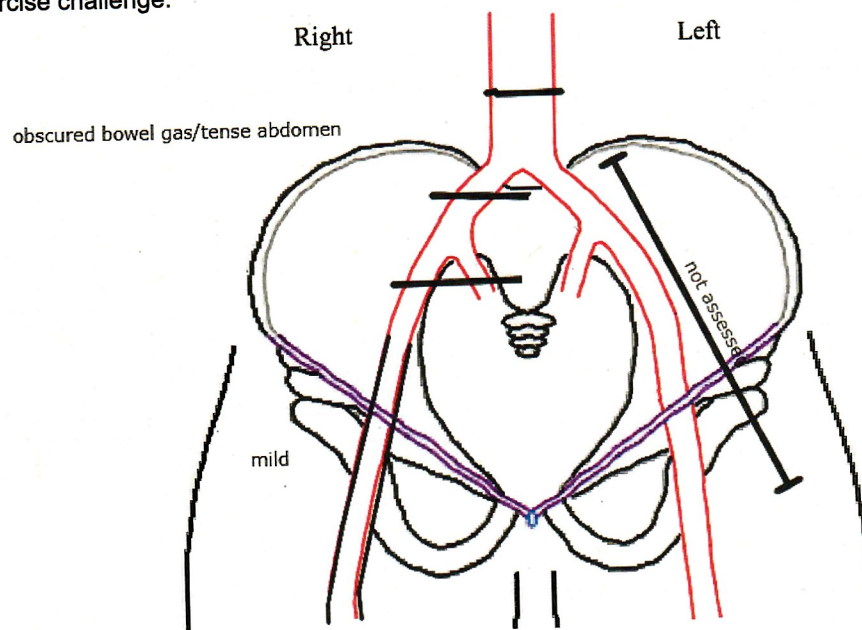
LEFT

CFA: Patent with mild disease and good tri/monophasic waveforms, PSV 123cm/s.

ATA: Patent with mild disease and good hyperaemic monophasic waveforms at ankle, PSV 75cm/s.

PTA: Patent with mild disease and good hyperaemic monophasic waveforms at ankle, PSV 125cm/s.

ABPI: Bilateral resting ABPIs are within normal limits. Patient unable to perform sufficient one minute exercise challenge.



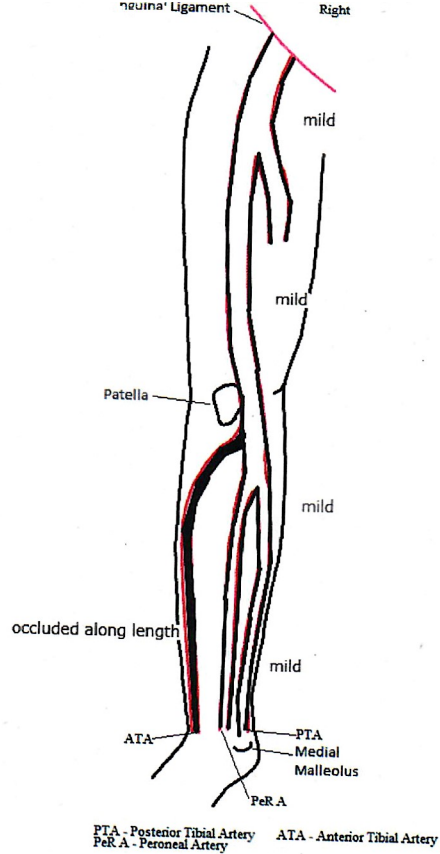
Assessed by

Charlotte Roberts, MCVS

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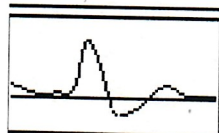
Printed on 18/07/2024 at 9:43 am

Checked by

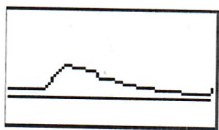
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Outcome

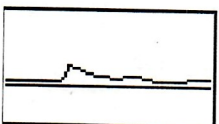
Haematoma (fresh), Occlusion, Bowel gas, Stenosis Moderate, Stenosis Severe, Calcified,
Significant disease indicated

Right

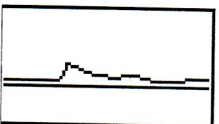
Good



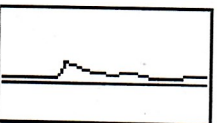
Reduced



Reduced



Reduced



Reduced

82

0.54

Brachial

152

1.00

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

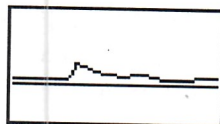
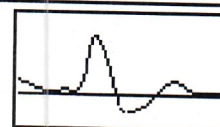
Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

Left

Reduced

74

0.49

Notes**BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN**

*Challenging assessment due to patient involuntary movement during scan - some poor images obtained

AORTA: Obscured by bowel gas

RIGHT

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:06 pm

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CIA: Obscured by bowel gas

EIA: Proximal-mid vessel obscured by bowel gas. Patent with mild disease and good triphasic waveforms in the distal vessel, PSV 113cm/s

CFA: Patent with mild disease and good triphasic waveforms, PSV 112cm/s.

PFA: Patent with mild disease at origin, with good triphasic waveforms, PSV 134cm/s.

SFA: Patent with mild/moderate diffuse calcified disease and good triphasic waveforms along length, PSV 110-78cm/s. Severe focal stenosis identified in the adductor canal, with velocities increasing to PSV 381cm/s. Disease length ~1.35cm. Velocities fall to PSV 54cm/s distally.

POPA: Patent with mild disease along length and reduced monophasic waveforms, PSV 29-20cm/s. TPT: Patent with mild disease and two vessel run off identified.

ATA: Proximal vessel appears patent with mild calcified disease and hyperaemic monophasic waveforms, PSV 82cm/s. Mid-distal vessel is heavily calcified with intermittent flow and reduced monophasic waveforms, PSV 20cm/s ?full patency.

PTA: Heavily calcified vessel walls along length with reduced monophasic waveforms, PSV 24-22cm/s, ?full patency.

PerA: Patent with calcified vessel walls and reduced monophasic waveforms at ankle, PSV 47cm/s.

LEFT

CIA: Obscured by bowel gas

EIA: Proximal-mid vessel obscured by bowel gas. Patent with mild disease and good biphasic waveforms in the distal vessel, PSV 91cm/s

CFA: Patent with mild disease and good triphasic waveforms, PSV 121cm/s.

PFA: Patent with mild disease at origin, with good triphasic waveforms, PSV 88cm/s.

SFA: Moderate stenosis identified in the proximal vessel, just distal to the origin, with velocities increasing from PSV 56cm/s to 167cm/s, falling to PSV 35cm/s. Focal stenosis length ~1cm. Severe stenosis identified in the mid SFA (78cm MM), PSV 310cm/s. Focal stenosis length ~1cm. SFA appears to become occluded in the mid thigh (72cm MM). Flow reforms in the distal thigh (60cm MM) with mild disease and reduced monophasic waveforms, PSV 23cm/s.

POPA: Patent with mild disease along length and reduced monophasic waveforms, PSV 20-28cm/s. TPT: Patent with mild disease and two vessel run off identified.

ATA: Appears heavily calcified with intermittent flow and reduced monophasic waveforms along length, PSV 28-19cm/s ?full patency.

PTA: Heavily calcified vessel walls along length with reduced monophasic waveforms, PSV 14cm/s at ankle, ?full patency.

PerA: Patent with calcified vessel walls and hyperaemic monophasic waveforms along length, PSV 54-74cm/s.

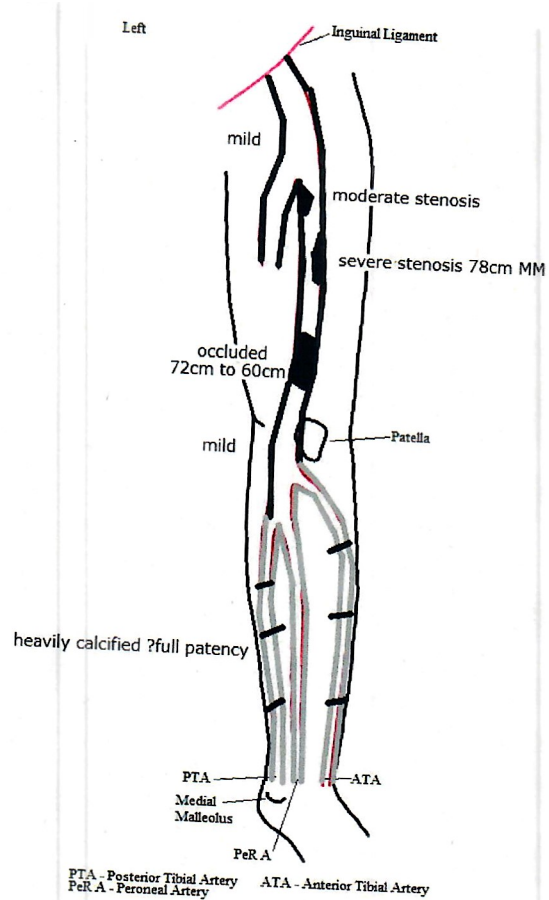
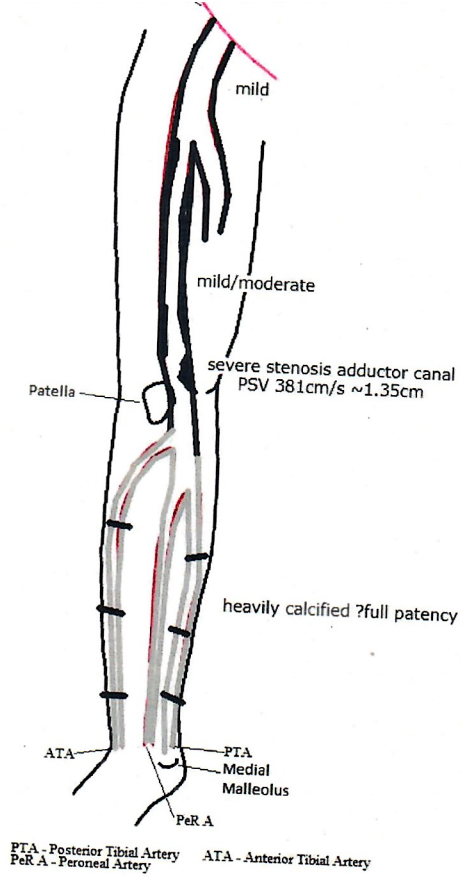
ABPI: Bilateral resting ABPIs are reduced.

Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:06 pm

Checked by _____

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Assessed by Charlotte Roberts, MCVS

Printed on 10/07/2024 at 12:06 pm

Checked by

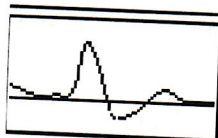
Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

Outcome

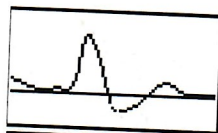
Calcification disease mild, disease moderate, Obscured, Bowel gas, Calcified

Right

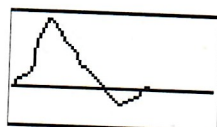
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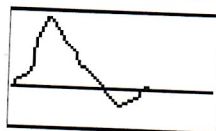
Good



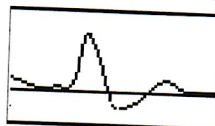
Good



Good



Good



Good

132

0.84

Foot Flex

130

0.82

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

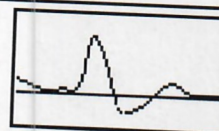
Dorsalis Pedis

Toe Pressure

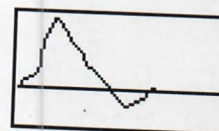
Post Exercise

Left

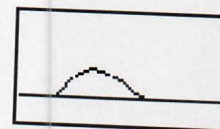
Good



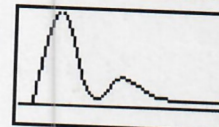
Good



Reduced



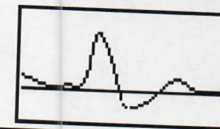
Good



Good

136

0.86



Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX SCAN

*Previous right EIA stent

AORTA: Challenging assessment due to tense abdomen, however, appears patent with mild calcified disease and good triphasic waveforms, PSV 38cm/s. Appears of normal and uniform calibre along length, maximum dimensions ITI AP: 1.6cm, LS 1.6cm.

Assessed by

Charlotte Roberts, MCVS

Printed on 23/07/2024 at 1:09 pm

Checked by

Please note, this is a technical report to be interpreted by a medical professional. If you are a patient reading the report and require further help, please discuss the report with the person who referred you for the examination.

CIA: Obscured by bowel gas/tense abdomen.

EIA: Stent appears patent with good triphasic waveforms, PSV 198cm/s.

CFA: Patent with mild calcified disease and good triphasic waveforms, PSV 97cm/s.

PFA: Patent in the proximal vessel with mild calcified disease and good biphasic waveforms, PSV 104cm/s.

SFA: Patent along length with mild/moderate diffuse calcified disease and good triphasic waveforms, PSV 104-177cm/s. Patent through adductor canal.

POPA: Patent along length with mild diffuse calcified disease and good triphasic waveforms, PSV 56-81cm/s. TPT: Patent with origin of three vessel run off identified.

ATA: Patent with calcified vessel walls and good biphasic waveforms along length, PSV 50-59cm/s.

PTA: Patent with calcified vessel walls and good tri/biphasic waveforms along length, PSV 24-33cm/s.

PerA: Patent with calcified vessel walls and good biphasic waveforms along length, PSV 19-20cm/s.

LEFT

CIA: Patent with mild calcified disease and good triphasic waveforms, PSV 101cm/s.

EIA: Patent with mild calcified disease and good triphasic waveforms along length, PSV 171-92cm/s.

IIA: Patent with mild calcified disease at origin and good triphasic waveforms, PSV 124cm/s.

CFA: Patent with mild calcified disease and good triphasic waveforms, PSV 134cm/s.

PFA: Patent in the proximal vessel with mild calcified disease and good biphasic waveforms, PSV 108cm/s.

SFA: Patent along length with mild/moderate diffuse calcified disease and good triphasic waveforms, PSV 94-151cm/s. Patent through adductor canal.

POPA: Patent along length with mild diffuse calcified disease and good triphasic waveforms, PSV 96-79cm/s. TPT: Patent with origin of three vessel run off identified.

ATA: Patent with calcified vessel walls and bouncy monophasic waveforms along length, PSV 63-85cm/s.

PTA: Patent with calcified vessel walls and good triphasic waveforms along length, PSV 36-29cm/s.

PerA: Calcified vessel walls and reduced monophasic waveforms at ankle, PSV 15cm/s.

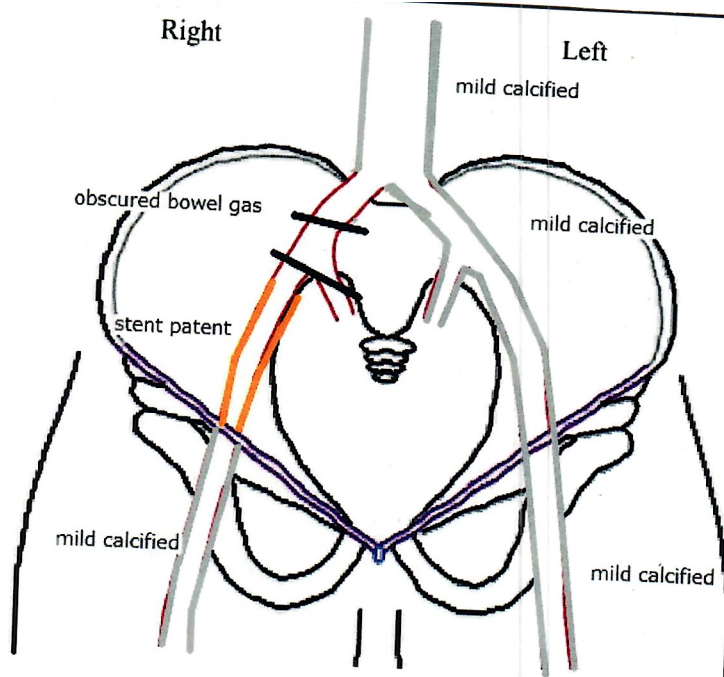
ABPI: Bilateral resting ABPIs are within normal limits, with no significant reduction in systolic ankle pressure observed following a one minute exercise challenge.

Assessed by Charlotte Roberts, MCVS

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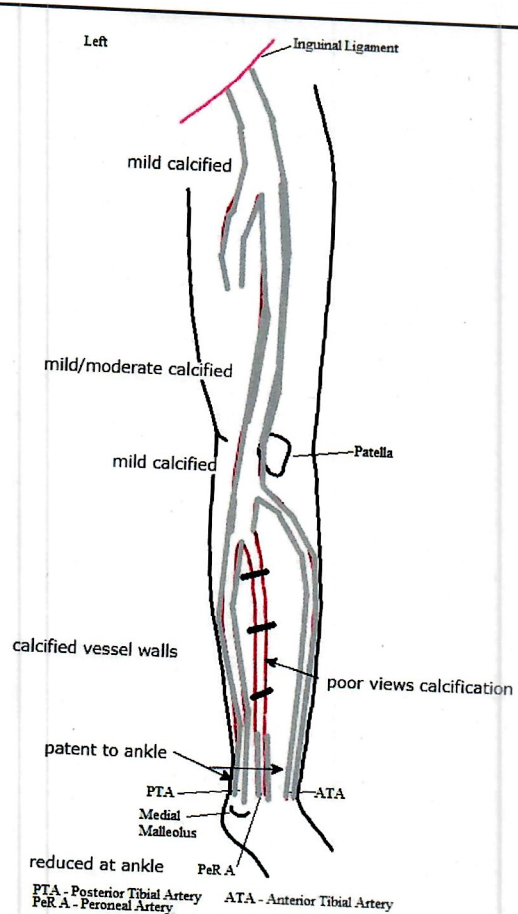
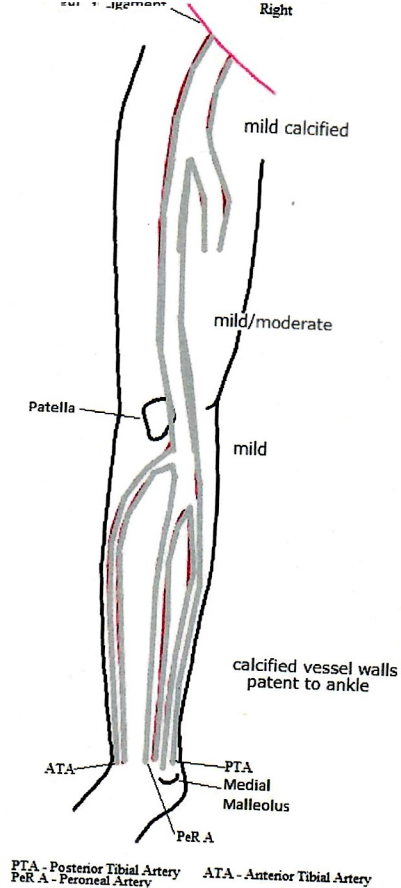


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