



. McBride

Reference

Accession 04739988

Reason Claudication
Outcome Occlusion, Not viewed, Obscured, Bowel gas

Right

160

1.00

Brachial

Common Femoral

Absent

High Thigh

Low Thigh

Popliteal

Absent

High Calf

Peroneal

Anterior Tibial

Weak

Posterior Tibial

Weak

60

0.38

Dorsalis Pedis

Toe Pressure

Post Exercise

80

0.50

Notes

BILATERAL LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

Abdominal aorta -patent with good triphasic waveforms and PSV 72cm/s. The abdominal aorta appears normal calibre (maximum AP = 2.3cm), with no evidence of focal dilatation or aneurysm identified.

LEFT

CIA - Proximal CIA appears patent with good biphasic waveform and PSV 30cm/s. Mid and distal CIA not visualised due to bowel gas ?patency ?occlusion.

Assessed by Ranit Shail, MCVS

Printed on 25/07/2024 at 10:59 am

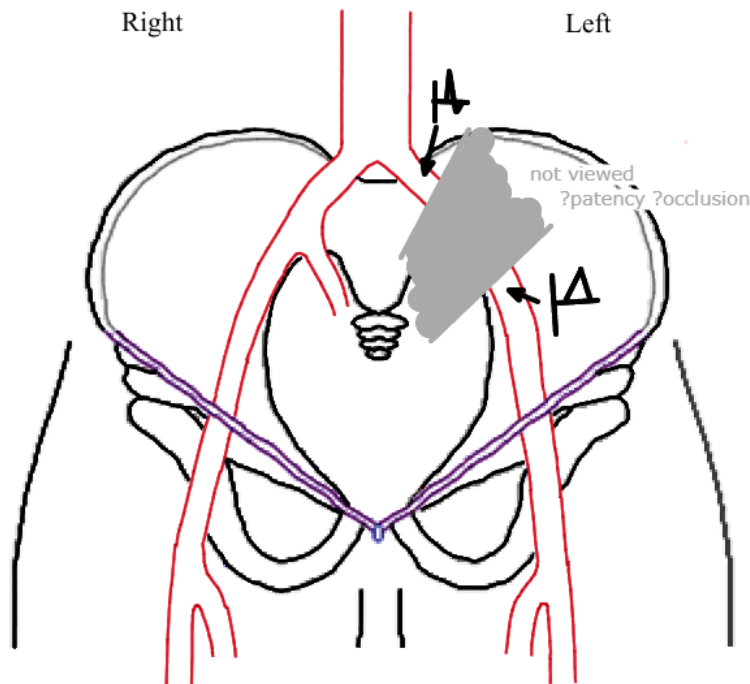
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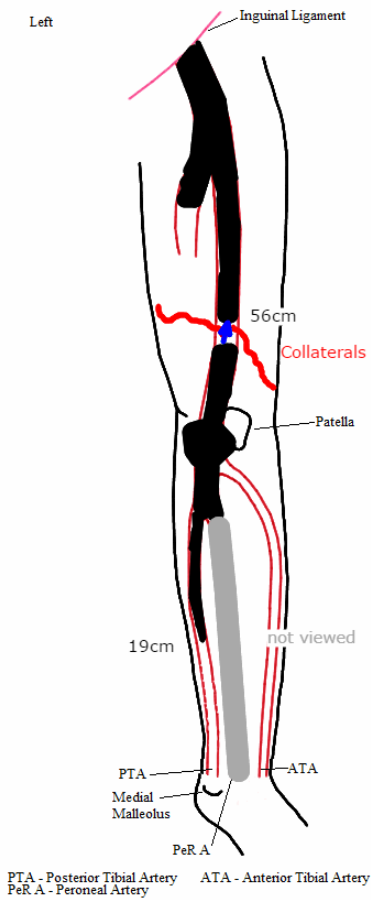
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EIA - Patent with slightly reduced monophasic waveform and PSV 72cm/s.
 CFA - Appears occluded with echolucent material ?acute
 PFA (origin) - Appears occluded with echolucent material ?acute
 SFA - occluded from origin with echolucent material ?acute . Vessel is patent with retrograde flow noted in the mid-distal thigh, approx. 54cm from MM, for ~2.14cm however is occluded distal to this.
 POPA - appears aneurysmal and occluded, TPT is patent appears occluded.
 ATA - Patent with weak monophasic waveforms PSV 17cm/s.
 PTA - Flow seen from mid calf at ~21cm from MM, weak monophasic waveforms PSV 22cm/s.

Bilateral resting ABPIs are significantly reduced.

CONCLUSION: Evidence of significant arterial disease identified in the right and left lower limbs from this assessment.





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