



Reason Claudication
Outcome Stenosis severe, Occlusion

Right

130

1.00

Brachial

Common Femoral

Good

High Thigh

Low Thigh

Popliteal

Slightly Reduced

High Calf

Peroneal

Anterior Tibial

Slightly Reduced

Posterior Tibial

Slightly Reduced

70

0.54

Dorsalis Pedis

Toe Pressure

Foot Flex

105

0.81

Post Exercise

Notes

LEFT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT

Abdominal aorta -calcified disease noted with good triphasic waveforms and PSV 80cm/s. The abdominal aorta appears normal calibre (maximum AP = 2.3cm), with no evidence of focal dilatation or aneurysm identified.

CIA - Patent with turbulent flow noted along the vessel, good triphasic waveform and PSV 289cm/s. Poor images noted in greyscale - ?significant diffuse disease based on turbulent flow.

Assessed by Ranit Shail, MCVS

Printed on 25/07/2024 at 1:59 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.



EIA - Patent with turbulent flow noted along the vessel, good triphasic waveform and PSV 273cm/s. Poor images noted in greyscale - ?significant diffuse disease based on turbulent flow.

CFA - Mild dense diffuse disease noted with good triphasic waveform and PSV 207cm/s.

PFA - Patent with good triphasic waveform and PSV 35cm/s.

SFA - Severe stenosis noted in the proximal SFA with good triphasic waveforms and velocity change from 35cm/s to 84cm/s. The vessel appears occluded at ~64cm from MM with trickle flow noted. Flow reforms at ~50cm from MM. Distal SFA appears patent with slightly reduced monophasic waveform and PSV 34cm/s.

POPA - Patent with slightly reduced monophasic waveform and PSV 32cm/s. TPT is patent; origins of 2 vessel run-off noted.

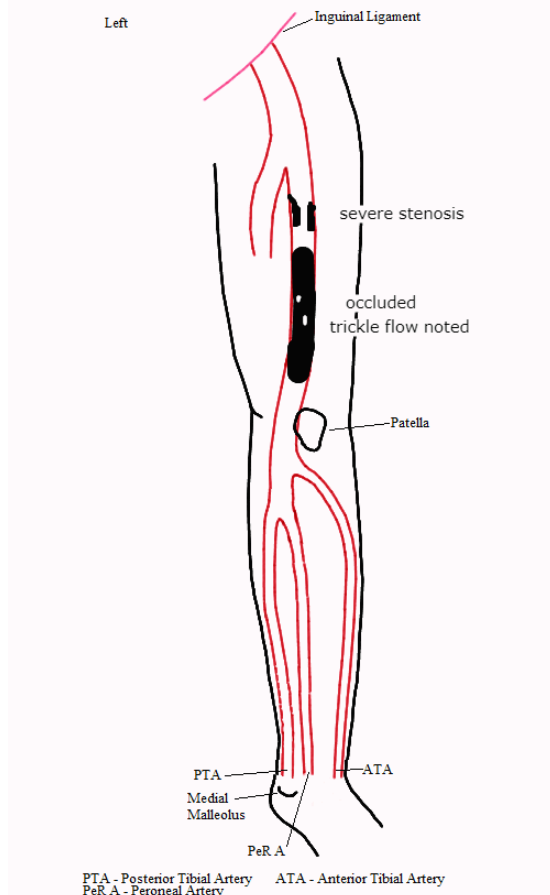
ATA - Patent along the length with slightly reduced monophasic waveform and PSV 66cm/s.

PTA - Patent along the length with slightly reduced monophasic waveform and PSV 92cm/s.

Left resting ABPI is significantly reduced.

Right resting ABPI is within normal limits with no significant reduction post foot-flex exercise.

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



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