

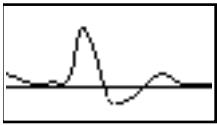


Reason Claudication, Ulceration
Outcome Stenosis severe, Not viewed, Calcified

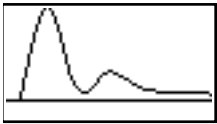
Right

160

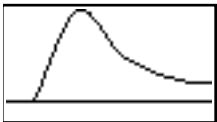
1.00



Good



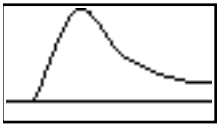
Good



Slightly Reduced

220

1.38



Reduced

Brachial

Common Femoral

High Thigh

Low Thigh

Popliteal

High Calf

Peroneal

Anterior Tibial

Posterior Tibial

Dorsalis Pedis

Toe Pressure

Post Exercise

Left

140

0.88

Foot Flex

140

0.88

Notes**RIGHT LOWER LIMB ARTERIAL DUPLEX ASSESSMENT**

Abdominal aorta -patent with good triphasic waveforms and PSV cm/s. The abdominal aorta appears normal calibre (maximum AP = 1.7cm), with no evidence of focal dilatation or aneurysm identified.

CIA - Patent with good biphasic waveform and PSV 89cm/s.

EIA - Patent with good biphasic waveform and PSV 87cm/s.

CFA - Patent with good triphasic waveform and PSV 130cm/s.

Assessed by Ranit Shail, MCVS

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Checked by

PFA - Patent with good biphasic waveform and PSV 104cm/s.

SFA - Patent proximally with good triphasic waveform and PSV 130cm/s. Severe stenosis identified in the mid SFA with turbulent flow and velocity change from 280 - 101cm/s. Distal SFA appears patent with good mono/triphasic waveform and PSV 104cm/s.

POPA - Patent with good mono/triphasic waveform and PSV 63cm/s.

TPT - Severe stenosis noted in the 1 x TPT with turbulent flow and PSV change from 33 - 469cm/s.

ATA - Patent along the length with slightly reduced monophasic waveform and PSV 29cm/s.

PTA - Patent distally with reduced monophasic waveform and PSV 18cm/s. Proximal and mid PTA not visualised due to heavily calcified vessel walls ?patency ?occlusion.

Right resting ABPI is falsely elevated, exceeding normal limits, indicating calcification of crural arteries. Toe pressure performed but unable to obtain results.

Left resting ABPI is within normal limits, with no significant reduction in systolic ankle Doppler pressure observed following a one minute exercise challenge.

CONCLUSION: Evidence of significant arterial disease identified in the right SFA and TPT from this assessment.

ADDITIONAL COMMENT: There appears to be a large avascular incompressible mixed echogenic mass in the groin ?enlarged lymph nodes.

