

DoB :
Hosp. No. :
CRIS No. :
NHS No. :

VERIFIED Verified By : AKHTAR Anam 05-Dec-2018
Typed By : AKHTAR Anam 05-Dec-2018

Clinical History :

ENTERED BY: john nightingale

ROLE: RLBUHT Profile 22

BLEEP: 3060/3062 ext

RIGHT- The Femoral-Popliteal arteries are widely patent with no significant disease noted throughout, no raised velocities, bi/triphasic flow remains throughout. The TPT is patent, no focal stenosis noted, PSV 125cm/s, biphasic flow. The PTA and Peroneal arteries are patent and mildly calcified with no focal stenosis noted, reasonable volume mono/biphasic flow noted at the ankle. The ATA is patent and calcified from its origin and appears to occlude in the mid

Event Number :

Examination Date : **05-Dec-2018**

Ref. Source : SIRIKONDA SVV, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt**

Hos
CRI
NI

calf.

TBPI:

Brachial: 122mmHg

Right Toe: 64mmHg

Conclusion:

Right mid ATA occlusion.

Event Number :

Examination Date : **05-Dec-2018**

Ref. Source : SIRIKONDA SVV, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt**

Hos:
CR
N

VERIFIED Verified By : AKHTAR Anam 05-Dec-2018
Typed By : AKHTAR Anam 05-Dec-2018

Clinical History : CLI both lower limbs. Gangrenous toes L>R. Awaiting left SFA angioplasty.
ENTERED BY: Matthew Packer

ROLE: RLBUHT Doctor
BLEEP: 5156

LEFT- The CFA is patent with mild mixed disease, no focal stenosis noted, PSV 145cm/s, triphasic flow. The proximal PFA is patent with no issues identified, PSV 119cm/s, triphasic flow. The SFA is patent with mild mixed disease noted throughout. Disease becomes more significant through the mid thigh forming a significant stenosis with a PSV increase from 134-440cm/s, monophasic flow. the Popliteal artery is patent with mild non significant mixed

Event Number :

Examination Date : **05-Dec-2018**

Ref. Source : VALLABHANENI SR, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

C
1DoB :
Hosp. No. :
CRIS No. :
NHS No. :

disease, no focal stenosis noted, PSV 19cm/s. Patent PTA origin seen, vessel appears to occlude in the mid calf and reform distally, PSV 19cm/s, reduced monophasic flow. the Peroneal artery is patent and calcified with no focal stenosis noted, PSV 41cm/s, monophasic flow. The ATa is patent from its origin with no focal stenosis noted. The ATA appears to occlude in the distal third of the calf with good collateral flow.

Unable to perform TBPI due to dressings and gangrenous toe.

Conclusion:

Significant left mid SFA stenosis.

occluded left distal ATA.

Occluded left mid PTA.

Event Number :

Examination Date : **05-Dec-2018**

Ref. Source : VALLABHANENI SR, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

VERIFIED Verified By : AKHTAR Anam 06-Dec-2018
Typed By : AKHTAR Anam 06-Dec-2018

Clinical History : Weak peripheral pulses on the right, cold feet with skin changes.

RIGHT- The Femoral-Popliteal arterial segment is widely patent with evidence of disease, no focal stenosis noted, triphasic flow remains throughout. The TPT is patent with no issues identified, PSV 112cm/s, triphasic flow. Patent three vessel run off with good volume bi/triphasic flow noted at the ankle.

ABPI:

Brachial:138mmHg

Rt PTA:136mmHg (1.0)

Rt ATA:128mmHg (0.9)

Examination Date : **06-Dec-2018**

Event Number :

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt**

Hos
CRI
NI

VERIFIED Verified By : AKHTAR Anam 05-Dec-2018
Typed By : AKHTAR Anam 05-Dec-2018

Clinical History :
ENTERED BY: Jonathan Smout

ROLE: RLBUHT Doctor
BLEEP:

ENTERED BY: Jonathan Smout

ROLE: RLBUHT Doctor
BLEEP: 07967800390

Left Distal SFA/Pop plasty / stent 2 weeks ago peroneal run-off only. Symptoms now worse with pain in the foot. ?Embolised / Occluded ??Needs a bypass on 05-Dec-2018 at 13:26)

Examination Date : 05-Dec-2018

Event Number :

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler vein map lower limb Lt**

Hosp
CRIS
NI-

LEFT- The CFA is patent with no evidence of significant disease, no focal stenosis noted, PSV 80cm/s, triphasic flow. The proximal PFA is patent, PSV 91cm/s, triphasic flow. The SFA is patent from its origin until occluding in proximal thigh approximately 3cm beyond the origin. The SFA stent is occluded with flow reforming in the distal thigh, immediately beyond the stent, PSV 31cm/s reduced flow. The Popliteal artery is patent with no significant disease, no focal stenosis noted, PSV 27cm/s, reduced monophasic flow. Known single vessel run off via Peroneal artery. The Peroneal artery is patent with a significant stenosis noted just beyond the vessel origin, PSV increase form 22-83cm/s, damped monophasic flow at the ankle.

The left GSV is widely patent and measures approximately 0.4cm in the proximal thigh and 0.3 cm in the mid and distal. The GSV becomes smaller in calibre beyond knee level measuring >3cm. Borderline suitability of left GSV for bypass conduit.

Event Number :
Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP
Examinations : US Doppler lower limb arteries Lt, US Doppler vein map lower limb Lt
Examination Date : 05-Dec-2018

DoB
Hosp. No.
CRIS No.
NHS No.

TBPI:

Brachial: >180mmHg

Left Toe: 69mmHg

Conclusion:

Left SFA stent occlusion.

Significant left proximal Peroneal artery stenosis.

Left GSV borderline suitability for bypass conduit.

Examination Date : 05-Dec-2018

Event Number :

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt, US Doppler vein map lower limb Lt**

Host
CRI
NI

VERIFIED Verified By : AKHTAR Anam 04-Oct-2018
Typed By : AKHTAR Anam 04-Oct-2018

Clinical History : Bilateral lower limb claudication.

Irregular heart rate noted.

RIGHT- The CIA is patent and calcified with no focal stenosis noted, PSV 165cm/s, biphasic flow. The proximal IIA is patent and appears moderately diseased PSV 318cm/s. The EIA is patent with mild calcified disease throughout, generally elevated velocities noted throughout however no focal stenosis noted, PSV 210cm/s, biphasic flow. The CFA is patent with mild mixed disease, no focal stenosis noted, PSV 122cm/s triphasic flow. Patent proximal PFA, PSV 122cm/s, triphasic flow. The SFA is patent with mild non significant calcified disease, no focal stenosis noted, PSV 102cm/s triphasic flow. The Popliteal artery is patent with no significant disease noted throughout, PSV 83cm/s triphasic flow. Patent and mildly calcified

Examination Date : 04-Oct-2018

Event Number :

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt, UDIAR, UDIAL

D
Hosp. ↑
CRIS ↑
NHS

PTA and Peroneal artery with no focal stenosis noted throughout, triphasic flow noted at the ankle. the ATA is patent and calcified with a severe stenosis noted in the proximal calf, PSV increase from 29->501cm/s, triphasic flow.

LEFT- The CIA is patent and mildly calcified with no focal stenosis noted, PSV 191cm/s, biphasic flow. IIA not seen for landmark. The EIA is patent and mildly calcified with no focal stenosis noted, PSV 206cm/s, biphasic flow. The CFA is patent with no haemodynamically significant disease noted, PSV 137cm/s, triphasic flow. The proximal PFA is patent, PSV 165cm/s, turbulent biphasic flow. The SFA is patent with a haemodynamically significant stenosis in the proximal thigh and moderate stenoses in the mid and distal thigh, PSV 111-317cm/s, 135-255cm/s and 130-258cm/s respectively. The Popliteal artery is patent with no significant disease noted throughout, PSV 82cm/s, triphasic flow. The TPT is patent, PSV 54cm/s, triphasic flow. The PTA is patent with a moderate stenosis in the distal vessel, PSV increase from 106-204cm/s, monophasic flow. The Peroneal artery is patent and mildly calcified with no focal stenosis noted throughout, PSV 55cm/s, monophasic flow. The ATA is

Examination Date : 04-Oct-2018

Event Number :

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt, UDIAR, UDIAL

Dol
Hosp. No
CRIS No
NHS No

patent and mildly calcified with severe stenoses noted in the mid and distal vessel, PSV 38-227cm/s and 39-133cm/s, respectively.

TBPI:

Brachial: 120mmHg

Rt Toe: 92mmHg

Lt Toe: 90mmHg

Conclusion:

Severe right proximal ATA stenosis.

Significant left proximal SFA stenosis.

Moderate left mid and distal stenosis.

Moderate left distal PTA stenosis.

Examination Date : **04-Oct-2018**

Event Number :

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt,US Doppler lower limb arteries Lt,UDIAR,UDIAL**

DoB
Hosp. No.
CRIS No.
NHS No.

Significant left Mid and distal ATA stenosis.

Event Number :

Examination Date : **04-Oct-2018**

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt, UDIAR, UDIAL**

VERIFIED Verified By : AKHTAR Anam 15-Oct-2018
Typed By : AKHTAR Anam 15-Oct-2018

Clinical History :

ENTERED BY: Chukwuma Austin Chukwu

ROLE: RLBUHT Doctor

BLEEP: [NOT KNOWN]

Relevant Information: Reduced pulse in left leg. Cold, erythematous Vasculopath ?? ischemia on 15-Oct-2018 at 09:08)

LEFT- Unable to scan Iliac segment due to patient discomfort and extensive bowel gas. The CFA is patent with moderate mixed and calcified disease throughout, no focal stenosis noted, PSV 87cm/s, turbulent monophasic flow. The PFA is patent and calcified, no raised velocities noted, PSV 85cm/s, biphasic flow. The SFA is patent with moderate/significant mixed and

Event Number : L

Examination Date : 15-Oct-2018

Ref. Source : BROWN RA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler lower limb arteries Lt

calcified plaque throughout, velocities generally become raised through the proximal thigh PSV 93-203cm/s, turbulent monophasic flow. A more significant stenosis is noted in the mid thigh, PSV 96-322cm/s, monophasic flow. The Popliteal artery is patent and calcified, however no focal stenosis noted, PSV 79cm/s, monophasic flow. The TPT is patent and calcified. A patent but heavily calcified proximal PTA and ATA seen, unable to scan beyond this level due to dressings.

TBPI:

Brachial: 136mmHg

Left Toe: 35mmHg (0.25)

Conclusion:

Heavily calcified vessels throughout.

Significant left mid SFA stenosis.

Unable to scan Iliac segment due to patient discomfort and extensive bowel gas.

Unable to scan mid/distal calf due to dressings.

Event Number :

Examination Date : **15-Oct-2018**

Ref. Source : BROWN RA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

Dr
Hosp. No
CRIS No
NHS No

VERIFIED Verified By : AKHTAR Anam 09-Oct-2018
Typed By : AKHTAR Anam 09-Oct-2018

Clinical History :

ENTERED BY: Alistair Mackenzie Millen

ROLE: RLBUHT Doctor

BLEEP: mobile

Relevant Information: Presents with acute onset of left lower limb claudication/ischaemia. No foot pulses and pale foot. ?Embolus ?Thrombosis in situ on 09-Oct-2018 at 15:09)

LEFT- The CIA, proximal IIA and EIA are widely patent with no haemodynamically significant disease throughout, no focal velocities noted, triphasic flow remains throughout. The CFA is patent with no significant disease noted, PSV 107cm/s, triphasic flow. The proximal PFA is

Event Number : _____

Examination Date : **09-Oct-2018**

Ref. Source : MURRAY J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt, US Doppler iliac femoral artery Lt**

DoE
Hosp. No
CRIS No
NHS N.

patent, PSV 74cm/s. The SFA is widely patent throughout with no significant disease noted, triphasic flow remains throughout, PSV 51cm/s. The proximal Popliteal artery is patent with flow becoming increasingly damped distally, PSV 27cm/s. There is evidence of soft low echogenic occlusive material in the distal Popliteal artery suggestive of thrombus in keeping with the acute medical history. The TPT appears patent with reduced monophasic flow, PSV 20cm/s. Unable to visualise a patent Peroneal artery, ?occluded. The ATA and PTA are patent with no focal stenosis noted throughout, reduced monophasic flow distally.

TBPI:

Brachial:130mmHg

Left Toe:61mmHg (0.46)

Conclusion:

Soft low echogenic occlusive material in the distal right Popliteal, appearance of thrombus.
? occluded left Peroneal artery.

Event Number :

Examination Date : **09-Oct-2018**

Ref. Source : MURRAY J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler iliac femoral artery Lt**

DoB :

CRIS No. :
NHS No.

VERIFIED Verified By : AKHTAR Anam 28-Nov-2018
Typed By : AKHTAR Anam 28-Nov-2018

Clinical History :

ENTERED BY: Vei Lynn Tay

ROLE: RLBUHT Doctor

BLEEP: [NOT KNOWN]

Relevant Information: 86yo gentleman with bilateral leg ulcers. Appear to be of mixed arterial and venous origin on photography, no pedal pulses present on palpation but present on Doppler. Please can this gentleman have an arterial and venous duplex together with TBPI to guide management please, many thanks.
on 28-Nov-2018 at 09:14)

Irregular heart rate noted.

Event Number :

Examination Date : 28-Nov-2018

Ref. Source : CARROLL N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

LEFT- The CFA is patent with minimal calcified disease, no focal stenosis noted, PSV 66cm/s. The proximal PFA is patent PSV 54cm/s. The SFA and Popliteal artery is patent with mild diffuse calcified disease throughout, no focal stenosis noted, PSV 95cm/s in the distal SFA and 80cm/s in the Popliteal. The TPT is patent and mildly calcified, PSV 70cm/s monophasic flow. The Proximal PTA, Peroneal and ATA are patent and calcified with no focal stenosis noted, triphasic flow. Unable to scan the full length of the calf vessels due to dressings.

unable to assess the venous competence as patient was unable to stand. Widely patent deep veins with no evidence of DVT.

conclusion:

No evidence of disease through visualised left lower limb.

TBPI performed on ward by S. Storer.

Event Number :

Examination Date : **28-Nov-2018**

Ref. Source : CARROLL N, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

DoB
Hosp. No.
CRIS No
NHS No

VERIFIED Verified By : AKHTAR Anam 28-Nov-2018
Typed By : AKHTAR Anam 28-Nov-2018

Clinical History : Previous angioplasty. Pt now presents with black right hallux.

RIGHT- The CIA, proximal IIA and the EIA are widely patent with no issues identified, good volume biphasic flow remains throughout. The CFA is patent with minimal mixed disease, no focal stenosis noted PSV 132cm/s, biphasic flow. Patent Proximal PFA, no focally raised velocities noted, PSV 193cm/s, turbulent biphasic flow. The SFA is patent with mild diffuse calcified disease throughout, no focal stenosis noted, PSV 116cm/s, biphasic flow. The Popliteal artery is patent and mildly calcified, no focal stenosis, PSV 158cm/s, good volume biphasic flow. The TPT is patent and calcified, PSV 101cm/s. the ATA is patent and calcified throughout, no focal stenosis noted, PSV 104cm/s, bi/triphasic flow. The PTA is patent and calcified from its origin until occluding in the mid calf. The Peroneal artery is patent with diffuse calcified disease. The vessel remains patent to the mid calf and appears to peter out through

Event Number :

Examination Date : **28-Nov-2018**

Ref. Source : SCURR James, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt, US Doppler iliac femoral artery Rt**

Hosp.
CRIS
NHS

the distally.

Unable to perform TBPI due to toe dressings.

Conclusion:

calcified vessels throughout.

Occluded mid-distal right PTA.

Peroneal artery is patent and calcified appearing to peter out in the distal third of the calf.

Event Number :

Examination Date : **28-Nov-2018**

Ref. Source : SCURR James, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt, US Doppler iliac femoral artery Rt**

L
Hosp.
CRIS
NHS**VERIFIED** Verified By : AKHTAR Anam 27-Nov-2018
Typed By : AKHTAR Anam 27-Nov-2018

Clinical History : Known left Popliteal in stent stenosis. ?worsened

LEFT- The CFA anastomosis is widely patent with no evidence of disease, no issues identified, PSV 97cm/s. unable to visualise the proximal PFA due to calcific shadowing, turbulent flow suggest possible disease. The SFA stents are patent with no focal stenosis noted, PSV 87cm/s, biphasic flow. As previously reported the Popliteal artery stent is patent with evidence of haemodynamically significant stenosis in the proximal/mid vessel, PSV increase from 69-250cm/s (Previously 69-259cm/s), no significant change since previous scan. The Popliteal artery beyond the disease is patent with no significant issues, PSV 79cm/s, biphasic flow. The TPT is patent, PSV 36cm/s, damped biphasic flow. Patent three vessel run off with biphasic flow noted at the ankle.

Event Number :

Examination Date : 27-Nov-2018

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

[
Hosp.
CRIS
NH**Conclusion:**

Left Popliteal artery in stent stenosis- no change since previous scan.

Event Number :

Examination Date : **27-Nov-2018**

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

DoF
Hosp. No
CRIS No
NHS No

VERIFIED Verified By : AKHTAR Anam 26-Nov-2018
Typed By : AKHTAR Anam 26-Nov-2018

Clinical History : Previous left fem-AK pop bypass 9/05/2017. recurrence of claudication <50 yards. No palpable foot pulse.
ENTERED BY: Sarah Storer

ROLE: RLBUHT Nurse
BLEEP: [NOT KNOWN]

The CFA is patent with no focal stenosis noted, PSV 155cm/s, biphasic flow. Patent proximal PFA with no focal stenosis noted, PSV 144cm/s turbulent monophasic flow. The Fem-AK Pop graft is occluded from its origin for approximately 10cm. Beyond this level the graft is patent with low volume retrograde flow, PSV 14cm/s. There appears to be flow looping through

Event Number :

Examination Date : **26-Nov-2018**

Ref. Source : TORELLA F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

DoE
Hosp. No
CRIS No
NHS N

venous tributaries in the proximal and distal third of the thigh, with possible communication with the SFA collaterals.

The Popliteal artery is patent with no focal stenosis noted, PSV 18cm/s, reduced low volume flow. The TPT is patent with a patent three vessel run off, reduced low volume flow remains throughout.

TBPI:

Brachial: 156mmHg

Left Toe: 58mmHg

Conclusion:

Partially (~10cm) occluded Fem-Ak Pop graft. Low volume retrograde flow through the graft beyond occlusion, appear to be due to flow looping via venous tributaries and possible communication with the SFA collaterals.

Graft scanned with S.Wallace.

Event Number :

Examination Date : **26-Nov-2018**

Ref. Source : TORELLA F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

VERIFIED Verified By : AKHTAR Anam 14-Nov-2018
Typed By : AKHTAR Anam 14-Nov-2018

Clinical History :

Patient DNA 10/10/18, so re-arranged to match OPC 14/11/2018 @14.50pm. Tried to contact patient today, but lady that answered told me he was not home and should be back later today.

on 14-Nov-2018 at 14:40)

Difficult scan due to poor patient mobility and positioning.

LEFT- The CFA is patent with no significant disease noted throughout, no focal stenosis noted, PSV 62cm/s, triphasic flow. The proximal PFA is patent, PSV 32cm/s, bi/triphasic flow. The SFA is patent with mild diffuse calcified disease throughout, flow becomes gradually monophasic through the thigh, no focal stenosis noted, PSV 41cm/s, monophasic flow. The

Event Number :

Examination Date : **14-Nov-2018**

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

Hosp
CRIS
NF

Popliteal artery and in situ stent is patent with no focal stenosis noted, PSV 54cm/s, monophasic flow. The TPT is patent and calcified, PSV 81cm/s, monophasic flow. Heavily calcified tibial vessels with poor views obtained, isolated flow noted in the mid PTA and ATA, PSV 40cm/s and 105cm/s respectively.

TBPI previously performed.

Event Number : E-17176267

Examination Date : **14-Nov-2018**

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt**

DoB
Hosp. No.
CRIS No.
NHS No

VERIFIED Verified By : AKHTAR Anam 02-Nov-2018
Typed By : AKHTAR Anam 02-Nov-2018

Clinical History : Left leg claudication

The distal Aorta is patent with no issues identified, PSV 101cm/s, no focal stenosis noted.

LEFT-The CIA is widely patent with no significant disease, PSV 114cm/s, biphasic flow. The proximal IIA is patent with no evidence of disease, PSV 119cm/s. The EIA is patent throughout its length, no focal stenosis noted, PSV 75cm/s, monophasic flow. The CFA is occluded from its origin. Flow reforms at the CFA bifurcation, proximal PFA is patent, PSV 32cm/s, monophasic flow. The SFA-Popliteal artery is widely patent throughout with no evidence of disease, monophasic flow remains throughout. The TPT is patent with a patent three vessel run off to the ankle.

Event Number :

Examination Date : **02-Nov-2018**

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt, US Doppler iliac femoral artery Lt**

DoB
Hosp. No.
CRIS No.
NHS No

ABPI:

Brachial:130mmHg

Lt PTA:110mmHg

Lt ATA: 80mmHg

Conclusion:

Occluded left CFA.

Event Number :

Examination Date : **02-Nov-2018**

Ref. Source : FISHER RK, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler iliac femoral artery Lt**

Hos
CR
N.

VERIFIED Verified By : AKHTAR Anam 16-Oct-2018
Typed By : AKHTAR Anam 16-Oct-2018

Clinical History :

ENTERED BY: Jack Lilly D'Cruz

ROLE: RLBUHT Doctor

BLEEP: 4474

Relevant Information: 81yo gentleman known to Prof Brennan with an ischaemic leg. has bilateral leg ulcers. PMHx: CKD stage 3, AF on warfarin, MV prolapse, heart disease. Please could this man have both arterial and venous scans of his legs to assess extent of vascular disease. Many thanks in advance
(Information via Order Comms)
on 16-Oct-2018 at 10:17)

Event Number :

Examination Date : **16-Oct-2018**

Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler lower limb arteries Rt**

Hos
CF
↑

Difficult scan due to patient discomfort. Irregular heart rate noted- known AF.

RIGHT- The Femoral-Popliteal segment is patent with mild moderate diffuse mixed and calcified plaque throughout, no focal stenosis noted, flow gradually becomes monophasic through the distal SFA and into the Popliteal artery. Unable to scan calf vessels due to dressings and patient expressed significant discomfort.

LEFT- Patient scanned sitting upright. The CFA is patent and calcified, no focal stenosis noted, PSV 136cm/s, bi/triphasic flow. The proximal PFA is patent and mildly calcified with high resistant flow, PSV 141cm/s. The SFA is patent with moderate diffuse mixed and calcified disease forming a significant stenosis in the distal third of the thigh, PSV 99-317cm/s. The Popliteal artery is patent with mild calcified disease, no focal stenosis noted, reduced monophasic flow, PSV 42cm/s. Unable to scan the the calf vessels due to dressings.

Conclusion:

Event Number :

Examination Date : **16-Oct-2018**

Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler lower limb arteries Rt**

Hos
CR
N

Calcified vessels throughout bilaterally.
significant left distal SFA stenosis.
Calf vessels not scanned bilaterally.

Event Number :

Examination Date : **16-Oct-2018**

Ref. Source : BRENNAN JA, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler lower limb arteries Rt**

Hos
CR
N

VERIFIED Verified By : AKHTAR Anam 17-Oct-2018
Typed By : AKHTAR Anam 17-Oct-2018

Clinical History :

ENTERED BY: Sohan Shah

ROLE: RLBUHT Doctor

BLEEP: [NOT KNOWN]

Relevant Information: Last scan 2016. Planned for left femoral endarterectomy but progression of symptoms and worsening in general health. Need up-to-date imaging please.
on 17-Oct-2018 at 11:45)

Difficult scan due to tense abdomen.

The Aorta is patent with no significant disease, no focal stenosis noted, PSV 38cm/s. Maximum

Event Number :

Examination Date : **17-Oct-2018**

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt, US Doppler iliac femoral artery Lt**

5 3XZ

Hos
CF
N

Aorta dimensions are 2.2cm, no evidence of AAA.

LEFT- The CIA is patent with mild mixed and calcified disease through the distal segment of the vessel, no focal stenosis noted, PSV 142cm/s. The proximal IIA is patent and calcified with no focal stenosis noted, PSV 189cm/s. The EIA is patent and mildly calcified, no focal stenosis noted, PSV 194cm/s monophasic flow. The CFA is patent with moderate mixed and calcified plaque noted over the posterior aspect of the distal vessel, no focal stenosis noted, PSV 150cm/s. The proximal PFA is patent with calcified disease, elevated velocities noted from 187 cm/s to 223cm/s. The SFA is occluded from its origin, reforming in the distal third of thigh, PSV 43cm/s, reduced monophasic flow. The Popliteal artery is patent and appears a reasonable vessel with no focal stenosis noted, PSV 46cm/s. The TPT is patent with a patent 2 vessel run off via the ATA and PTA, monophasic flow noted distally. The Peroneal artery is patent until occluding in the distal calf.

Conclusion:

Event Number :

Examination Date : **17-Oct-2018**

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt, US Doppler iliac femoral artery Lt**

Hos
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N

Occluded left SFA.

Occluded left distal Peroneal artery.

Event Number : _____

Examination Date : 17-Oct-2018

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Doppler iliac femoral artery Lt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

VERIFIED Verified By : AKHTAR Anam 04-Dec-2018
Typed By : AKHTAR Anam 04-Dec-2018

Clinical History : Right infected diabetic foot ulcer fifth toe now discoloured. ? necrotic to assess arterial supply.

ENTERED BY: Sophie Lewis

ROLE: RLBUHT Doctor
BLEEP: 4215

RIGHT- The Femoral-Popliteal segment is widely patent with no evidence of disease, no focal stenoses noted, triphasic flow remains throughout. The TPT is patent with a patent three vessel run off to the ankle, Triphasic flow noted through the PTA and Peroneal artery with hyperaemic monophasic flow in the ATA- in keeping with infection.

Event Number :

Examination Date : **04-Dec-2018**

Ref. Source : CUNNINGHAM Patricia, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XF

Examinations : **US Doppler lower limb arteries Rt**

Hos|
CRI
NI

Unable to perform TBPI due to ulcer on the hallux.

Conclusion:

No significant right lower limb arterial disease.

Event Number : _

Examination Date : **04-Dec-2018**

Ref. Source : CUNNINGHAM Patricia, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XF

Examinations : **US Doppler lower limb arteries Rt**

DoB
Hosp. No.
CRIS No.
NHS No.

VERIFIED Verified By : AKHTAR Anam 03-Oct-2018
Typed By : AKHTAR Anam 03-Oct-2018

Clinical History : Bilateral Toe ulcers.

RIGHT- The CFA is patent with minimal non significant mixed disease throughout, no focal stenosis noted, PSV 150cm/s triphasic flow. The proximal PFA is patent, PSV 75cm/s, turbulent biphasic flow. The SFA is patent with a significant stenosis noted in the mid thigh with a PSV increase from 135-417cm/s, triphasic flow. The Popliteal artery is patent with no significant disease noted throughout, PSV 112cm/s, triphasic flow. The TPT is patent, PSV 97cm/s, triphasic flow. The PTA is patent from its origin and with calcified disease throughout, until occluding in the distal calf (above the ankle level). The ATA and Peroneal artery are patent with calcified disease throughout, no focal stenosis noted, flow becomes gradually reduced and monophasic through the calf.

Event Number :

Examination Date : **03-Oct-2018**

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt**

D
Hosp. f
CRIS /
NHS

LEFT- The CFA is patent with no significant disease noted, PSV 121cm/s, triphasic flow. The proximal PFA is patent, PSV 118cm/s, biphasic flow. The SFA is patent with a severe stenosis noted in the mid thigh, PSV increase from 115/548cm/s, monophasic flow. The Popliteal artery is patent with mild mixed disease, no significant stenosis noted throughout, PSV 84cm/s, monophasic flow. Patent proximal PTA seen, however vessel is heavily calcified with poor views through the mid calf, ? patency. The PTA is patent distally with reduced monophasic flow, PSV 47cm/s. The ATA and peroneal artery are patent with calcified disease throughout, no focal stenosis noted, monophasic flow remains throughout.

TBPI:

Brachial:150mmHg

Right Toe:54mmHg

Left Toe: unable to obtain due to dressings.

TBPI performed by K. Evans.

Event Number :

Examination Date : 03-Oct-2018

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt

Dc
Hosp. N
CRIS N
NHS

Conclusion:

Severe mid SFA stenosis bilaterally.

Occluded right distal PTA.

? left PTA patency.

Examination Date : **03-Oct-2018**

Event Number :

Ref. Source : SMOUT J, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt,US Doppler lower limb arteries Lt**

Dc
Hosp. N
CRIS N
NHS

VERIFIED Verified By : AKHTAR Anam 21-Nov-2018
Typed By : AKHTAR Anam 21-Nov-2018

Clinical History :
ENTERED BY: Sarah Storer

ROLE: RLBUHT Nurse

BLEEP:

Relevant Information: Patient had kissing iliac stents placed at Whiston 20/11 by MR Neequaye. Closure device in left groin. Was transferred here for ? left limb ischaemia. ? dissection plaque. Symptoms have settled. Planning DC after scan.
on 21-Nov-2018 at 08:49)

LEFT- Sub optimal views of the left CIA stent, however it appears patent with no focal stenosis noted, PSV 117cm/s, monophasic flow. The CIA beyond the stent is widely patent with no

Examination Date : 21-Nov-2018

Event Number :

Ref. Source : TORELLA F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler iliac femoral artery Lt, US Doppler lower limb arteries Lt

Dr
Hosp. N
CRIS N
NHS

issues, PSV 275cm/s. IIA not seen for landmark. Unable to visualise the EIA origin for an approximate length of 4cm due to shadowing. The visualised EIA is patent with generally raised velocities noted throughout, PSV 314cm/s turbulent monophasic flow, ? proximal disease. The Femoral-Popliteal arteries are patent with mild mixed disease, no focal stenosis noted, monophasic flow remains throughout. The TPT is patent with a patent three vessel run off to the ankle.

TBPI:

Brachial:120mmHg

Left Toe:79mmHg

Conclusion:

Patent left CIA stent.

Examination Date : **21-Nov-2018**

Event Number :

Ref. Source : TORELLA F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler iliac femoral artery Lt,US Doppler lower limb arteries Lt**

Dr
Hosp. N
CRIS N
NHS

Unable to visualise the proximal EIA, turbulent flow noted beyond, ? proximal disease.

Event Number :

Examination Date : **21-Nov-2018**

Ref. Source : TORELLA F, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler iliac femoral artery Lt,US Doppler lower limb arteries Lt**

Dol
Hosp. No
CRIS No
NHS No

VERIFIED Verified By : AKHTAR Anam 08-Nov-2018
Typed By : AKHTAR Anam 08-Nov-2018

Clinical History :
ENTERED BY: Kajantharshri Sritharan

ROLE: RLBUHT Doctor

BLEEP:

Relevant Information: Bilateral leg pain at short distance. Weak pedal pulses bilaterally. ABPIs
+/- Bilateral arterial if ABPIs low pls
on 08-Nov-2018 at 11:37)

Known AAA, previously measured at 5.4cm.

Event Number :

Examination Date : **08-Nov-2018**

Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Ankle Brachial Pressure Index, US Doppler lower limb arteries Lt, ULLAR**

Hosp.
CRIS
NH

Unable to scan Aorto-iliac segment due to patient discomfort (severe back pains).

RIGHT-The CFA is patent with mild mixed and calcified disease, no focal stenosis noted, PSV 140mmHg, turbulent biphasic flow. The proximal PFA is patent and calcified, PSV 190cm/s. The SFA is patent with mild mixed and calcified diffuse disease throughout, no focal stenosis noted, PSV 66cm/s, turbulent biphasic flow. The Popliteal artery is patent and calcified with moderate mixed and dense plaque in the proximal segment, forming a moderate stenosis, PSV increase from 64-184cm/s, biphasic flow. The TPT is patent and calcified with a calcified three vessel run off, biphasic flow noted at the ankle.

LEFT- The CFA is patent with mild mixed disease, no focal stenosis now, PSV 189cm/s, biphasic flow. The proximal PFA is patent and calcified, PSV 190cm/s, turbulent biphasic flow. The SFA is patent with mild/moderate diffuse mixed and calcified disease with a moderate stenosis noted in the proximal/mid segment of the thigh, PSV increase from 130-240cm/s, biphasic flow. Further moderate stenosis noted in the distal thigh, PSV increase from 91-

Event Number :

Examination Date : **08-Nov-2018**

Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Ankle Brachial Pressure Index, US Doppler lower limb arteries Lt, ULLAR**

DoB :
Hosp. No. :
CRIS No. :
NHS No. :

210cm/s, biphasic flow. Shortly beyond this segment the distal SFA is dilated measuring approximately 1.1cm. Obscured views of the Popliteal artery for an approximate length of 2.2 cm due to calcific shadowing, however vessel appears patent with significant irregular mixed and calcified disease, elevated velocities noted through this segment, PSV 52-272cm/s. The TPT is patent and calcified with no focal stenosis noted. Patent and calcified three vessel run off, damped monophasic flow noted at the ankle.

TBPI-

Brachial:>200mmHg

Rt Toe:96mmHg

Lt Toe:77mmHg

Conclusion:

Calcified vessel throughout.

Moderate right proximal Popliteal artery stenosis.

Moderate left proximal/mid SFA stenosis.

Event Number :

Examination Date : **08-Nov-2018**

Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Ankle Brachial Pressure Index,US Doppler lower limb arteries Lt,ULLAR**

Royal Liverpool and Broadgreen University Hospitals NHS Trust: Clinical Report	
Page 4 of 4	
DoE Hosp. No CRIS No NHS N	
Significant left proximal-mid Popliteal artery stenosis.	
<div></div>	
Event Number :	Examination Date : 08-Nov-2018
Ref. Source : SRITHARAN K, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP	
Examinations : US Ankle Brachial Pressure Index,US Doppler lower limb arteries Lt,ULLAR	

D
Hosp. I
CRIS I
NHS

VERIFIED Verified By : AKHTAR Anam 06-Nov-2018
Typed By : AKHTAR Anam 06-Nov-2018

Clinical History :

ENTERED BY: Sarah Storer

ROLE: RLBUHT Nurse

BLEEP:

Relevant Information: Patient with diabetic foot ulcer, Charcot deformity. Previous SFA/Pop/peroneal angioplasty in August. Admitted due to infection of ulcer. Could you please scan to assess patency and obtain a toe pressure please on 05-Nov-2018 at 11:59)

ENTERED BY: Sarah Storer

ROLE: RLBUHT Nurse

Event Number :

Examination Date : **06-Nov-2018**

Ref. Source : PUREWAL TS, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt, US Ankle Brachial Pressure Index**

Hosp
CRIS
NH

BLEEP:

Irregular heart rate noted.

LEFT- The CFA is patent with mild mixed and calcified disease, no focal stenosis noted, PSV 151cm/s triphasic flow. The proximal PFA is patent with calcific shadowing obscuring the vessel origin, flow beyond this level is reasonable, PSV 148cm/s, turbulent biphasic flow. The SFA is patent with moderate diffuse calcified disease throughout, no focal stenosis noted, PSV 81cm/s, triphasic flow. The Popliteal artery is patent and calcified throughout, no focal stenosis noted, PSV 102cm/s, triphasic flow. The TPT is patent, PSV 97cm/s, biphasic flow. Unable to visualise a patent PTA shortly beyond its origin, ? occluded. The Peroneal artery is patent and heavily calcified, no focal stenosis noted, PSV 161cm/s, monophasic flow. The ATA is patent and calcified with no focal stenosis noted throughout, PSV 65cm/s, monophasic flow noted at the ankle.

Event Number :

Examination Date : **06-Nov-2018**

Ref. Source : PUREWAL TS, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Ankle Brachial Pressure Index**

D
Hosp. I
CRIS I
NHS

Weak Toe signals, no TBPI obtained.

Conclusion:

Heavily calcified vessel throughout.

? left PTA patency.

Event Number :

Examination Date : **06-Nov-2018**

Ref. Source : PUREWAL TS, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Lt,US Ankle Brachial Pressure Index**

Dol
Hosp. No
CRIS No
NHS No

VERIFIED Verified By : AKHTAR Anam 16-Jan-2019
Typed By : AKHTAR Anam 16-Jan-2019

Clinical History : Bilateral lower limb claudication.

The Aorta is patent and mildly calcified, no focal stenosis noted. The maximum Aneurysm dimensions are 1.5 x 1.6cm, no evidence of AAA.

RIGHT- The CIA is patent with irregular calcified plaque noted just beyond the vessel origin forming a haemodynamically significant stenosis with a PSV increase from 56-152-305cm/s, turbulent biphasic flow. The CIA beyond the disease is patent and calcified with no further stenosis noted. The proximal IIA is patent, PSV 160cm/s. The EIA is patent with moderate calcified disease, elevated velocities noted through the distal segment of the vessel, PSV 160-230cm/s, biphasic flow. The CFA is patent with mild/moderate irregular mixed and calcified

Event Number :

Examination Date : 16-Jan-2019

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescott Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt, UDIAL, UDIAR, UAORT, ULLVL, ULLVR

Doc
Hosp. No
CRIS No
NHS No

disease, no focal stenosis noted, PSV 114cm/s, biphasic flow. The proximal PFA is patent and diseased at its origin, forming a velocity increase from 114-302cm/s. The SFA is patent from its origin with moderate/significant mixed, dense and calcified disease forming a narrow flow channel with a near moderate stenosis, PSV 35-53cm/s. The SFA occludes shortly beyond this level in the proximal thigh, reforming in the mid vessel, PSV 9cm/s, damped flow. The Popliteal artery is patent and mildly calcified with no focal stenosis noted, PSV 40cm/s, monophasic flow. Patent and calcified TPT with a patent three vessel run off to the ankle.

LEFT- The CIA is patent with moderate/significant and irregular mixed and calcified disease noted throughout the CIA, forming a velocity increase from 56-185-232cm/s, biphasic flow. The proximal IIA is patent and calcified, PSV 177cm/s. The EIA is patent with diffuse calcified disease throughout, slightly elevated velocities noted through the distal segment, PSV increase from 160-219cm/s, biphasic flow, turbulent flow. The CFA is patent with mild mixed and calcified disease throughout, no focal stenosis noted turbulent biphasic flow, PSV 121cm/s. The Proximal PFA is patent, PSV 156cm/s. The SFA is patent with significant mixed and

Event Number :

Examination Date : **16-Jan-2019**

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt,US Doppler lower limb arteries Lt,UDIAL,UDIAR,UAORT,ULLVL,ULLVR**

DoB : **21-Aug-1948**
Hosp. No. : **RQ64441548**
CRIS No. : **1046080**
NHS No. **452 866 9722**

calcified disease throughout. Narrow flow channel noted through the SFA with disease appearing more significant through the proximal third of the thigh, PSV 49-95-209cm/s. The Popliteal artery is patent with mild non significant calcified disease, no focal stenosis noted, PSV 29cm/s, reduced monophasic flow. the PT is patent with a patent three vessel run off to the ankle.

The GSV's are patent and measure approximately 0.15cm through the thigh bilaterally. GSV unsuitable for bypass conduit due to small calibre.

TBPI:

Brachial:140mmHg

Event Number :

Examination Date : **16-Jan-2019**

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt,US Doppler lower limb arteries Lt,UDIAL,UDIAR,UAORT,ULLVL,ULLVR**

DoB : 21-Aug-1948
Hosp. No. : RQ64441548
CRIS No. : 1046080
NHS No. 452 866 9722

Rt Toe: 65mmHg
Lt Toe: 64mmHg

Conclusion:
Significant right proximal CIA stenosis.
Occluded right SFA.

Event Number :

Examination Date : 16-Jan-2019

Ref. Source : NEEQUAYE S, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : US Doppler lower limb arteries Rt, US Doppler lower limb arteries Lt, UDIAL, UDIAR, UAORT, ULLVL, ULLVR

DoB
Hosp. No.
CRIS No.
NHS No.

VERIFIED Verified By : AKHTAR Anam 03-Dec-2018
Typed By : AKHTAR Anam 03-Dec-2018

Clinical History : Angioplasty of LEFT SFA- BK Pop vein graft (22/06/2018)

RIGHT- The CFA is patent with minimal mixed disease no focal stenosis noted, PSV 87cm/s, turbulent triphasic flow. The proximal PFA is patent, PSV 116cm/s, triphasic flow. The SFA is patent with a severe stenosis noted in the distal thigh forming a PSV increase from 66-575cm/s, monophasic flow. The Popliteal artery is patent with mild non significant disease, no focal stenosis, PSV 68cm/s, monophasic flow. The TPT is patent with a patent three vessel run off to the ankle, monophasic flow noted at the ankle.

LEFT- The CFA is widely patent with no issues identified, PSV 90cm/s, triphasic flow. The proximal PFA is patent, PSV 102cm/s, triphasic flow. The SFA inflow is widely patent, PSV

Event Number

Examination Date : **03-Dec-2018**

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Graft Surveillance, US Doppler lower limb arteries Rt**

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149cm/s, good volume triphasic flow. The SFA- BK Popliteal vein graft and its associated anastomoses are widely patent with no issues identified, mid graft PSV 107cm/s. The native Popliteal is patent, PSV 96cm/s, triphasic flow. Known significant ATA origin stenosis, PSV 96-359cm/s, bi/triphasic flow. The PTA and Peroneal arteries are patent with no focal stenoses noted, reasonable biphasic flow noted at the ankle.

ABPI:

Brachial:160mmHg

Rt PTA:140mmHg

Rt ATA:110mmHg

Lt PTA:140mmHg

Lt ATA:130mmHg

Conclusion:

Severe right distal SFA stenosis.

Widely patent left SFA-BK Pop graft , no issues identified.

Event Number :

Examination Date : **03-Dec-2018**

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Graft Surveillance,US Doppler lower limb arteries Rt**

DoB :
Hosp. No. :
CRIS No. :
NHS No.

Known significant left ATA origin stenosis.

Event Number :

Examination Date : **03-Dec-2018**

Ref. Source : NAIK JB, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Graft Surveillance,US Doppler lower limb arteries Rt**

Hosp.
CRIS
NH

VERIFIED Verified By : AKHTAR Anam 04-Dec-2018
Typed By : AKHTAR Anam 04-Dec-2018

Clinical History :

75M

BG: T2DM, prev. triple heart bypass, HTN

This admission: R little toe cellulitis surrounding vascular ulcer.

CRP 103, WCC 13

O/E: R little toe vascular ulcer on dorsal aspect with swelling and erythema

Please could we have USS doppler arterial R lower limb prior to vascular review

Many thanks

ENTERED BY: James Forryan

ROLE: RLBUHT Doctor

BLEEP: [NOT KNOWN]

Event Number :

Examination Date : **04-Dec-2018**

Ref. Source : PUREWAL TS, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt**

Do
Hosp. No
CRIS No
NHS No

Irregular heart rate noted.

RIGHT- The CFA is patent with mild mixed and calcified disease, no focal stenosis noted, PSV 81cm/s, triphasic flow. The proximal PFA is patent, PSV 73cm/s, triphasic flow. The SFA is patent with diffuse calcified disease throughout, disease becomes more significant through the mid thigh where there is a severe focal stenosis with a PSV increase from 56->300cm/s, triphasic flow. The Popliteal artery is patent with mild mixed and calcified disease, no focal stenosis noted, PSV 45cm/s, monophasic flow. The TPT is patent and calcified with no focal stenosis noted. The ATA and Peroneal arteries are patent and calcified with no focal stenosis, monophasic flow noted throughout. The PTA is patent with significant diffuse calcified disease through the distal third of the calf. Segmental colour filling noted, ? short occlusion, reduced monophasic flow noted at the ankle.

TBPI:

Event Number :

Examination Date : **04-Dec-2018**

Ref. Source : PUREWAL TS, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt**

Dol
Hosp. No
CRIS No
NHS No

Brachial:128mmHg
Right Toe:29mmHg (0.2)

Conclusion:

Calcified vessels throughout.

Severe right mid thigh stenosis.

Significant right distal diffuse calcified disease, ? short segment occlusion.

Event Number

Examination Date : **04-Dec-2018**

Ref. Source : PUREWAL TS, The Royal Liverpool University Hospital, Prescot Street, Liverpool, Merseyside, L7 8XP

Examinations : **US Doppler lower limb arteries Rt**