

**Arterial Lower Limb Duplex**Examined **24/01/2019 10:00**

Page 1 of 2

**C Chan**

Reference

Accession **CR-19-0001726**

Patient **Bob Romanoff**  
D.O.B. **25/01/1941**

NHS No **440 661 8392**  
Patient Ref **4002975**

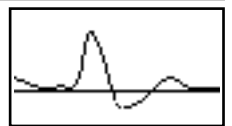
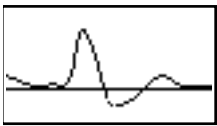
Reason Routine  
Outcome Calcified

**Right****Left****Brachial**

Good

**Common Femoral**

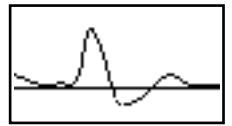
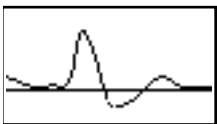
Good

**High Thigh****Low Thigh**

Good

**Popliteal**

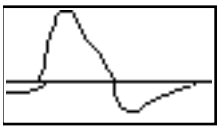
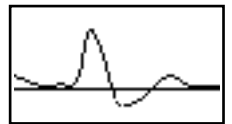
Good

**High Calf****Peroneal**

Good

**Anterior Tibial**

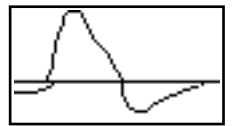
Good



Good

**Posterior Tibial**

Good

**Dorsalis Pedis****Toe Pressure****Post Exercise****Notes****BILATERAL LOWER LIMB ARTERIAL DUPLEX**

\*Please note that images are saved on PACS under accession no. CR-19-0001728

**RIGHT:**

CFA, PFA origin, SFA and PopA - patent with calcified disease, good bi/triphasic waveforms, PSV 52-119cm/s.

TPT is calcified but is patent. 2 run-off origins noted.

ATA and PTA - patent at the ankle, good bi/triphasic waveforms at the ankle, PSV 91-105cm/s.

Assessed by **Sharifa Kiyegga**

Printed on 25/01/2019 at 3:40 pm

Checked by \_\_\_\_\_

**C Chan**

Reference

Accession **CR-19-0001726**Patient **Bob Romanoff**NHS No **440 661 8392**D.O.B. **25/01/1941**Patient Ref **4002975****LEFT:**

CFA, PFA origin, SFA and PopA - patent with calcified disease, good bi/triphasic waveforms, PSV 73-107cm/s.

TPT is calcified but is patent.

ATA and PTA - patent at the ankle, good bi/triphasic waveforms at the ankle, PSV 69-72cm/s.

Bilateral resting ABPI's not performed due to ulceration and weeping oedema.