

**Arterial Lower Limb Duplex**Examined **31/01/2019 12:00**

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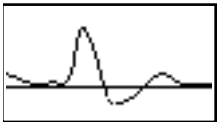
**Gareth Harrison**

Reference

Accession **CR-19-0005754**Patient **Mary Victorio**  
D.O.B. **11/02/1952**NHS No **498 150 4691**  
Patient Ref **3009627****Reason** Claudication**Outcome** Stenosis mild, Stenosis moderate, Occlusion**Right**

164

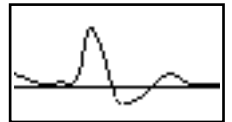
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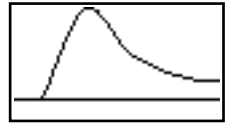
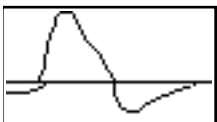
Good

**Brachial****Common Femoral**

Good

**Left****High Thigh****Low Thigh****Popliteal**

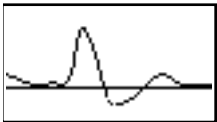
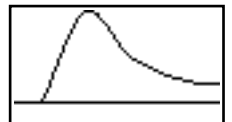
Reduced

**High Calf****Peroneal**

Good

**Anterior Tibial**

Reduced



Good

140

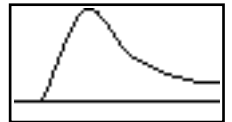
0.85

**Posterior Tibial**

Reduced

74

0.45

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

CFA, PFA origin - patent with good bi/triphasic waveforms, PSV 162-245cm/s.

SFA - mild velocity shift noted in the proximal vessel, velocities increase from PSV 162-267cm/s, good triphasic waveforms. Diffuse moderate disease with turbulent flow identified in the mid to distal vessel, good biphasic waveforms, PSV 181-176cm/s.

PopA - patent with mild disease, good biphasic waveforms, PSV 92-97cm/s.

Assessed by **Sharifa Kiyegga**

Printed on 31/01/2019 at 1:59 pm

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

**Gareth Harrison**

Reference

Accession **CR-19-0005754**

Patient **Mary Victorio**  
D.O.B. **11/02/1952**

NHS No **498 150 4691**  
Patient Ref **3009627**

TPT is patent. 2 run-off origins noted.

ATA - multiple obscured regions noted, however appears patent at the ankle, good biphasic waveforms, PSV 57cm/s.

PTA - appears patent along its length, good triphasic waveforms at the ankle, PSV 115cm/s.

**LEFT:**

CFA, PFA origin - patent with good triphasic waveforms, PSV 151-112cm/s.

SFA - mild/moderate stenosis identified in the proximal vessel, velocities increase from PSV 97cm/s to PSV 211cm/s. Diffuse moderate disease noted in the mid vessel segment. Trickle flow identified in the mid/ distal vessel segment at 54cm proximal to the MM before vessel becomes fully occluded. Vessel appears to reform in the distal thigh at 49cm proximal to MM with turbulent flow and raised velocities noted in this region ?due to collateral flow ?severe stenosis. Distal vessel is patent with mild disease, reduced monophasic waveforms, PSV 58cm/s.

Pop A - patent with reduced monophasic waveforms, PSV 48cm/s.

TPT is patent. 2 run-off origins noted.

ATA - appears patent along its length, reduced monophasic waveforms at the ankle, PSV 32cm/s.

PTA - appears patent along its length, reduced monophasic waveforms at the ankle, PSV 36cm/s.

Right resting ABPI's within normal limits (0.86) with no reduction in systolic ankle pressure following a 1-minute foot flex exercise challenge.

Left ABPI is severely reduced (0.45).

