

**Arterial Lower Limb Duplex**Examined **01/02/2019 09:39**

Page 1 of 2

C Chan

Reference

Accession **CR-19-0000559**Patient **Mary Scott**NHS No **440 380 5019**D.O.B. **10/11/1927**Patient Ref **3073070****Reason** Claudication**Outcome** Stenosis severe, Occlusion, Calcified**Right**

120

1.00

Brachial**Common Femoral**

Good

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

Reduced

High Calf**Peroneal**

Reduced

60

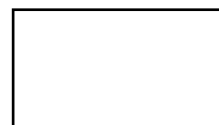
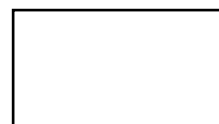
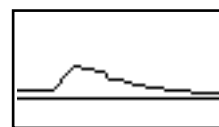
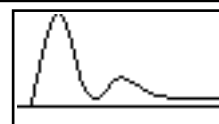
0.50

Anterior Tibial

Absent

Posterior Tibial

Absent

Dorsalis Pedis**Toe Pressure****Post Exercise****Left****Notes****LEFT LOWER LIMB ARTERIAL DUPLEX:**

*Vessel calcification noted throughout.

Aorta - patent, mild dense and calcified disease with no evidence of focal dilation, maximum outer-to-outer of 1.8cm, good biphasic waveforms, PSV 53cm/s.

CIA - patent with good biphasic waveforms, PSV 105cm/s.

Assessed by **Sharifa Kiyegga**

Printed on 01/02/2019 at 12:34 pm

Checked by _____

**C Chan**

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D.O.B. **10/11/1927**

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EIA - patent with turbulent biphasic waveforms, PSV 105cm/s.

CFA - patent with moderate disease, good monophasic waveforms, PSV 191cm/s.

PFA origin - patent with a 0.91cm severe stenosis, velocities increase from PSV 116cm/s to PSV 553cm/s.

SFA - patent at the origin/ proximally with severe disease, vessel soon becomes occluded and reforms in the distal thigh at 53cm proximal to the MM. Severe stenosis identified in the distal SFA at 50cm, velocities increase from PSV 20cm/s to PSV 127cm/s. Distal to this vessel is patent with calcified disease, reduced monophasic waveforms, PSV 32cm/s.

PopA - proximal vessel is obscured for 1.8cm, no raised velocities noted proximal or distal to this region.

Mid to distal vessel is patent with reduced monophasic waveforms, PSV 33cm/s.

TPT is patent. 2 run-off origins noted.

ATA - appears patent at the origin with moderate/ severe disease with vessel appearing to occlude soon after and remains occluded to the ankle.

PTA - flow noted in the proximal vessel upon augmentation. Mid to distal vessel appears occluded.

Pero A - appears patent along its length, reduced monophasic flow at the ankle, PSV 31cm/s.

Left resting ABPI's reduced (0.50).

