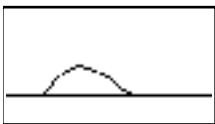
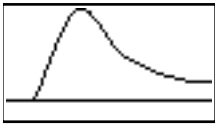
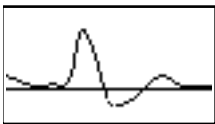


**Arterial Lower Limb Duplex**Examined **19/12/2018 09:17**

Page 1 of 2

R Chandrasekar

Reference

Accession **CR-18-0066076**Patient **Shelagh Ayers**
D.O.B. **13/05/1943**NHS No **440 663 5939**
Patient Ref **4025163**Reason Claudication
Outcome Stenosis severe**Right**  **Brachial****Common Femoral****High Thigh****Low Thigh****Popliteal****High Calf****Peroneal****Anterior Tibial****Posterior Tibial****Dorsalis Pedis****Toe Pressure****Post Exercise****Left****Notes****RIGHT LOWER LIMB ARTERIAL DUPLEX**

CFA, PFA origin - patent with mild/ moderate disease, triphasic waveforms, PSV 161-212cm/s
SFA - proximal to mid vessel is patent with diffuse moderate disease, good triphasic to monophasic waveforms, PSV 82-73cm/s. Severe stenosis noted in the mid/ distal vessel at 42cm proximal to the MM, velocities increase from PSV 84 to 437cm/s. Distal SFA is patent with mild/moderate disease, reduced monophasic waveforms, PSV 69cm/s.
TPT is patent. 3 run-off origins noted.

Assessed by **Sharifa Kiyegga**

Printed on 25/01/2019 at 3:42 pm

Checked by _____

Patient **Shelagh Ayers**NHS No **440 663 5939**D.O.B. **13/05/1943**Patient Ref **4025163**

ATA - patent along length, weak monophasic waveforms at the ankle, PSV 23cm/s.

PTA - small calibre. proximal to distal vessel appears patent with weak monophasic waveforms. Vessel not identified at the ankle ?patency

Right resting ABPI's severely reduced (0.47).

