

**Arterial Lower Limb Duplex**Examined **16/01/2019 08:55**

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Reference

Upendram Srinivas-ShankarAccession **CR-18-0067178**Patient **Geoffrey Dodd**NHS No **440 848 7074**D.O.B. **28/12/1946**Patient Ref **5189587****Reason** Ulceration**Outcome** Stenosis moderate, Stenosis severe, Occlusion, Obscured, Calcified**Right****Left****Brachial****Common Femoral****High Thigh****Low Thigh****Popliteal****High Calf****Peroneal****Anterior Tibial****Posterior Tibial****Dorsalis Pedis****Toe Pressure****Post Exercise**

Absent

Weak

Reduced

Notes**RIGHT LOWER LIMB ARTERIAL DUPLEX**

*Heavy vessel calcification noted throughout

CFA - 1.6cm moderate stenosis noted in the proximal vessel, velocities increase from PSV 165cm/s to 512cm/s.

PFA origin - severe stenosis noted at the vessel origin, velocities increase from PSV 74cm/s to PSV 366cm/s.

Assessed by **Sharifa Kiyegga**

Printed on 25/01/2019 at 3:31 pm

Checked by _____

Patient **Geoffrey Dodd**NHS No **440 848 7074**D.O.B. **28/12/1946**Patient Ref **5189587**

SFA - heavy vessel calcification noted throughout with multiple obscured regions. Proximal vessel appears occluded from its origin. Oscillatory flow noted in the mid vessel segment. Vessel appears to fully reform in the distal thigh segment, reduced monophasic waveforms, PSV 24-31cm/s.

Pop A - proximal vessel is patent with reduced monophasic waveforms, PSV 28cm/s. Mid vessel appears occluded with low echoic material. Distal vessel is heavily calcified with no colour flow noted, venous like waveforms obtained ?patency.

TPT is heavily calcified and obscured with no flow noted ?patency.

ATA - heavily calcified and obscured, where seen weak monophasic flow noted, PSV 12cm/s.

PTA - heavily calcified and largely obscured, however appears patent at the ankle, monophasic flow, PSV 34cm/s.

Right resting ABPI attempted, however not obtained as systolic pressure is >220mmHg due to vessel calcification.

