

**Arterial Lower Limb Duplex**Examined **31/01/2019 10:50**

Page 1 of 2

**Gareth Harrison**

Reference

Accession **CR-19-0005729**

Patient **Faramarz Tahmasebi**  
D.O.B. **24/03/1959**

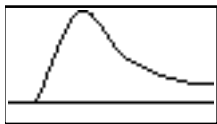
NHS No **622 967 2936**  
Patient Ref **3016012**

Reason Claudication  
Outcome Stenosis severe

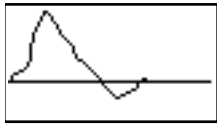
**Right**

130

1.00



Slightly Reduced



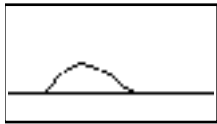
Slightly Reduced



Good

100

0.77



Good

**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:**

Aorta - widely patent with no evidence of focal dilation, measures 1.5cm AP, triphasic waveforms, PSV 57cm/s.

CIA - Patent proximally, 1.9cm severe stenosis in the distal vessel segment, just proximal to the EIA/ IIA bifurcation, velocities increase from PSV 55cm/s to PSV 454cm/s.

CFA, PFA origin - widely patent, reduced monophasic waveforms, PSV 78-55cm/s.

SFA - widely patent with slightly reduced mono/triphasic waveforms, PSV 43-43cm/s.

Assessed by **Sharifa Kiyegga**

Printed on 31/01/2019 at 2:23 pm

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

**Gareth Harrison**

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TPT is patent. 3 run-off origins noted.

ATA - patent along length, good biphasic waveforms at the ankle, PSV 34cm/s.

PTA - patent along length, reduced monophasic waveforms at the ankle, PSV 26cm/s.

LEFT:

CIA - patent with good triphasic waveforms, PSV 80cm/s.

EIA - patent with good triphasic waveforms, PSV 150cm/s.

CFA - widely patent with good triphasic waveforms, PSV 108cm/s.

Right resting ABPI's (0.77).

