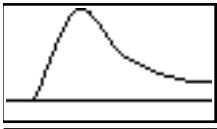


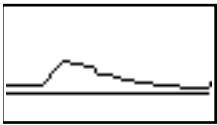
**Arterial Lower Limb Duplex**Examined **03/01/2019 14:53**

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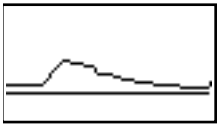
Reference

Abdul MajeedAccession **CR-19-0000661**Patient **Kevin Carton**NHS No **452 245 3418**D.O.B. **12/12/1953**Patient Ref **4041092**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**

Reduced



Reduced



Reduced

Notes

RIGHT LOWER LIMB ARTERIAL DUPLEX:

*Heavy vessel calcification noted.

CFA - moderate/ severe stenosis noted, PSV 425cm/s.

PFA origin - patent with turbulent triphasic waveforms, PSV 183cm/s.

SFA - vessel origin appears patent with turbulent monophasic flow, PSV 184cm/s. An obscured region noted in the proximal thigh SFA, waveforms change from slightly reduced, proximal to the obscured region,

Assessed by **Sharifa Kiyegga**

Printed on 30/01/2019 at 4:33 pm

Checked by _____

**Abdul Majeed**

Reference

Accession **CR-19-0000661**Patient **Kevin Carton**NHS No **452 245 3418**D.O.B. **12/12/1953**Patient Ref **4041092**

to reduced monophasic, distal to the obscured region - suggestive ?occlusion in this region. Two other obscured regions noted in the mid and distal thigh ?patency. Severe stenosis noted in the distal thigh SFA, velocities increase from PSV 36 cm/s to 130cm/s.

PopA - patent with moderate calcified disease, reduced monophasic waveforms, PSV 49cm/s.

TPT is patent with calcified disease.

ATA and PTA - calcified but patent at the ankle, reduced monophasic waveforms, PSV 41-58cm/s.

Right resting ABPI attempted, however crural vessel were incompressible due to calcification, systolic pressure was >240mmHg.

