LOWER LIMB ARTERIAL ASSESSMENT

SCANNER SETTING:
Arterial

PROBES:
5-8MHz

PATIENT POSITION
Supine with support for head and neck.

DISEASE GRADING

Three factors are used to grade atheroma when scanning, appearance on ultrasound, colour flow and spectral Doppler waveform analysis.

Normal: - Walls of vessels should be smooth with intima seen but may have first signs of atheroma with fatty streaks or calcification within the wall. Colour flow should be uniform to the walls of the vessel. The Doppler waveform should be tri-phasic with clear definition of frequencies.

Minor/mild: - Irregular walls to the vessel due to atheroma causing less than 30% diameter reduction, with some colour flow disturbance. The Doppler waveform may exhibit some flow disturbance with spectral broadening and may still be bi-phasic but giving less than 2 times increase in Peak Systolic Velocity (PSV).

Significant: - Atheroma clearly evident causing significant reduction in diameter. Significant colour flow disturbance with aliasing. Localised mild stenoses may still have bi-phasic Doppler waveforms post stenosis, but causing at least 2 times increase in PSV. The more severe the stenosis the more damped and mono-phasic the Doppler waveform post stenosis. Distal to the area of significant disease the Doppler waveform may still be pulsatile but mono-phasic.

Severe: - Heavily congested with atheroma to the extent that it may appear occluded without the use of colour flow Doppler. Severe disease may be multiple tight stenoses or a long stenosis with just a residual lumen. Colour flow Doppler will help to distinguish this. Distal to the area of severe atheroma the Doppler waveform will be very damped and mono-phasic.

Occluded: - Atheroma throughout and may appear small in calibre due to age of disease. No colour flow Doppler or Doppler waveforms detected.

Stenosis grading: - Calculating increase in PSV's is performed by measuring the PSV just proximal to the stenosis in a preferably disease free area or area of minimal disease. A PSV is then measured in the jet of the stenosis. The stenosis PSV is then divided by the proximal PSV to obtain a ratio. 2 to 3 times increase is a mild stenosis and >3 times increase in PSV significant.

IMAGES AND REPORTING:

When obtaining images ensure that the correct side and site is recorded. Note any abnormalities or incidental findings. For reporting purposes split the SFA into proximal, mid and distal thirds. For each segment from the CFA to the popliteal artery measure the diameter of the vessel and in the presence of atheroma measure the lumen diameter (unless there is stenoses of =>3x PSV). Obtain images as necessary with descriptive text of what was seen and when assessing stenoses. Assess level of calcification as whether in walls only or heavily calcified plaque. When possible assess the type of plaque. Measure the length of any occlusions and if short (<10cm) location in segment.

SCANNING TECHNIQUE

AI segment

1. Start in a transverse view in B-mode, along the midline just above the level of the umbilicus. Identify the Abdominal aorta and IVC. To help identify the Abdominal aorta look for the SMA origin and also the bifurcation.

2. Assess for aneurysmal disease by scanning the length of the abdominal aorta. Identify the bifurcation, assessing for aneurysmal disease and noting the orientation of the CIAs.

3. Obtain measurements of the AP diameters of the Abdominal aorta and CIA's in longitudinal view ensuring the walls of the vessels are clearly defined.

4. Switch on the colour Doppler and repeat the scan looking for any flow disturbance or aliasing along the lengths of the aorta, CIAs and EIAs. If present assess with the pulsed Doppler, grading any disease present.

Femoral - Popliteal segment

1. At the level of the inguinal ligament place the probe in a transverse plane. Identify the common-femoral artery and vein and the bifurcation into the superficial-femoral and profunda arteries. Assess the common-femoral artery throughout its length in transverse plane. If no stenotic atheroma obtain a Doppler waveform from the middle of the vessel.

2. If necessary return to a transverse view to identify the profunda artery. Assess the vessel as far as possible in the thigh and obtain a Doppler waveform.

3. Return to the bifurcation and identify the origin of the superficial-femoral artery. Assess the vessel throughout its length, flexing the knee and externally rotating it as necessary. Obtain Doppler waveforms from the proximal and distal segments.

4. With the probe in a transverse view, identify the popliteal artery from behind the knee in the popliteal fossa. Assess the vessel throughout it's length in a longitudinal view by scanning proximally ensuring overlap with the distal SFA/adductor scan and then scan distally to identify the tibio-peroneal trunk. Obtain a Doppler waveform from the distal popliteal artery.

Tibial segment

1. Identify the origins of each of the tibial vessels and assess with the pulsed Doppler obtaining images from each.

2. Whilst in longitudinal view follow the posterior tibial artery from the tibio-peroneal trunk, distally to the level of the malleoli along the medial aspect of the tibia. Assess with pulsed Doppler as necessary and obtaining images. To add in the identification ensure the posterior tibial runs to the medial malleolus, if necessary start scan of PT from malleolus.

3. Return to the tibio-peroneal trunk and assess the peroneal artery throughout it's length to the ankle. The peroneal artery lies deep to the posterior tibial artery in medial view and also deep to the anterior tibial in lateral view.

4. Assess the anterior-tibial artery on the anterio-lateral aspect of the lower leg throughout it's length and that it feeds the dorsalis pedis directly.

5. If there is severe disease demonstrated proximally take AP diameter measurements of the patent tibial arteries proximally and distally.

Arterial Duplex

Date	Identfy numbe	Scan
12/11/2018	106372114	LLLA
14/11/2018	409702110	LLLA (Fem -pop and calf)
15/11/2018	604502230	BLLA
21/11/2018	1411452313	LLLA
21/11/2018	804442053	LLLA
21/11/2018	191031111	BLLA
27/11/2018	202322084	LLLA
13/12/2018	1905402015	LLLA
10/01/2018	1409262138	BLLA
13/12/2018	1401482058	LLLA
18/12/2018	801525233	RLLA
18/12/2018	308325257	BLLA
18/12/2018	211442003	LLLA
19/12/2018	1012402134	CFA/SFA
31/12/2018	2112502190	LLLA
08/01/2019	1212442121	LLLA
17/01/2019	1301442151	BLLA
22/01/2019	1906412146	LLLA
23/01/2019	1302392034	BLLA
23/01/2019	3103712510	LLLA fem - (pop ATA and PTA)
29/01/2019	3108322125	LLLA (Fem -pop and calf)

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: Mr [redacted]
Vascular Surgeon
Ward 215

Episode date
12/11/2018

Ward
Outpatient

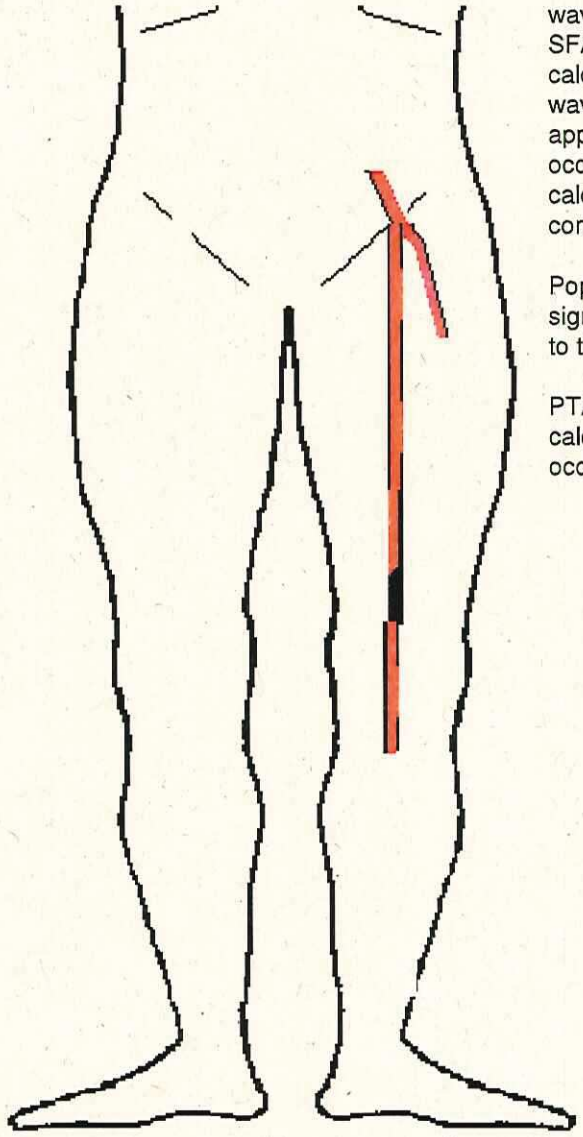
Patient:
Mr. [redacted]

Unit Number
0364435

CHI
0106372114

Tests performed: **Left Leg Arterial Duplex**

Results:



CFA - triphasic dopller waveform with mild disease, SFA prox - 2/3 the veseel is calcified with a biphasic waveform, the distal SFA appears to have a 3cm occlusion the vessel is calcified making it difficult to confirm.

Popliteal proximally have a significant stenosis (x5) distally to this the vessel is calcified.

PTA appears patent bu calcified. ATA appears occluded at the foot.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215

Episode date
14/11/2018

Ward
Outpatient

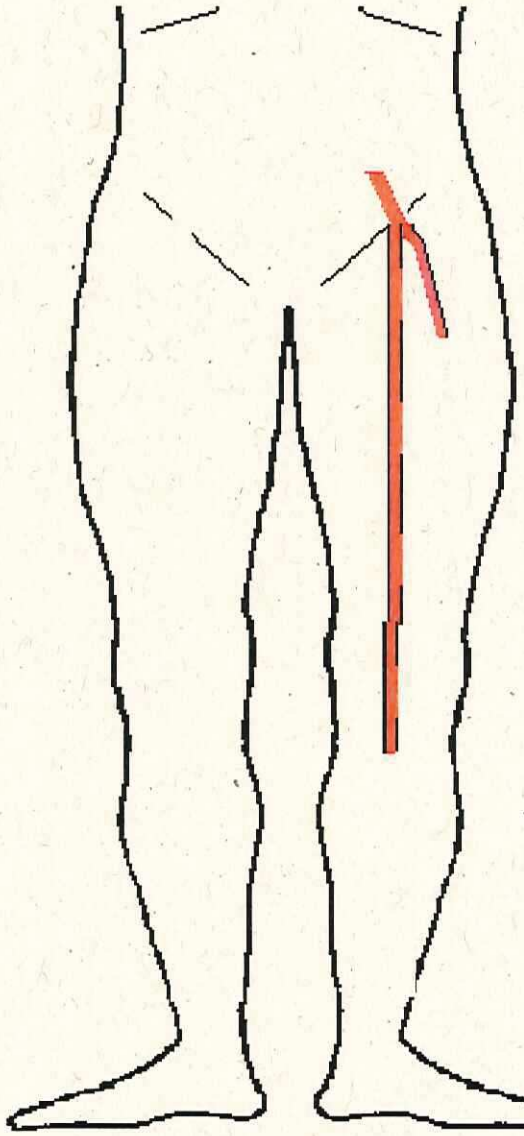
Patient:
Mr [redacted]

Unit Number
0609278

CHI
0409702110

Tests performed: **Left Leg Arterial Duplex**

Results:



Fem - pop - heavily calcified throughout with a sharp triphasic waveform.

PTA is calcified with muliple stenosis and a sharp monophasic waveform at the foot.

ATA is difficult to asses. it appears to be nearily occluded distally howver there was a small well established colateral.

Peroneal can be seen from the proximal segement to 2/3 calf where it appears to occlude. biphasic waveform seen at mid calf.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
15/11/2018

Ward
Outpatient

Patient:
Mr. [redacted]

Unit Number
060450

CHI
0604502230

Tests performed: **Bilateral Arterial Legs Duplex**

Results:

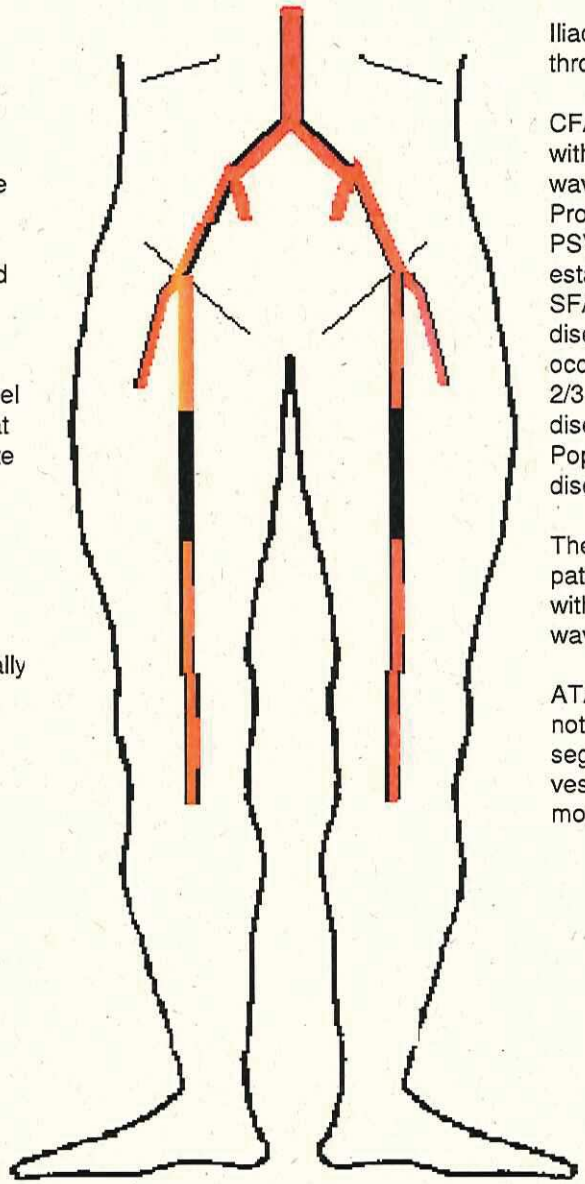
Aorta - size appears within normal limits moderate disease at the CIA/EIA and ICA bifurcation.

CFA - mild/moderate disease with a biphasic doppler waveform.
Profunda - moderate diffused disease however well established.
SFA - proximally moderate disease at 1/4 thigh the vessel occluded and reconstitutes at 2/3 thigh. there was moderate disease distally.
Popliteal calcified moderate disease.

PTA - calcified and small in calibre, flkow was seen from the origin to 2/3rds calf, distally no flow detected.

peroneal not imaged ?occlusion/calcified.

ATA - Mild calcified with a



Iliac moderate disease throughout.

CFA - mild/moderate disease with a biphasic doppler waveform.
Profunda - proximal stenosis PSV's 310cm/sec and is well established.
SFA - proximally moderate disease at 1/4 thigh the vessel occluded and reconstitutes at 2/3 thigh. there was moderate disease distally.
Popliteal calcified moderate disease.

The PTA and peroneal are patent and calcified throughout with a damped monophasic waveform at the foot.

ATA - open proixmally, could not be imaged in the mid segment however distally the vessel is patent damped monophaisc.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

Return

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
21/11/2018

Ward
Outpatient

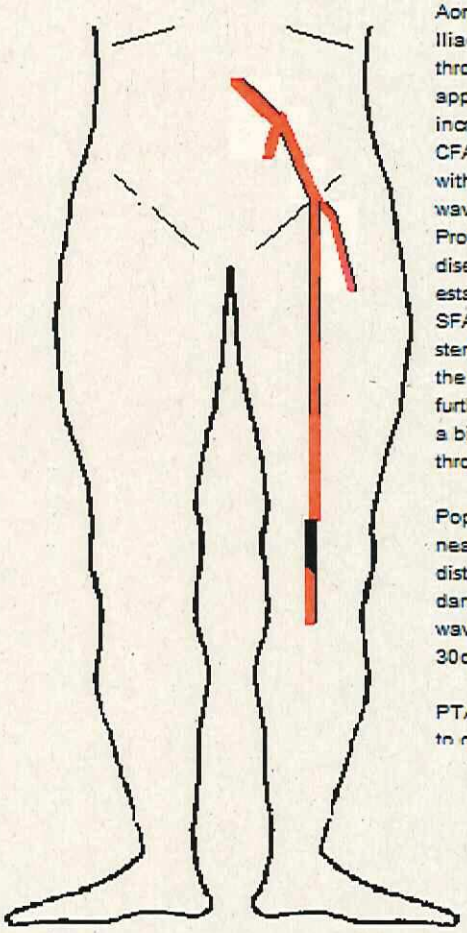
Patient:
Mr [redacted]

Unit Number
2155604

CHI
1411452313

Tests performed: Left Leg Arterial Duplex

Results:



Aorta - not imaged today.
Iliac mild calcified disease throughout. The distal CIA appears narrowed bu no increased PSV's.
CFA - mild calcified disease with a sharp triphasic waveform.
Profunda - mild calcified disease proxinally. (well established)
SFA origin 2.5 times stenosis. the remainder of the vessel is calcified but no further stenosis seen and has a biphasic wavefrom throughout.

Popliteal - Proximal - mid near occlusive disease. distally reconstitutes with a damped monophasic waveform. PSV's 20 - 30cm/sec

PTA - difficult to assess due to calcification and there

Heather Lynn
Trainee Clinical Scientist

07/12/2018 101772 Page 1 of 1

lynnhe 30/01/2019 12:01

Return

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
21/11/2018

Ward
Outpatient

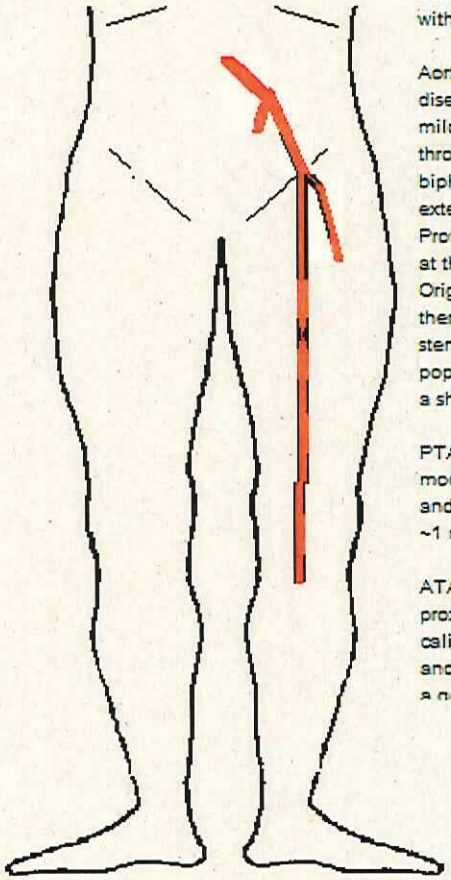
Patient:
[redacted]

Unit Number
0968456

CHI
0804442053

Tests performed: **Left Leg Arterial Duplex**

Results:



Calcified vessel throughout with this in mind -

Aorta - 19mm with mild disease throughout. Iliac mild/moderate disease throughout with a sharp biphaisc waveform that extends into the CFA. Profunda reduced diameter at the origin ~50%. SFA - Origin stenosis ~2 times and there is a further 2 - 3 times stenosis in the mid segment. poplieal - calcified walls with a sharp biphaisic waveform.

PTA and peroneal have moderate disease proximally and a small channel of flow ~1 mm in diameter.

ATA - moderate disease proximally with a good calibre ~ 3mm throughout and is patent to the foot with a good sharp monophasic

Heather Lynn
Trainee Clinical Scientist

27/11/2018 101773

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
21/11/2018

Ward
Outpatient

Patient:
[redacted]

Unit Number
0203360

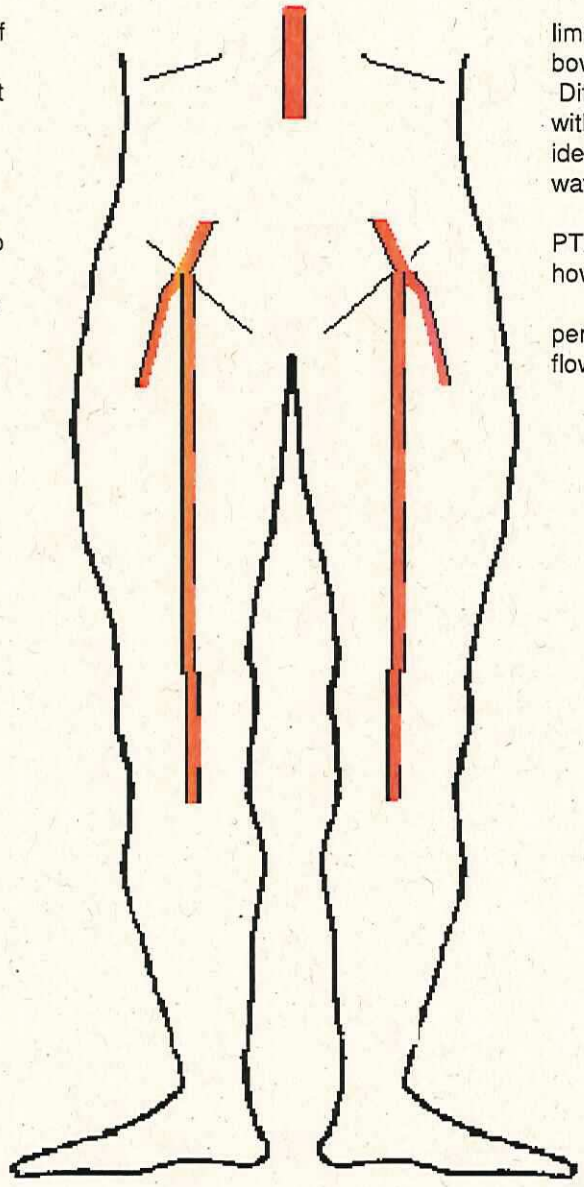
CHI
1910311111

Tests performed: **Bilateral Arterial Legs Duplex**

Results:

aorta - 19mm. limited view of iliac due to bowel gas.
Diffused disease throughout with no significant stenosis identified with a tri/biphasic waveform.

PTA - calcified and unable to show flow.
ATA - calcfied with a 4 times stenosis proximally.



limited view of iliac due to bowel gas.
Diffused disease throughout with no significant stenosis identified with a tri/biphasic waveform.

PTA and ATA are calcified however patent.

peroneal - calcified with no flow detected.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
27/11/2018

Ward
Outpatient

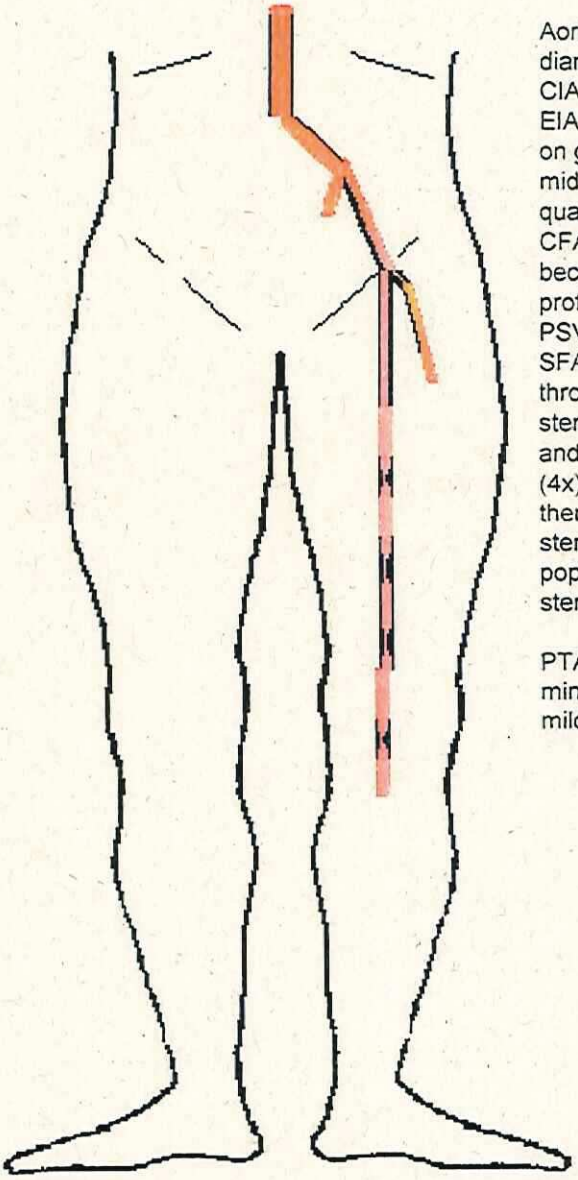
Patient:
[redacted]

Unit Number
0309901

CHI
0202322084

Tests performed: **Left Leg Arterial Duplex**

Results:



Aorta - calcified walls with a diameter of 13mm.
CIA - mild diseafused disease.
EIA - moderate disease noted on grey/colour imaging in the mid section however unable quantify it using PSV's.
CFA - moderate plaque with becomes significant at the profunda and SFA origins. ~ PSV's 270cm/sec.
SFA - diffused disease throughout with a 2 significant stenosis, one at mid thigh (4x) and the second at 2/3 thigh (4x) in addition to this distally there is a 2 times longer stenosis.
popliteal - has a 2 times stenosis.

PTA and ATA are patent with minor disease and peroneal - mild disease.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 27/11/2018 11:48

lynnhe 30/01/2019 11:51

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:
Mr [redacted]

Episode date
13/12/2018

Ward
Outpatient
Vascular.

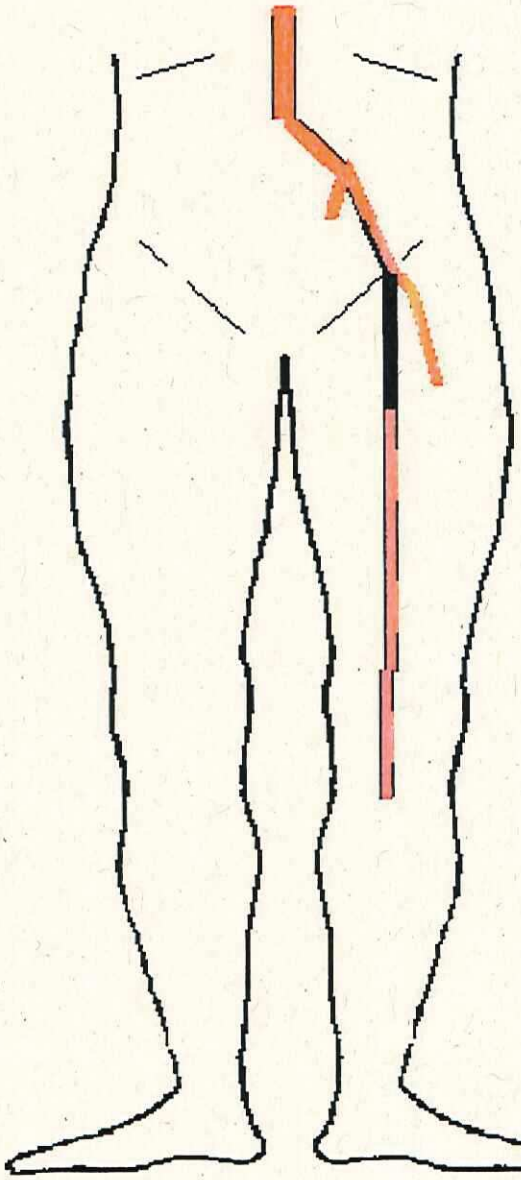
Patient:
[redacted]

Unit Number
0492128

CHI
1905402015

Tests performed: **Left Leg Arterial Duplex**

Results:



Aorta/ iliacs - mimor disease throughout with no significant stenosis noted.
CFA and profunda - minor disease with a triphasic waveform
SFA - occluded from the origin and reconstitutes at 2/3 SFA distally there is mild disease.
Popliteal - mild calcified diffused disease.

All 3 calf vessel are widely patent with mild disease.

monophasic w/f @ the foot

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 13/12/2018 15:55

lynnhe 30/01/2019 11:38

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
10/01/2019

Ward

Patient:
[redacted]

Unit Number
0220113

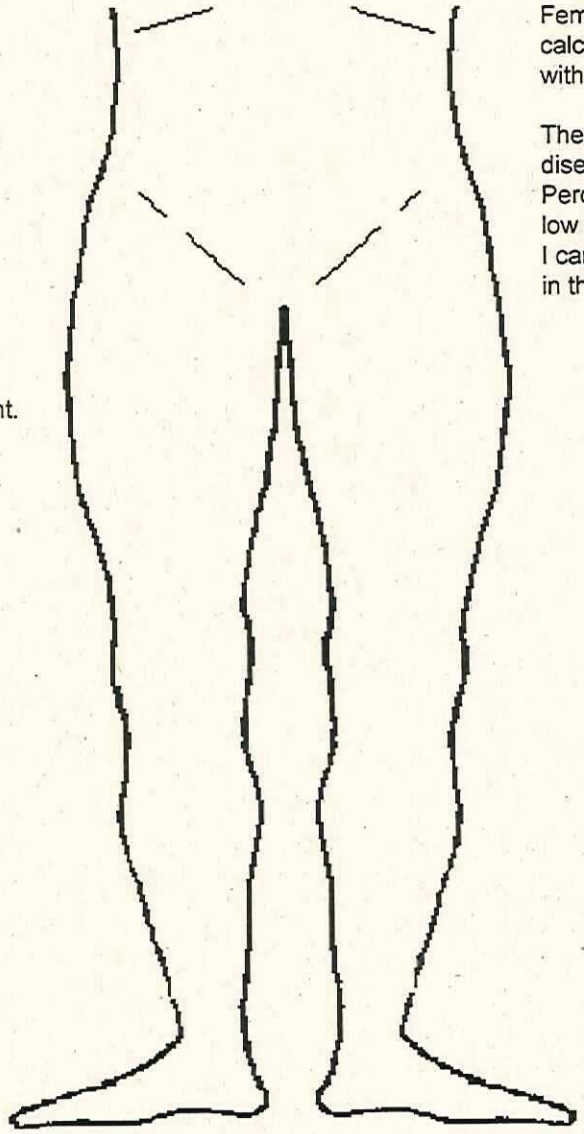
CHI
1409262138

Tests performed:

Results:

Aorta - mild calcified disease and within normal size, CIA not imaged due to bowel gas.
EIA - mild calcified disease.
CFA - mild calcified disease with moderate disease at the bifurcation.
SFA and popliteal - mild calcified disease throughout with a biphasic wavefrom.

There is significant calcified disease in all 3 calf vessel however the ATA and peroneal appear widely patent.



EIA - mild calcified disease.
Fem - pop segment has mild calcified disease throughout with a biphasic wavefrom.

There is significant calcified disease in the calf vessel Peroneal appears patent with low PSV's 20cm/sec however I can not show continuous flow in the PTA and ATA.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 10/01/2019 10:06

lynnhe 22/01/2019 09:09

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
13/12/2018

Ward
Outpatient

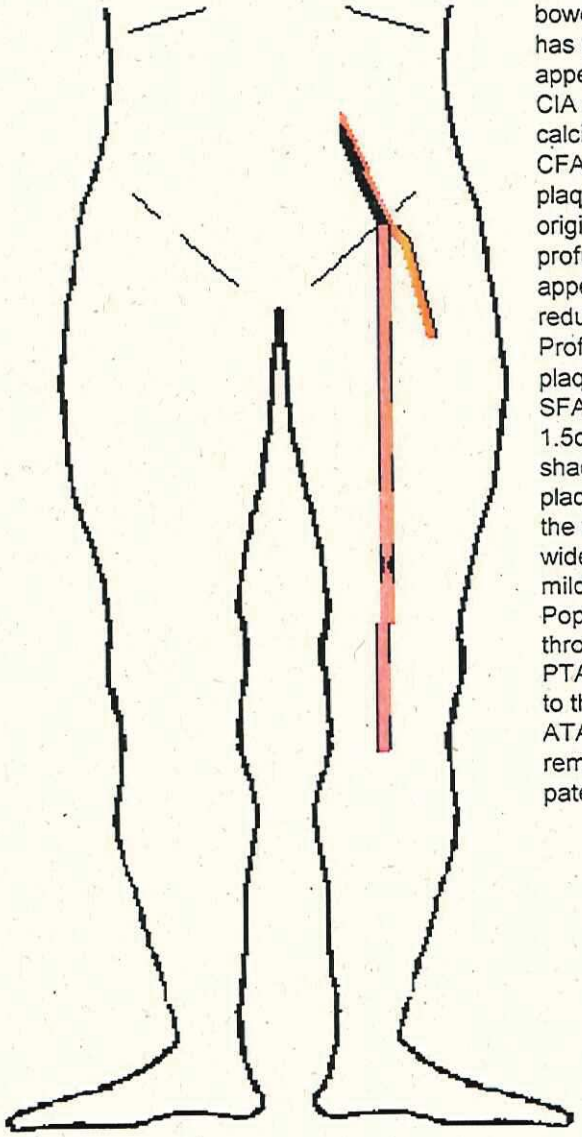
Patient:
[redacted]

Unit Number
0387718

CHI
1401482058

Tests performed: Left Leg Arterial Duplex

Results:



Aorta/iliac limited veiws due to bowel gas however the aorta has calcified disease and appears to be normal size.
CIA not imaged. EIA - mild calcified disease throughout.
CFA - Significant localised plaque that extends into the origin of the SFA and profunda. In grey scale appears to be 80 -90% reduction in diameter.
Profunda - mild calcified plaque and well established.
SFA - proximally there is a 1.5cm not imaged due to shadowing and moderate plaque at 2/3 thigh however the remained of the vessel is widely patent with diffused mild calcified plaque.
Popliteal - mild plaque throughout.
PTA minoe disease and patent to the foot.
ATA origin not imaged, the remained of the vessel is patent with minor disease.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 13/12/2018 15:16

lynnhe 30/01/2019 11:38

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
18/12/2018

Ward
Outpatient

Patient: [redacted]

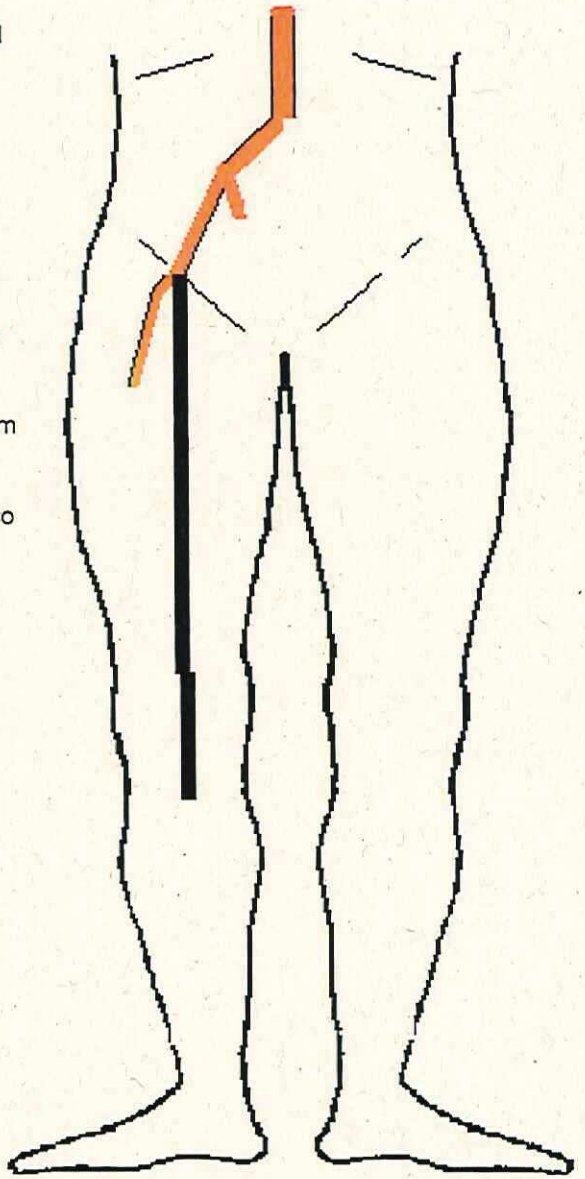
Unit Number
2216029

CHI
0801525233

Tests performed: **Right Leg Arterial Duplex**

Results:

Aorta - appears within normal size (20mm).
The aorta was difficult to image. iliac section has diffused plaque throughout and could not detect significant disease.
CFA - moderate calcified plaque with a sharp triphaisc waveform throughout.
Prfunda well established with mild dpalque,
SFA proximal appears aneurysmal measuring 1.3mm compared to 0.9mm. the remained of the SFA is occluded. The popliteal is also occluded.
PTA/ATA origin not seen however both vessel are widely patent. PTA at 1/3 ~ 3mm.



Scanned By:- Heather Lynn
Trainee Clinical Scientist

sleigl 18/12/2018 09:52

lynnhe 04/02/2019 10:18

Return

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215

Episode date
18/12/2018

Ward
Outpatient

Patient: [redacted]

Unit Number
1236252

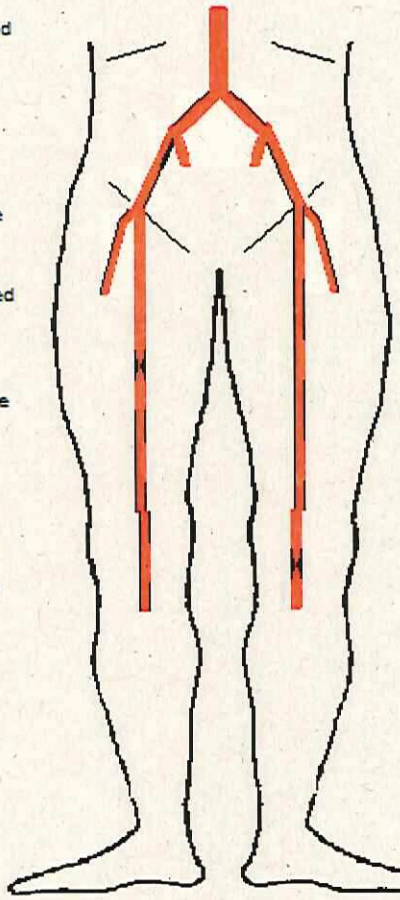
CHI
0308325257

Tests performed: **Bilateral Arterial Legs Duplex**

Results:

Aorta - 46mm, Iliac calcified and tortuous with a right angle bend in the CIA.
CFA - mild disease throughout
Profunda well established mild disease.
SFA - mild diffused disease with a localised 2 times stenosis at mid thigh.
Popliteal moderate calcified with a biphasic wavefrom seen throughout.

calf vessel difficult to image due to swelling and calcification with this in mind the ATA is not in continuity.
PTA could not be imaged fully however sharp monophasic wavefrom was seen at the foot.
Peroneal narrowed but appears patent.



Iliacs mild calcified disease and tortuous.
CFA, Profunda and SFA mild calcified disease with a sharp tri/biphaisic waveform seen throughout
Popliteal moderate disease with a 2 times stenosis in the mid section.

ATA widely patent.with a sharp monophasic wavefrom seen throughout.

PTA and peroneal not imaged.

Heather Lynn/ls
Trainee Clinical Scientist

18/12/2018 102064

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
18/12/2018

Ward
Outpatient

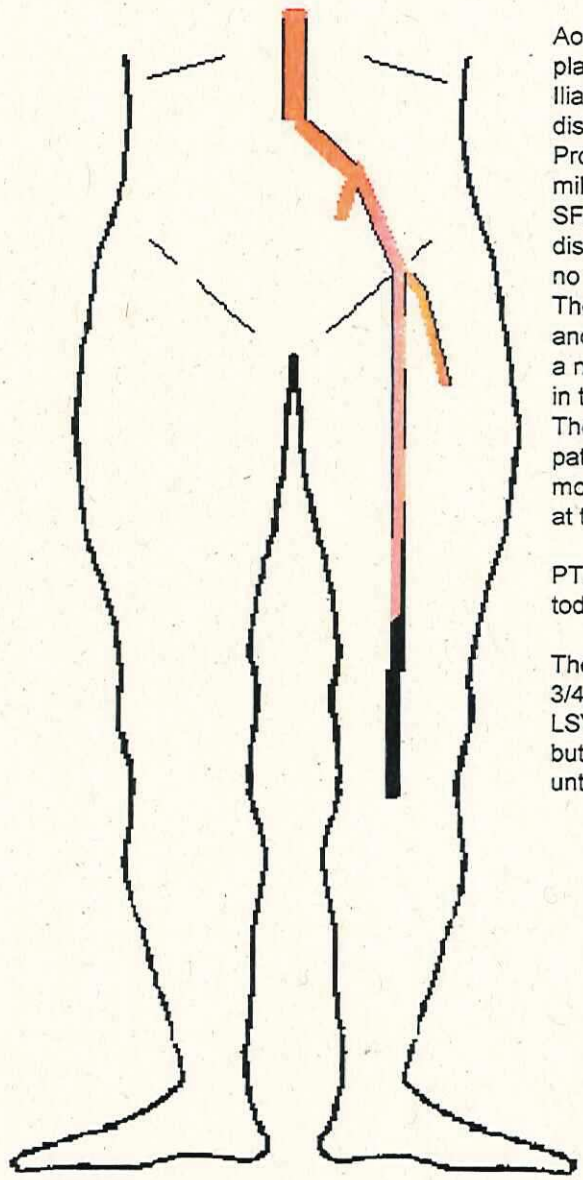
Patient:
[redacted]

Unit Number
0101023

CHI
0211442003

Tests performed: **Left Leg Arterial Duplex**

Results:



Aorta Dia 15mm with calcified plaque throughout.
Iliacs - diffused calcified disease throughout
Profunda - well established mild disease.
SFA - modorate diffused disease until 3/4 thigh where no flow was seen occlusion. The popliteal is also occluded and reconstitutes distally with a narrow channel of flow seen in the P-T trunk.
The ATA appears to be widely patent to the foot with a monophasic flow pattern seen at the foot.

PTA and peroneal not imaged today

The LSV is suitable - prox - 3/4 thigh dia 5 - 6 mm, the LSV comes out of the fascia but remains a suitable size until mid calf dia 3 - 4 mm.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 18/12/2018 10:26

lynnhe 30/01/2019 10:55

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
19/12/2018

Ward
Outpatient

Patient: [redacted]

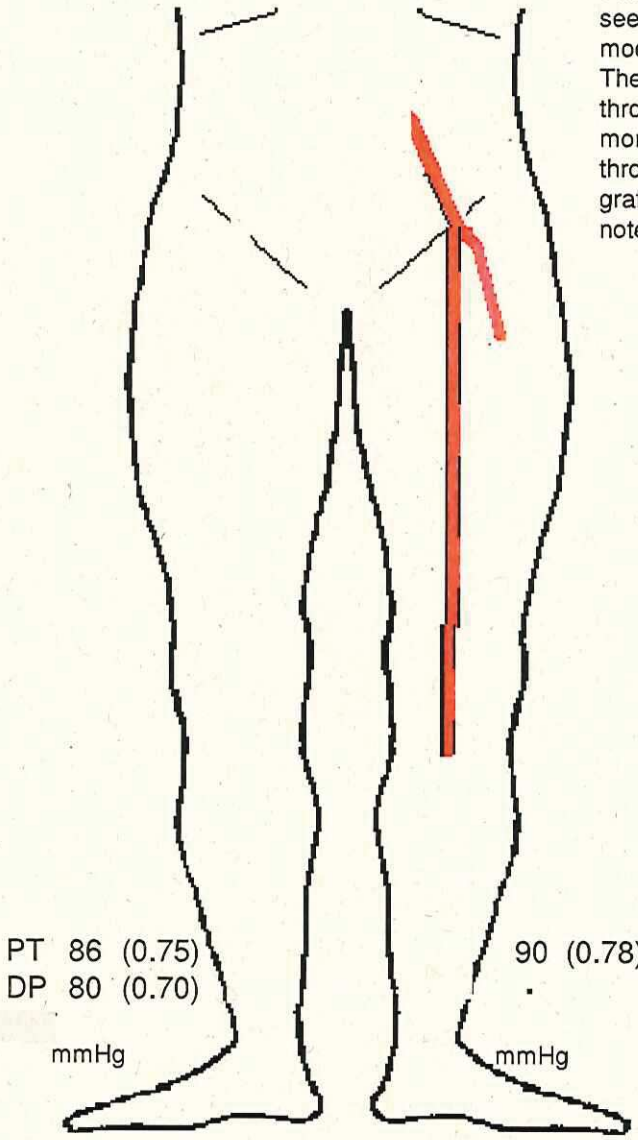
Unit Number
0663228

CHI
1012402134

Tests performed: **Ankle Brachial Indices** **Left Leg Arterial Duplex**

Results:

	Right	Left
Brachial	115	



There was no false aneurysm seen in the left goin. CFA has moderate calcified disease. The SFA stent is patent throughout with a sharp monophaisc waveform throughout. both ends of the graft imaged and no stenosis noted.

· Artefactually high

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 04/02/2019 10:15

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
31/12/2018

Ward
Outpatient

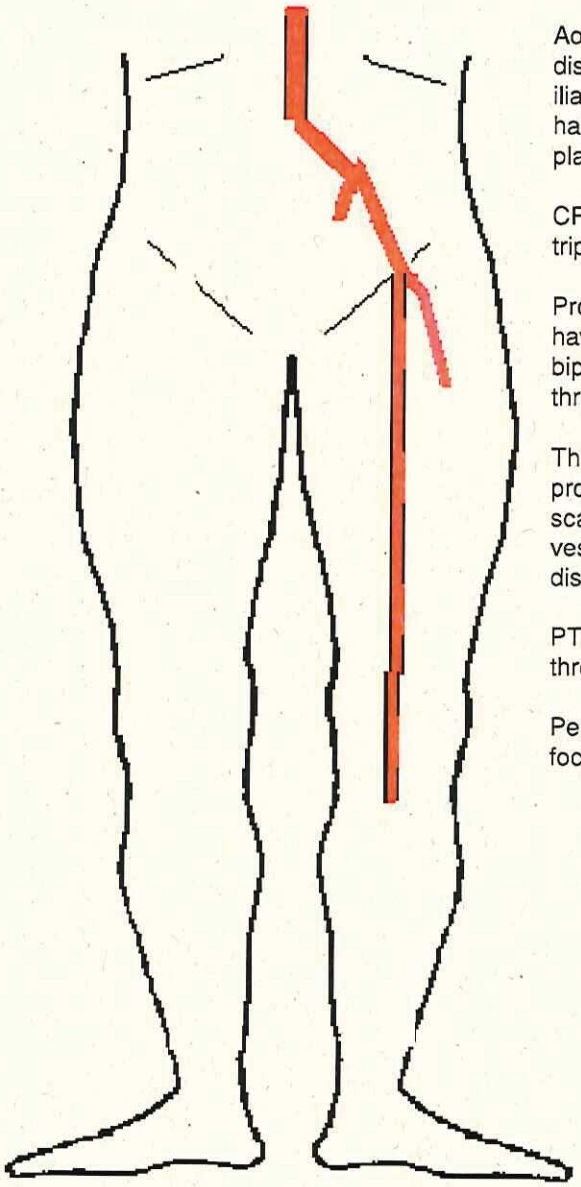
Patient:
[redacted]

Unit Number
0480398

CHI
2112502190

Tests performed: **Left Leg Arterial Duplex**

Results:



Aorta 3.9cm AAA mild calcified disease.
iliac limited views due to boby habits with this in mind mild plaque noted.

CFA - mild plaque with a triphasic waveform.

Profunda, SFA and popliteal have some mild disease with a biphasic wavefrom seen throughout.

The ATA has a narrowing proximally ~ 50% on grey scale. the remainder of the vessel is patent with mild disease.

PTA - minor disease throughout however patent.

Peroneal - mild disease at the foot.

Scanned By:- Heather Lynn
Trainee Clinical Scientist

Return

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
08/01/2019

Ward
Outpatient

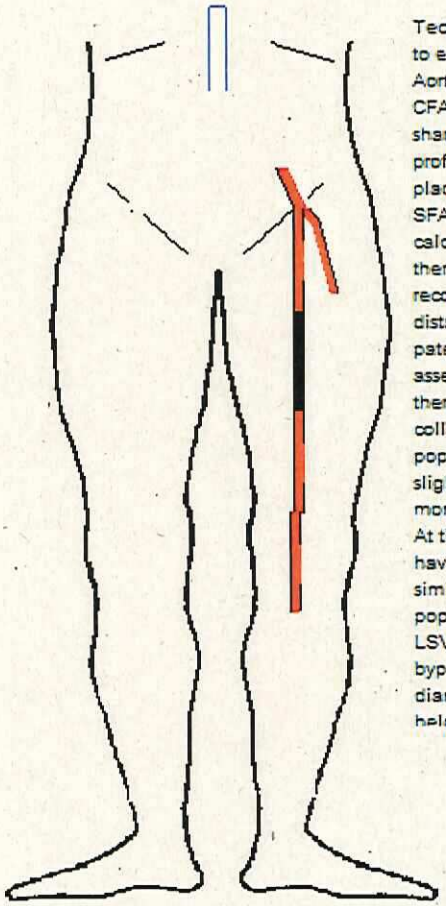
Patient: [redacted]

Unit Number
0240547

CHI
1212442121

Tests performed: **Left Leg Arterial Duplex**

Results:



Technical difficult scan due to exstensive swelling
Aorta/iliac - not imgaed
CFA - mild disease with a sharp triphasic wavefrom.
profunda - moderate disease plaque.
SFA proximally - mild calcified plaque, the vessel then occludes at 1/3 thigh reconstitutes at 2/3 thigh. distally the vessel appears patent however difficult to assess. It was noted that there is a well established collaterals in the thigh.
popliteal is patent with a slightly damped monophasic waveform.
At the foot the PTA and ATA have monophasic waveform similar to the ones seen in popliteal
LSV vein is suitable for bypass ~ 3 - 5mm in diameter from the origin to below the knee

Heather Lynn
Trainee Clinical Scientist

08/01/2019 102220 Page 1 of 1

lynnhe 30/01/2019 10:01

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
17/01/2019

Ward
Outpatient

Patient:
[redacted]

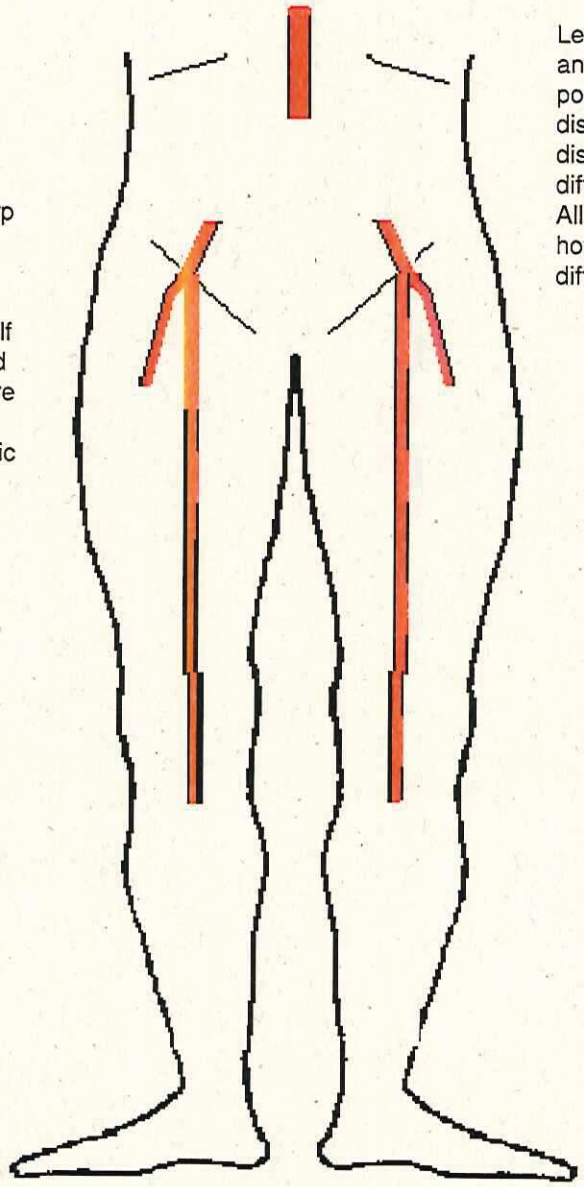
Unit Number
2025910

CHI
1301442151

Tests performed: **Bilateral Arterial Legs Duplex**

Results:

Right - There was no aneurysms detected in the aorta or popliteal.
Iliac mild calcified disease throughout. The Fem - pop segment had mild diffused calcified disease with a sharp biphasic waveform seen throughout. PTA - patent to the foot with mild calcified disease. ATA - prox - 3/4 calf the vessel is patent with mild calcified disease. At 3/4 there is a short occlusion and distally there is a monophasic waveform with PSV's 20cm/sec



Left - There was no aneurysms detected in the popliteal. Iliacs only seen distally with mild calcified disease. Fem - pop minor diffused disease throughout. All 3 calf vessel are patent however appear narrowed with diffused disease throughout

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
22/01/2019

Ward
Outpatient

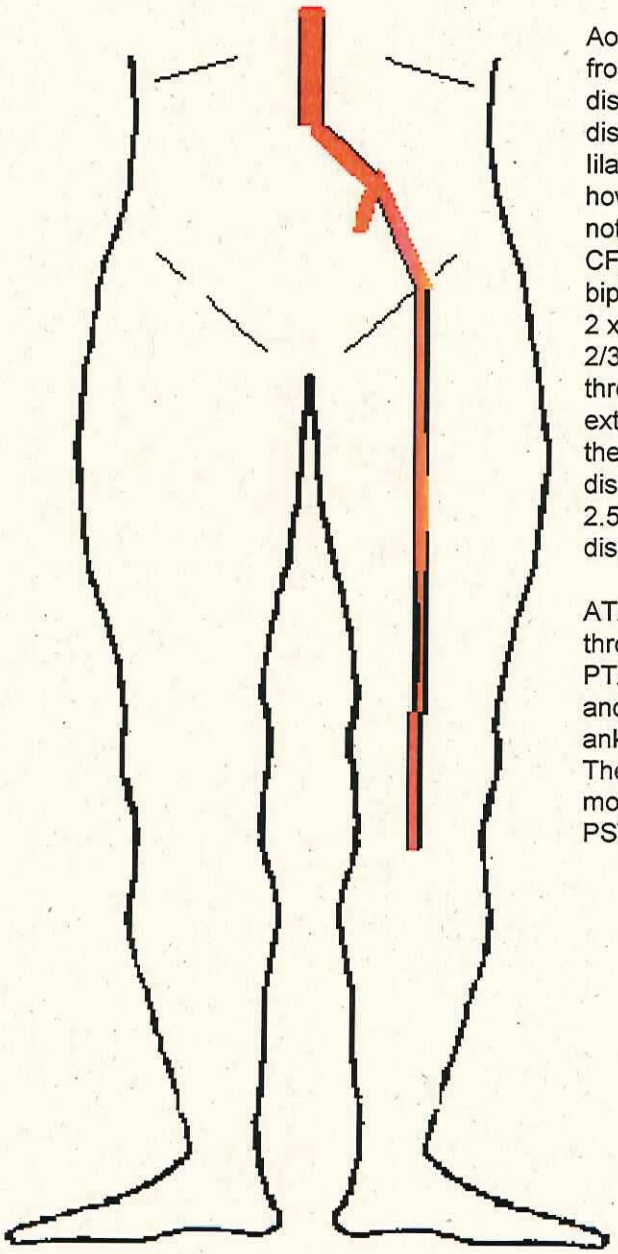
Patient: [redacted]

Unit Number
0130707

CHI
1906412146

Tests performed: **Left Leg Arterial Duplex**

Results:



Aorta - has an increase in size from 1cm proximally - 1.8cm distally with mild calcified disease.
Iilacs - some bowel gas however mild calcified disease noted.
CFA - difused narrowing with a biphasic wavefrom. SFA has a 2 x stenosis proximally. prox - 2/3 SFA diffused disease throughout. distally and extending into the popliteal there is more significant disease with a diameter of 2.5mm . T -P trunk mild disease.

ATA and peroneal are calcified throughout.
PTA - mild calcified disease and seen in continuity until the ankle.
There is a damped monophasic wavefrom with PSV's 20cm/sec

Scanned By:- Heather Lynn
Trainee Clinical Scientist

lynnhe 22/01/2019 10:21

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
23/01/2019

Ward
Outpatient

Patient:
[redacted]

Unit Number
0380070

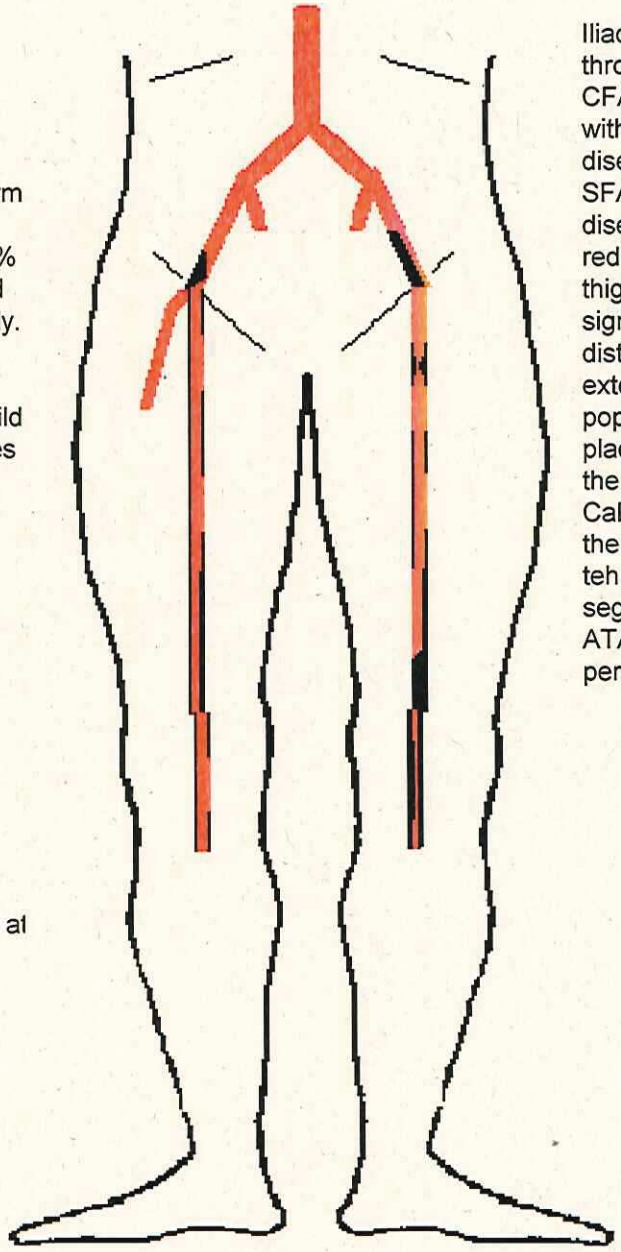
CHI
1302392034

Tests performed: **Bilateral Arterial Legs Duplex**

Results:

Enlarged lymph nodes
Aorta - dia 1.5 cm and mild calcified walls.
Iliac - mild calcified disease throughout.
CFA shape biphasic waveform with moderate calcified disease which includes a 50% reduction in diameter caused by localised plaque proximally.

Profunda - mild palque
SFA - Prox - mild diffused mild calcified plaque with becomes more significanytt distally howeevr maintains a sharp biphaisic wavefrom throughout.
popliteal moderate disease.
P - T trunk Mild plaque
Peroneal appears patent however very narrow ~dia 1mm.
PTA - patent with calcified disease with a biphasic doppler waveform seen throughout.
ATA - could not show in continuity possible occlusion at mid calf and distally.



Iliac - mild calcified disease throughout.
CFA shape biphasic waveform with moderate calcified disease.
SFA moderate calcified disease throughout with a 50% reduction in diameter at 1/3 thigh and at 2/3 thigh there is signifiacnt disease with a distally near occlusion which extents into the proximal popliteal. Popliteal significant plaque with flow detected in the mid segment and distally.
Calf vessel heavily calcified the PTA with flow detected in teh prox, mid and distal segment PSV's 20cm/sec.
ATA - distal occlusion.
peroneal not imaged

Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant:

Episode date
23/01/2019

Ward
Outpatient

Patient: [redacted]

Unit Number
1052243

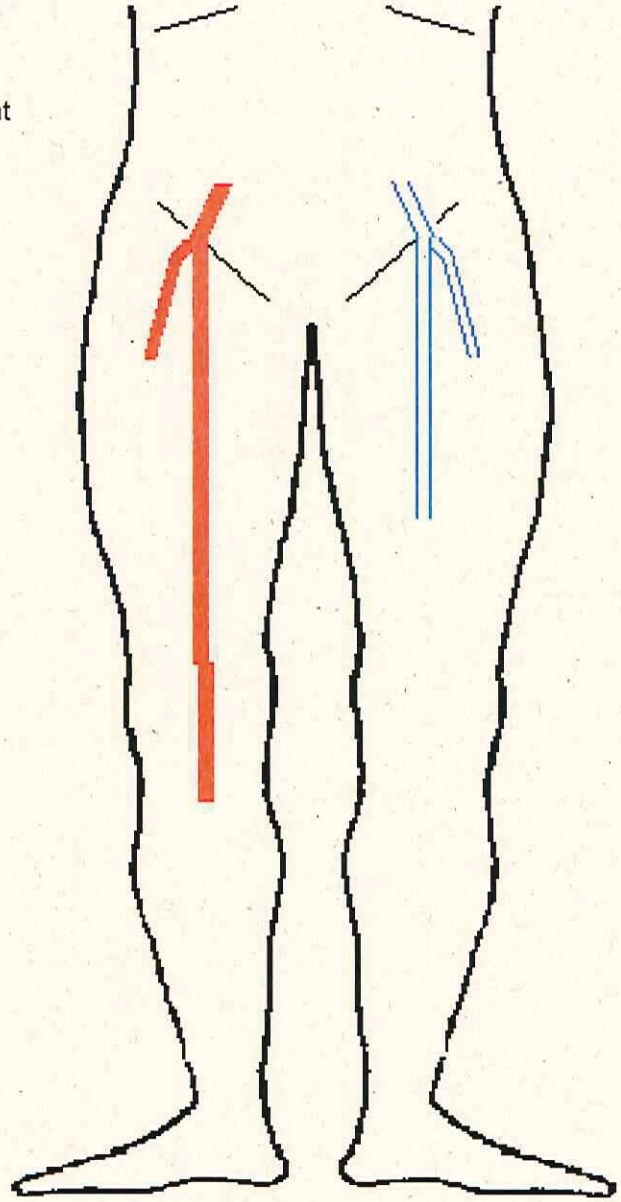
CHI
3103712510

Tests performed: **Right Leg Arterial Duplex**

Results:

Right - Fem - pop segment is patent with a sharp triphaisc wavefrom seen throughout.

The PTA and ATA are patent with a sharp triphaisc wavefrom seen throughout



Scanned By:- Heather Lynn
Trainee Clinical Scientist

The Vascular Laboratory
Aberdeen Royal Infirmary

Consultant: [redacted]
Vascular Surgeon
Ward 215 ARI

Episode date
29/01/2019

Ward
Outpatient

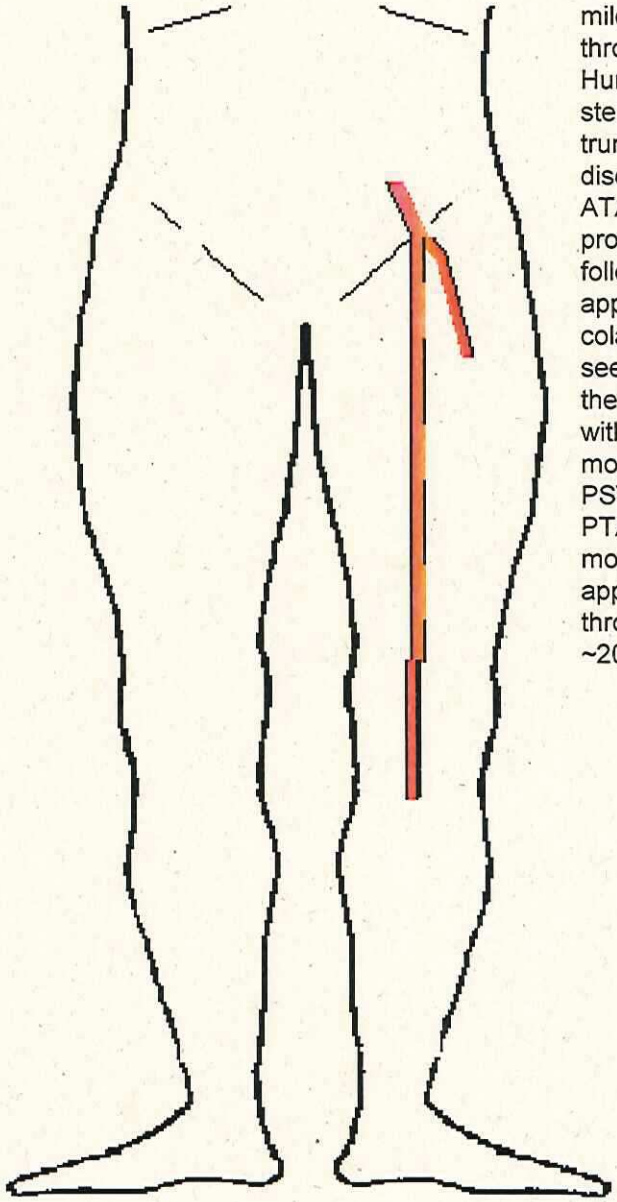
Patient: [redacted]

Unit Number
0156471

CHI
3108322125

Tests performed: **Left Leg Arterial Duplex**

Results:



CFA, profunda and SFA have mild diffused disease throughout.
Hunter cannal has a 3 x stenosis. the popliteal and p-t trunk has mild diffused disease.
ATA - significant disease proximally and could not be followed after 1/3 calf, there appears to be a network of colaterals. mid segemnet not seen due to ulcer. distally to the ulcer the vessel is patent with minor disease and a monophasic waveform with PSV's of 20cm/sec.
PTA patent to the foot with a monophaisc waveform that appears to reduce in PSV's throughout with a PSV ~20cm/sec at the ankle

Scanned By:- Heather Lynn
Trainee Clinical Scientist