

Protocol for Lower Limb Arterial Duplex Scanning

It is assumed that every operator has read and understood the written procedure in the Society for Vascular Technology of Great Britain and Ireland (SVT) Vascular Laboratory Practice Manual and has sufficient background knowledge before performing the test.

The operator should also follow guidelines in accordance with Trust Policies on Infection Control and Health and Safety.

The patient's dignity must be respected at all times and in accordance with Trust Policies.

The patient's dignity must be respected at all times and in accordance with Trust Policies.

Lower limb arterial Duplex scans are performed to assess for peripheral vascular disease in patients with intermittent claudication or ischaemia.

The lower limb arterial Duplex protocol should be used as a general guide but can be adjusted and tailored depending on the patients' symptoms and/or pathology found during the course of the investigation and on the operator's discretion.

Equipment

- An appropriate colour Duplex ultrasound machine
- A 9/3MHz linear array transducer and a 5/2 MHz curvilinear array transducer
- A high viscosity ultrasound gel

Protocol

<u>Action</u>	<u>Rationale</u>
1. Ensure the correct identification of the patient.	To ensure you have the correct patient.
2. An explanation of the test is given to the patient and the patient is questioned regarding any symptoms. Verbal consent is obtained.	To ensure the patient understands why they are having the test and what is expected of them. The symptoms may give an indication of disease location to the operator.
3. The patient is asked to remove any clothing restricting access to the abdomen and legs and to lie on the couch with arms by sides.	To ensure optimal position for scanning the abdomen and legs. Arms by sides will relax stomach muscles allowing pressure to be applied with the probe.
4. The clinical notes and any previous arterial scan or ABPI results are read if available.	To give the operator insight into any current disease.
5. Recall the aorta pre-set application and select the 5/2MHz curvilinear probe.	The machine has different presets for the different vessels under investigation. The type of transducer selected depends on the depth of the vessels.
6. Using B mode either in the transverse or longitudinal plane, the aorta is identified.	B mode is used to visualize the vessel and determine vessel size and disease.
7. The entire length of the aorta is assessed using colour and spectral Doppler.	Colour analysis is used to demonstrate patency, filling defects and to highlight stenotic and disturbed flow in the aorta. Spectral analysis is used to determine the degree of stenosis.

8. The AP diameter of the aorta is measured as the aorta is assessed for AAA.	To exclude the presence of an AAA. It should be noted if the measurement is taken inner to inner wall or outer to outer wall.
9. The right CIA, IIA and EIA are assessed using colour and spectral Doppler.	To demonstrate any disease.
10. The left abdominal arteries are then assessed.	To demonstrate any disease.
11. The 9/3 MHz linear probe is selected, and the arterial pre-set is selected.	Type of transducer selected depends on depth of the vessels.
12. The CFA, PFA, and SFA are assessed using colour and spectral Doppler.	To demonstrate any disease.
13. The patient is asked to turn onto their right side so that the popliteal arteries can be assessed.	To ensure the operator can scan the course of the leg/s.
14. The popliteal artery is assessed using colour and spectral Doppler, taking care to overlap segments previously visualized.	To demonstrate any disease.
15. The TPT is assessed using colour and spectral Doppler where appropriate.	To demonstrate any disease.
16. The tibial arteries are assessed as appropriate or on request using colour and spectral Doppler.	To demonstrate any disease.

Write up the report.

A diagrammatic report is used to demonstrate the condition of the vessels including corresponding peak systolic velocity measurements and a short summary. The report should state whether the scan was sub-optimal for any reason.

Interpretation

Lower limb arterial studies are considered normal when there is:

- No anatomical abnormalities detected on B mode.
- Uniform colour throughout the arteries with no significant increase in peak systolic velocity or waveform pattern changes.

Peripheral artery velocity criterion for defining a stenosis is stated below.

PSV ratio	Stenosis
1.5	Mild
2	Moderate
≥ 3	Severe
Absence of flow	Occlusion

Intervention or surgical revision is generally performed according to the patient's symptoms.

Care must be taken in the abdomen as bowel gas can obscure imaging of these vessels.

In the case of a popliteal artery aneurysm, the contralateral popliteal artery should be assessed briefly and a maximum AP diameter taken as 50% are bilateral.

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 22 January 2019

Referring Doctor Mr Hicks

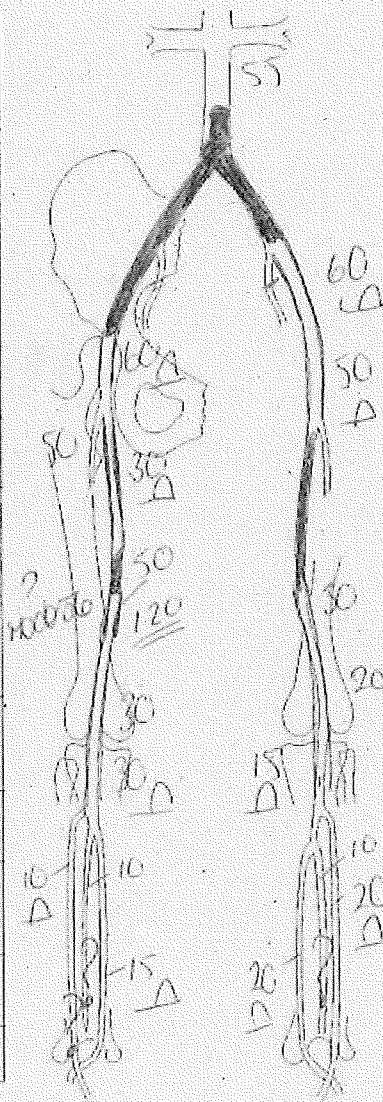
NAME:

ADDRESS

DoB

HOSP. NUM.

AORTA Patent proximally then occluded X
MAX AORTIC DIAM CM
RIGHT
CIA Occluded
IIA Not clearly imaged
EIA Occluded
CFA Refilling, patent but diseased
PFA Patent
SFA Patent but diseased proximally. Occluded segment in the mid thigh, refilling distally. Increased velocities demonstrated, suggestive of a moderate stenosis.
POP Patent but diseased
TPT Patent
AT Patent and small in calibre distally, not clearly imaged at the ankle
PT Patent
PERONEAL Patent proximally, not clearly imaged distally



LEFT

CIA	Occluded
IIA	Not clearly imaged
EIA	Appears patent but diseased
CFA	Patent but diseased
PFA	Patent
SFA	Occluded. Refilling at the adductor region
POP	Patent but diseased
TPT	Patent
AT	Patent
PT	Patent
PERONEAL	Some flow demonstrated proximally. Not clearly imaged distally

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename

Vascular Studies Unit
Arterial Duplex Scan Report

Date 22 January 2019

Referring Doctor Mr Hicks

NAME

ADDRESS

DoB

HOSP. NUM

AORTA Patent
MAX AORTIC DIAM. 2.20 CM

RIGHT

CIA Patent but calcified

IIA Not clearly imaged

EIA Patent but calcified

CFA Patent but calcified

PFA Patent but calcified

SFA Patent but calcified

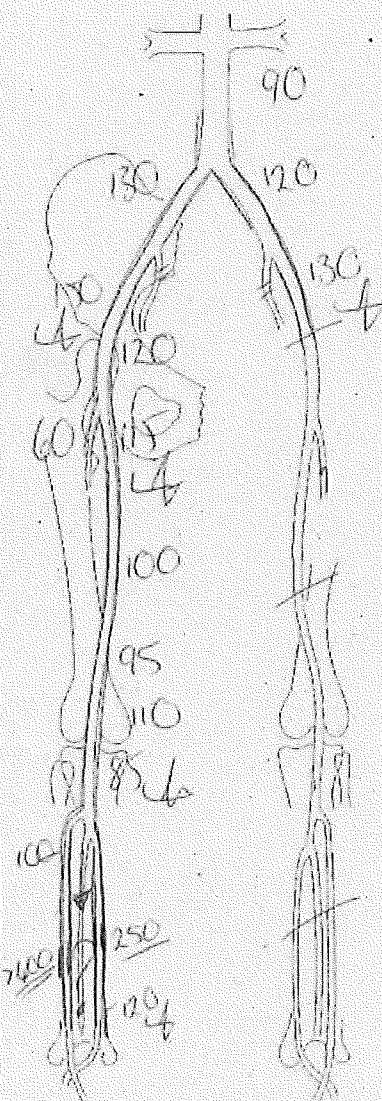
POP Patent but calcified

TPT Patent but calcified

AT Patent but calcified and
stenosed distally

PT Patent but calcified with
increased velocities, suggestive of a
stenosis

PERONEAL Calcified with some
flow demonstrated proximally. Not
clearly imaged distally



LEFT

CIA Patent but calcified

IIA Not clearly imaged

EIA Patent but calcified

CFA Not imaged

PFA Not imaged

SFA Not imaged

POP Not imaged

TPT Not imaged

AT Not imaged

PT Not imaged

PERONEAL Not imaged

Additional Comments

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS.

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 11 January 2019

Referring Doctor Mr Liberty

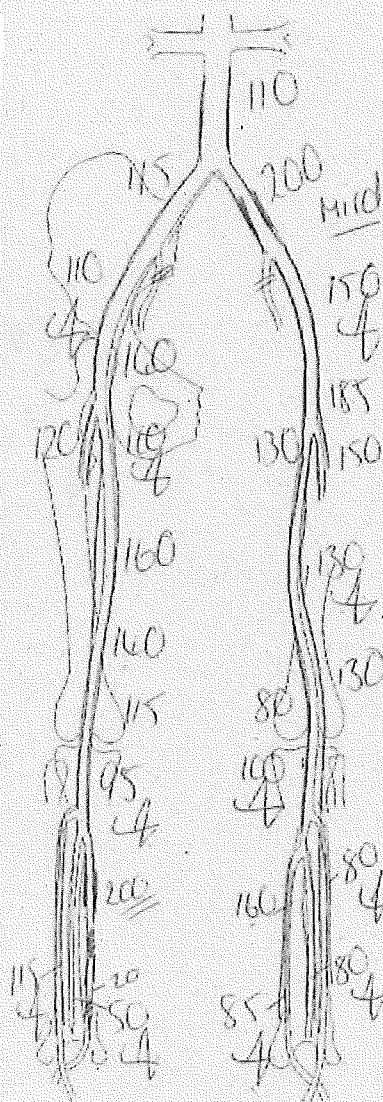
NAME: [REDACTED]

ADDRESS: [REDACTED]

DoB: [REDACTED]

HOSP. NUM: [REDACTED]

AORTA	Patent
MAX AORTIC DIAM	1.5 CM
RIGHT	
CIA	Patent but diseased/calcified
IIA	Not clearly imaged
EIA	Patent but diseased/calcified
CFA	Patent but diseased/calcified
PFA	Patent but diseased
SFA	Patent but diseased/calcified
POP	Patent but diseased
TPT	Patent but diseased
AT	Patent but diseased
PT	Patent but diseased and stenosed proximally with occluded segments distally
PERONEAL	Patent but diseased



LEFT

CIA	Patent but diseased/calcified with a mild stenosis
IIA	Not clearly imaged
EIA	Patent but diseased/calcified
CFA	Patent but diseased/calcified
PFA	Patent but diseased
SFA	Patent but diseased/calcified
POP	Patent but diseased
TPT	Patent but diseased
AT	Patent but diseased
PT	Patent but diseased
PERONEAL	Patent but diseased

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

Surname:

Vascular Studies Unit

Arterial Duplex Scan Report

Referring Doctor - Mr Hicks

ADDRESS

HOSP. NUM.

RIGHT

IIA	Not clearly imaged.
-----	---------------------

EIA: Patent but diseased/calcified with a moderate stenosis

CFA Not imaged

PFA Not imaged

SFA Not imaged

POP Not imaged

TPT Not imaged

AT Not imaged

PT Not imaged

PERONEAL Not imaged

LEFT

CIA Patent but diseased/calciified

IIA Not clearly imaged.

EIA	Patent but diseased/calcified
-----	-------------------------------

CFA Patent but diseased/calcified

PFA Parent but diseased/calcified

SFA Moderate stenosis at the origin. Patent but diseased/calcified with a severe stenosis at the adductor region.

POP Patent but diseased/calcified

TPT	Patent but diseased/
-----	----------------------

AT Appears occluded.

PT Appears occluded

PERONEAL	Appears patent but calcified
----------	------------------------------

Additional Comments

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

615

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 10 January 2019

Referring Doctor Mr Hicks

NAME

ADDRESS

DOB

HOSP. NUM.

AORTA ~~A~~ Aneurysmal ~~A~~
MAX AORTIC DIAM 3.0 CM

RIGHT

CIA Patent but ectatic

IIA Not clearly imaged

EIA Patent

CFA Not imaged.

PFA Not imaged

SFA Not imaged

POP Not imaged

TPT Not imaged

AT Not imaged

PT Not imaged

PERONEAL Not imaged

LEFT

CIA Appears patent

IIA Not clearly imaged

EIA Patent

CFA Patent

PFA Patent

SFA Patent

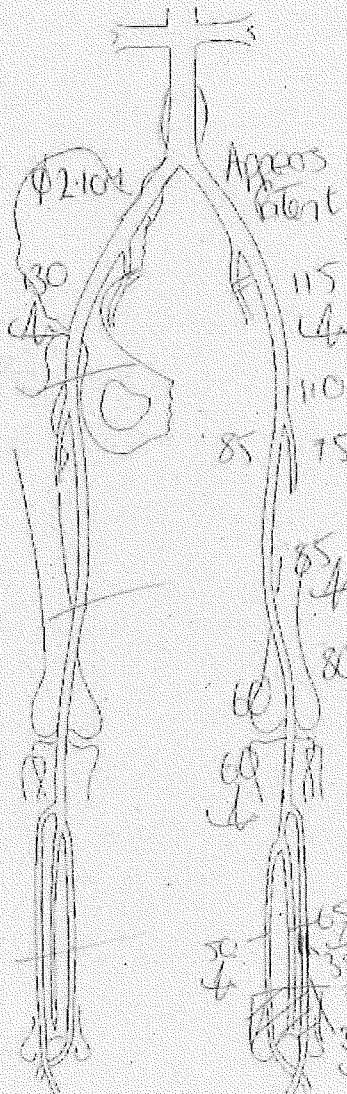
POP Patent

TPT Patent

AT Patent and stenosed distally

PT Patent

PERONEAL Patent



Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

Surname:

Forename:

Vascular Studies Unit

Date 07 January 2019

Referring Doctor Mr Bran

NAME _____

ADDRESS

DdB

HOSP NUM

AORTA	Patent
-------	--------

MAX AORTIC DIAM CM

RIGHT

CIA Appears patent but diseased.

IIA Not clearly imaged.

EIA	Patent but diseased
-----	---------------------

CFA Patent but diseased

PFA Patent but diseased

SFA Stent patent

POP Patent but diseased

TPT Not imaged.

AT · Not imaged

PT Not imaged

PERONEAL Not imaged.

LEFT

CIA Appears patent but diseased

IIA Not clearly imaged.

EIA	Patent but diseased.
-----	----------------------

CFA Patent but diseased.

PFA Patent but diseased.

SFA Patent but diseased with a moderate stenosis proximally and a moderate stenosis distally

POP Patent but diseased

TPT	Not clearly imaged
-----	--------------------

AT	Patent and stenosed distally
----	------------------------------

PT	Not clearly imaged
----	--------------------

PERONEAL	Patent but diseased.
----------	----------------------

Additional Comments

Repeal gaff surveillance in 3 months please

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

GF

CRIS:

Surname

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 04 January 2019

Referring Doctor Mr Liberty

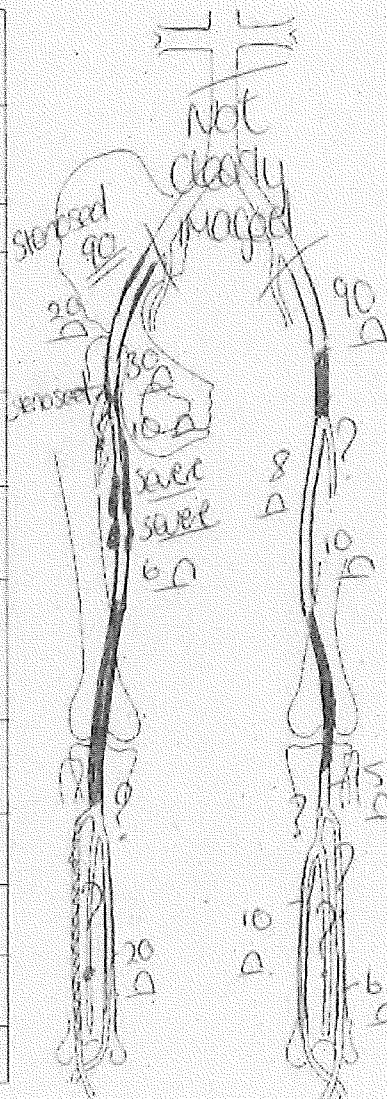
NAME

ADDRESS

DoB

HOSP. NUM.

AORTA	Not clearly seen
MAX AORTIC DIAM.	CM
RIGHT	
CIA	Not clearly imaged
IIA	Not clearly imaged
EIA	Imaging difficult, appears diffusely calcified and stenosed proximally, patent with monophasic Doppler signals distally.
CFA	Patent proximally, heavily calcified and stenosed distally with some flow demonstrated
PFA	Not clearly imaged at the origin, patent but calcified.
SFA	Patent but heavily calcified and severely stenosed. Appears occluded from the adductor region.
POP	Heavily calcified, appears occluded
TPT	Not clearly imaged.
AT	Heavily calcified, ? occluded
PT	Patent but calcified.
PERONEAL	Not clearly imaged.



LEFT

CIA	Not clearly imaged.
IIA	Not clearly imaged.
EIA	Patent but calcified.
CFA	Occluded.
PFA	Not clearly imaged.
SFA	Patent but calcified proximally, appears occluded distally.
POP	Heavily calcified, appears occluded with some flow demonstrated distally.
TPT	Not clearly imaged
AT	Not clearly imaged, some flow demonstrated distally.
PT	Patent but calcified.
PERONEAL	Not clearly imaged

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

☐ Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 27 December 2018

Referring Doctor Mr Hicks

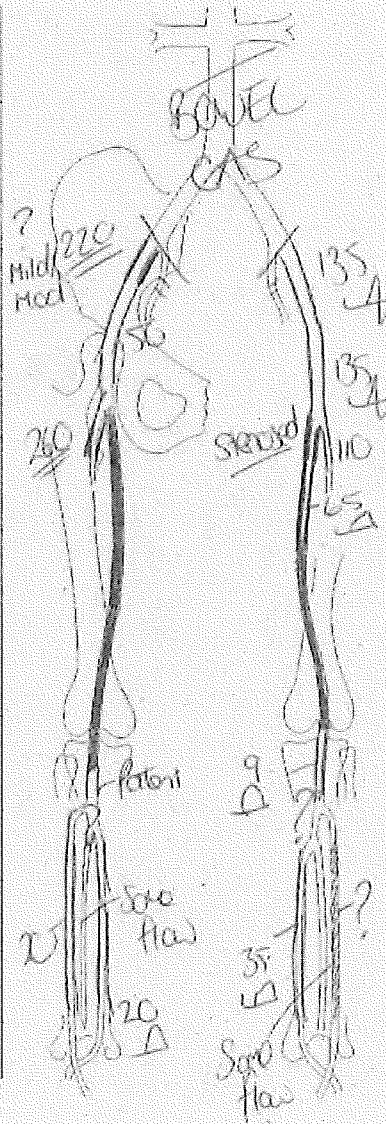
NAME

ADDRESS

DoB

HOSP NUM

AORTA	Not clearly seen
MAX AORTIC DIAM	CM
RIGHT	
CIA	Not clearly imaged
IIA	Not clearly imaged
EIA	Imaging difficult due to bowel gas, patent but diffusely diseased with increased velocities ? mild to moderate stenosis
CFA	Patent but diseased.
PFA	Patent but diffusely diseased and stenosed.
SFA	Occluded. No obvious bypass graft demonstrated, ? occluded
POP	Occluded with refilling distally.
TPT	Not clearly imaged
AT	Appears patent but heavily calcified
PT	Appears patent but heavily calcified.
PERONEAL	Heavily calcified, some flow demonstrated



LEFT

CIA	Not clearly imaged
IIA	Not clearly imaged.
EIA	Imaging difficult due to bowel gas, patent but diseased
CFA	Patent but diffusely diseased.
PFA	Patent but diseased/calcified
SFA	Imaging difficult due to heavy calcification. Stenosed at the origin then heavily diseased/calcified proximally with some flow demonstrated. Appears occluded distally.
POP	Occluded proximally with refilling at the mid section.
TPT	Not clearly imaged.
AT	? occluded
PT	Patent but heavily calcified.
PERONEAL	Heavily calcified, some flow demonstrated

Additional Comments

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 20 December 2018

Referring Doctor Mr Liberty

NAME

ADDRESS

DoB

HOSP. NUM

AORTA Patent
MAX AORTIC DIAM. 2.00 CM

RIGHT

CIA Patent but diseased/calcified.

IIA ? stenosed at the origin, imaging difficult.

EIA Imaging difficult due to bowel gas, increased velocities at the origin, ? stenosed.

CFA Patent but diffusely diseased/calcified with a mild stenosis distally.

PFA Not clearly imaged.

SFA Patent but diffusely diseased/calcified with two moderate stenoses.

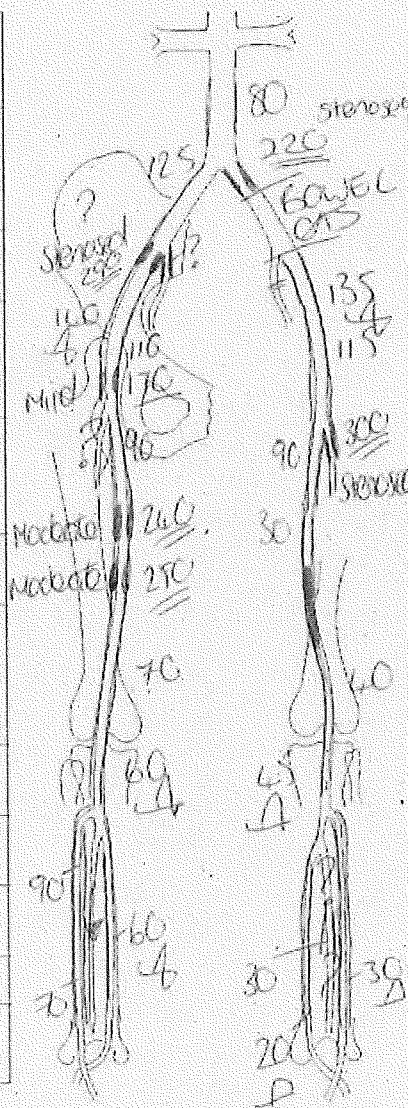
POP Patent but diseased/calcified.

TPT Patent but diseased/calcified.

AT Patent but calcified.

PT Patent but calcified.

PERONEAL Calcified, appears patent.



LEFT

CIA Not clearly imaged distally due to bowel gas, appears stenosed proximally.

IIA Not clearly imaged.

EIA Patent but diseased/calcified.

CFA Patent but diseased/calcified.

PFA Stenosed at the origin.

SFA Patent but diffusely diseased/calcified proximally. Occluded from the mid section, refilling at the adductor region.

POP Patent but diseased/calcified.

TPT Patent but diseased/calcified.

AT Patent but calcified.

PT Patent but calcified.

PERONEAL Calcified, some flow demonstrated.

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit

Arterial Duplex Scan Report

Date 20 December 2018

Referring Doctor Mr Hamsih

NAME

ADDRESS

DoB

HOSP NUM

AORTA Not clearly seen

MAX AORTIC DIAM. _____ CM

RIGHT

CIA Not clearly imaged.

IIA Not clearly imaged

EIA No flow demonstrated,
appears occluded

CFA Patent but diseased with
monophasic Doppler signals

PFA Patent but diseased.

SFA Patent but diseased with an
occluded segment

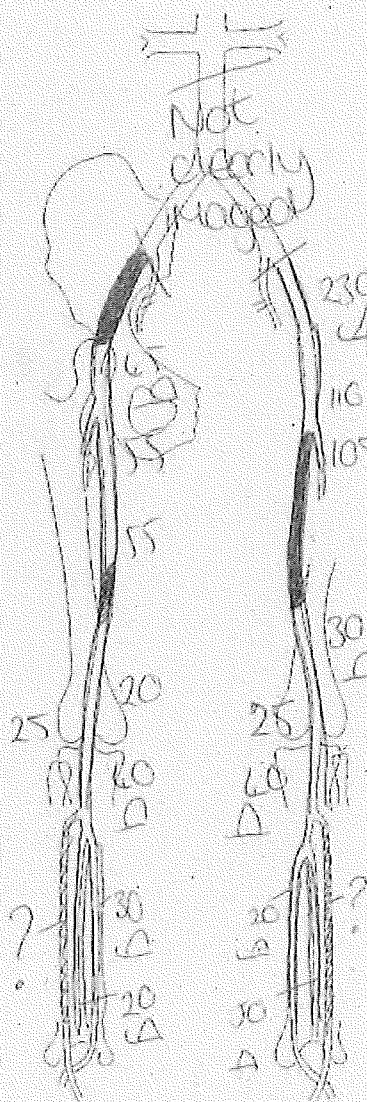
POP Patent but diseased

TPT Patent but diseased.

AT Not clearly imaged, ?
occluded

PT Patent but diseased.

PERONEAL Patent but diseased.



LEFT

CIA Not clearly imaged.

IIA Not clearly imaged

EIA Patent but diffusely
diseased.

CFA Patent but diseased

PFA Patent but diseased

SFA Occluded with refilling at
the adductor region.

POP Patent but diseased.

TPT Patent but diseased.

AT Not clearly imaged, ?
occluded

PT Patent but diseased

PERONEAL Patent but
diseased

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

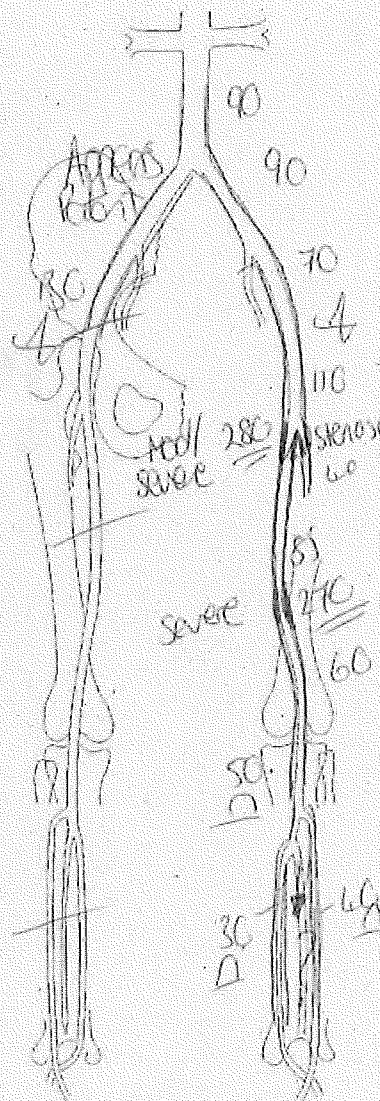
Vascular Studies Unit
Arterial Duplex Scan Report

Date 20 December 2018

Referring Doctor Mr Libertiny

NAME
ADDRESS
DoB
HOSP. NUM

AORTA	Patent
MAX AORTIC DIAM.	1.6 CM
RIGHT	
CIA	Appears patent but calcified.
IIA	Not clearly imaged.
EIA	Patent but calcified.
CFA	Not imaged.
PFA	Not imaged.
SFA	Not imaged.
POP	Not imaged.
TPT	Not imaged.
AT	Not imaged.
PT	Not imaged.
PERONEAL	Not imaged.



LEFT	
CIA	Patent but calcified.
IIA	Not clearly imaged.
EIA	Patent but calcified.
CFA	Patent but diseased/calcified.
PFA	Stenosed at the origin.
SFA	Patent but diseased/calcified with a moderate to severe stenosis at the origin and a severe stenosis distally.
POP	Patent but diseased.
TPT	Patent but diseased.
AT	Patent but diseased.
PT	Patent but diseased.
PERONEAL	Patent but diseased proximally, not clearly imaged distally.

Additional Comments

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 19 December 2018

Referring Doctor Mr Brar

NAME

ADDRESS

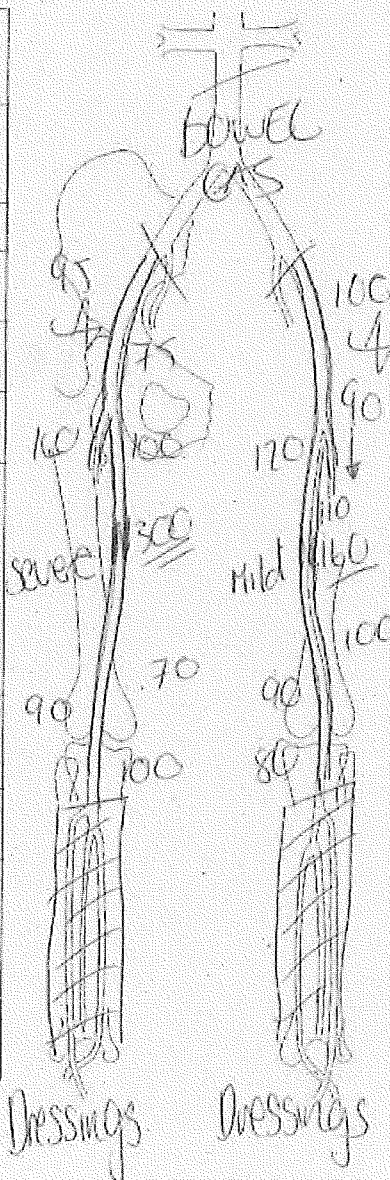
DoB

HOSP NUM

AORTA	Not clearly seen
MAX AORTIC DIAM	CM
RIGHT	
CIA	Not clearly imaged
IIA	Not clearly imaged
EIA	Patent but calcified
CFA	Patent but diseased/calcified
PFA	Patent but calcified
SFA	Patent but diffusely diseased/calcified with a severe stenosis
POP	Patent but diseased/calcified
TPT	Dressings
AT	Dressings
PT	Dressings
PERONEAL	Dressings

LEFT

CIA	Not clearly imaged
IIA	Not clearly imaged
EIA	Patent but calcified
CFA	Patent but diseased/calcified
PFA	Patent but calcified
SFA	Patent but diffusely diseased/calcified with a mild stenosis proximally
POP	Patent but diseased/calcified
TPT	Dressings
AT	Dressings
PT	Dressings
PERONEAL	Dressings



Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 18 December 2018

Referring Doctor Mr Brar

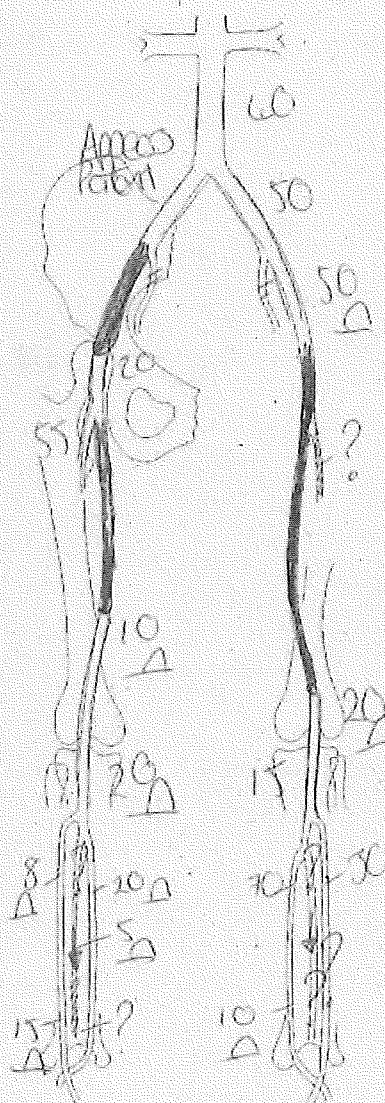
NAME

ADDRESS

DoB

HOSP NUM

AORTA	Patent
MAX AORTIC DIAM	2.1 CM
RIGHT	
CIA	Refilling distally, appears patent.
IIA	Not clearly imaged
EIA	Occluded.
CFA	Patent but diseased
PFA	Patent but diseased
SFA	Occluded with small channels of ? recanalized flow. Echolucent in appearance, suggestive of thrombus.
POP	Patent but diseased
TPT	Appears patent.
AT	Patent
PT	Patent.
PERONEAL	Not clearly imaged proximally, some flow demonstrated in the mid section, ? occluded distally



LEFT

CIA	Patent but diseased.
IIA	Not clearly imaged
EIA	Patent but diseased.
CFA	Occluded (Echolucent in appearance, suggestive of thrombus.)
PFA	Not clearly imaged, ? occluded.
SFA	Occluded (Echolucent in appearance, suggestive of thrombus.)
POP	Refilling proximally, then Patent but diseased.
TPT	Appears patent.
AT	Appears patent but small in calibre.
PT	Patent.
PERONEAL	Some flow demonstrated in the mid section but not entirely imaged.

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 17 December 2018

Referring Doctor Mr Libertiny

NAME

ADDRESS

DoB

HOSP. NUM.

AORTA Not clearly seen
MAX AORTIC DIAM _____ CM

RIGHT

CIA Not clearly imaged.

IIA Not clearly imaged.

EIA Patent but diseased.

CFA Patent but diseased.

PFA Patent but diseased.

SFA Patent at the origin then
occluded.

POP Refilling proximally, patent
but diseased.

TPT Appears patent but diseased.

AT Patent but diseased.

PT Patent but diseased.

PERONEAL Appears patent.

LEFT

CIA Not clearly imaged.

IIA Not clearly imaged.

EIA Patent but diseased.

CFA Not imaged.

PFA Not imaged.

SFA Not imaged.

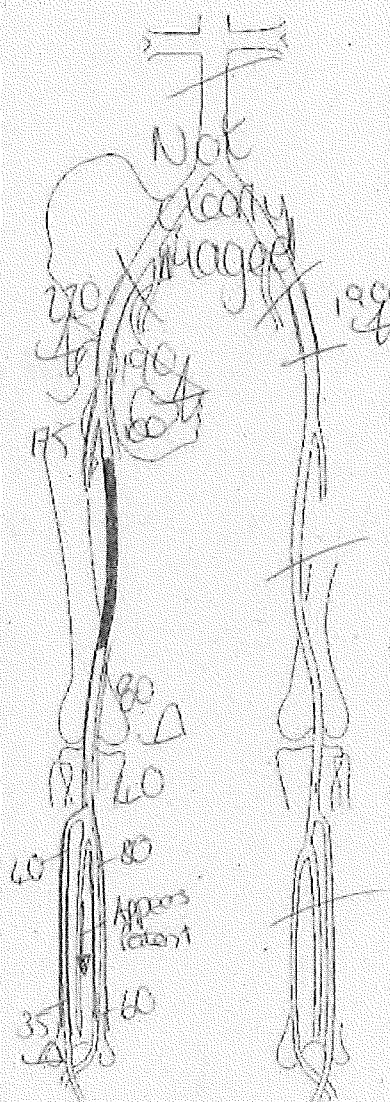
POP Not imaged.

TPT Not imaged.

AT Not imaged.

PT Not imaged.

PERONEAL Not imaged.



Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 17 December 2018

Referring Doctor Mr Liberty

NAME

ADDRESS

DoB

HOSP. NUM

AORTA Patent
MAX AORTIC DIAM. 2.90 CM

RIGHT

CIA Appears patent proximally,
not clearly imaged distally.

IIA Not clearly imaged

EIA Patent but calcified

CFA Patent but calcified

PFA Patent but calcified

SFA Patent but calcified

POP Patent but calcified

TPT Not clearly imaged

AT ? occluded

PT Not clearly imaged
proximally, ? occluded in the mid
section, patent but heavily calcified
with monophasic flow distally.

PERONEAL Appears patent but
heavily calcified.

LEFT

CIA Appears patent proximally,
not clearly imaged distally

IIA Not clearly imaged

EIA Patent but calcified

CFA Patent but calcified

PFA Patent but calcified

SFA Patent but calcified with a
moderate stenosis distally

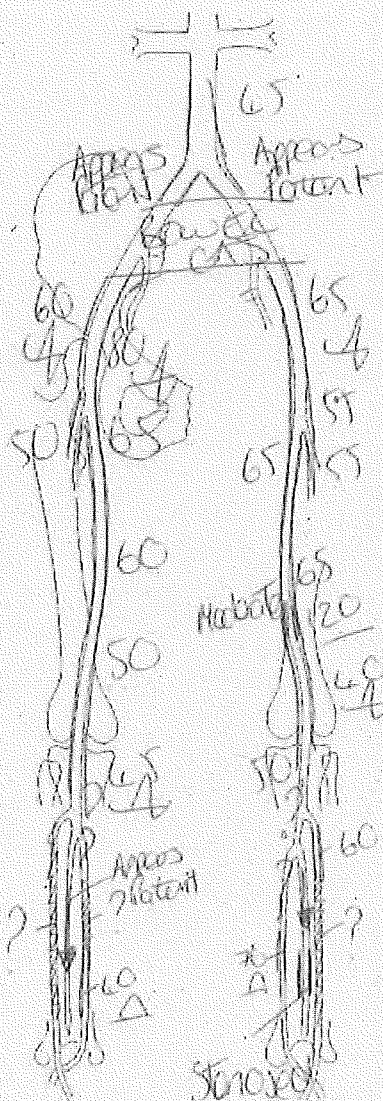
POP Patent but calcified

TPT Not clearly imaged

AT Patent but heavily calcified
proximally, ? occluded distally

PT Heavily calcified, some
flow demonstrated with
monophasic Doppler signals

PERONEAL Appears patent but
heavily calcified proximally and
stenosed distally



Additional Comments

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

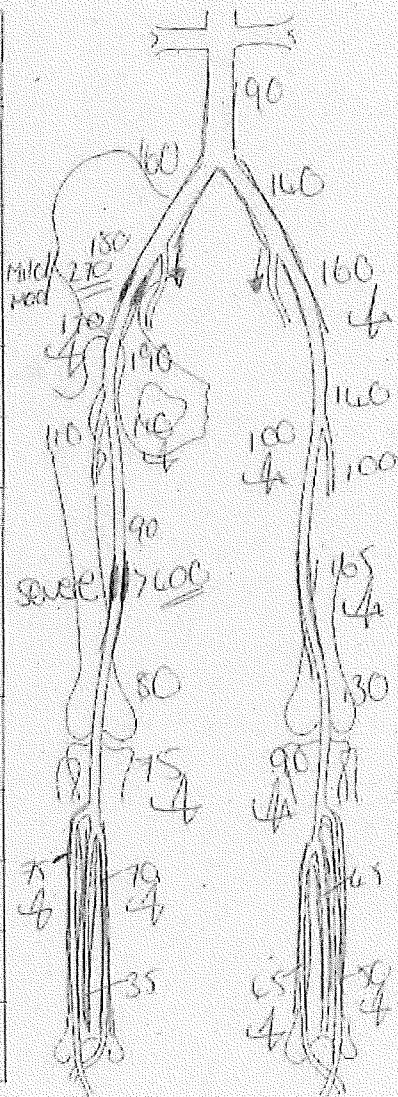
Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 14 December 2018

Referring Doctor Mr Kappadath

AORTA	Patent
MAX AORTIC DIAM	1.80 CM
RIGHT	
CIA	Patent but diseased.
IIA	Patent
EIA	Patent but diseased with a mild to moderate stenosis
CFA	Patent
PFA	Patent
SFA	Patent and diseased distally with a severe stenosis
POP	Patent
TPT	Patent but diseased
AT	Patent but diseased
PT	Patent but diseased
PERONEAL	Patent but diseased.



NAME [redacted]
ADDRESS [redacted]
DoB [redacted]
HOSP. NUM [redacted]

LEFT	
CIA	Patent but diseased.
IIA	Patent
EIA	Patent but diseased
CFA	Patent
PFA	Patent
SFA	Patent and diseased distally.
POP	Patent
TPT	Patent but diseased.
AT	Patent but diseased.
PT	Patent but diseased.
PERONEAL	Patent but diseased.

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

☐ Verbal Consent

dB [redacted]

CRIS:

Surname:

Forename

Vascular Studies Unit
Arterial Duplex Scan Report

Date 11 December 2018

Referring Doctor Mr Brar

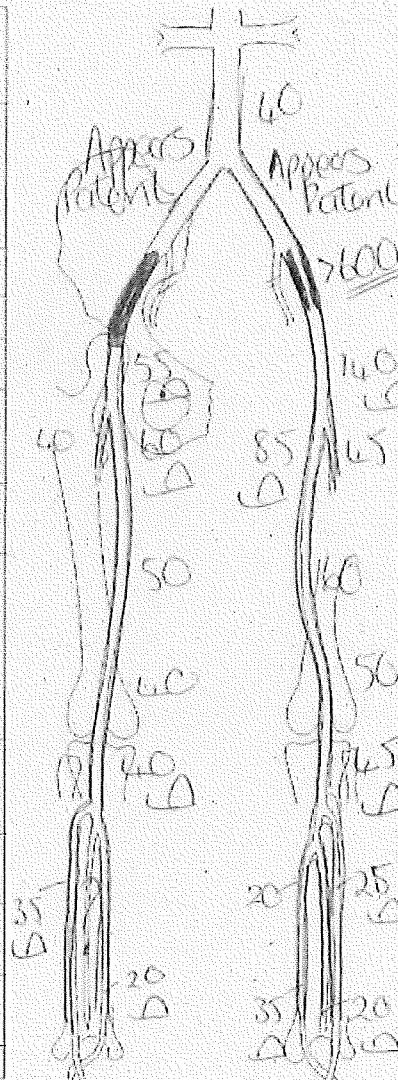
NAME

ADDRESS

DoB

HOSP. NUM.

AORTA	Patent
MAX AORTIC DIAM	2.1 CM
RIGHT	
CIA	Imaging difficult due to bowel gas, appears patent but diseased
IIA	Not clearly imaged
EIA	No flow demonstrated, appears occluded
CFA	Patent but diseased with monophasic Doppler signals
PFA	Patent but diseased
SFA	Patent but diseased
POP	Patent but diseased
TPT	Patent but diseased
AT	Patent but diseased
PT	Patent but diseased
PERONEAL	Not clearly imaged



LEFT	
CIA	Appears patent but diseased
IIA	Not clearly imaged
EIA	Diffusely diseased and severely stenosed
CFA	Patent but diseased
PFA	Patent but diseased
SFA	Patent but diseased
POP	Patent but diseased
TPT	Patent but diseased
AT	Patent but diseased
PT	Patent but diseased
PERONEAL	Patent but diseased

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 10 December 2018

Referring Doctor Mr Brar

NAME

ADDRESS

DoB

HOSP. NUM.

AORTA Not clearly seen
MAX AORTIC DIAM. _____ CM

RIGHT

CIA Not clearly imaged

IIA Not clearly imaged

EIA Patent

CFA Patent

PFA Patent

SFA Occluded

POP Patent proximally, not clearly imaged distally, ? occluded

TPT Not clearly imaged

AT Patent but diseased

PT Not clearly imaged, ? occluded

PERONEAL Not clearly imaged, ? occluded

LEFT

CIA Not clearly imaged

IIA Not clearly imaged

EIA Patent

CFA Not imaged

PFA Not imaged

SFA Not imaged

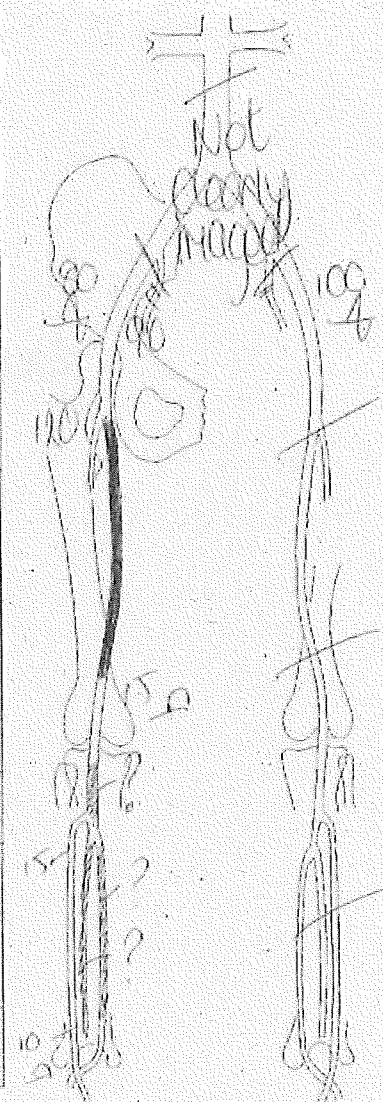
POP Not imaged

TPT Not imaged

AT Not imaged

PT Not imaged

PERONEAL Not imaged



Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS:

Surname:

Forename:

Vascular Studies Unit
Arterial Duplex Scan Report

Date 05 December 2018

Referring Doctor Mr Hamish

NAME

ADDRESS

DoB

HOSP. NUM

AORTA Not clearly seen
MAX AORTIC DIAM _____ CM

RIGHT

CIA Not clearly imaged

IIA Not clearly imaged

EIA Patent but diseased

CFA Patent but diseased

PFA Imaging difficult at the origin,
? possible severe stenosis Patent
distally

SFA Occluded (graft noted,
occluded)

POP Appears occluded

TPT BKA

AT BKA

PT BKA

PERONEAL BKA

LEFT

CIA Not imaged

IIA Not imaged

EIA Not imaged

CFA Not imaged

PFA Not imaged

SFA Not imaged

POP Not imaged

TPT Not imaged

AT Not imaged

PT Not imaged

PERONEAL Not imaged



Additional Comments

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

CRIS

Surname:

Forename:

Vascular Studies Unit

Arterial Duplex Scan Report

Date 03 December 2018

Referring Doctor Mr Kappadath

NAME

ADDRESS

DoB

HOSP. NUM

AORTA ~~Stenosed~~

MAX AORTIC DIAM. _____ CM

RIGHT

CIA Imaging difficult due to bowel gas. Increased velocities noted at distal aorta and the origin, suggestive of a significant stenosis.

IIA Not clearly imaged.

EIA Patent but diseased

CFA Not imaged.

PFA Not imaged.

SFA Not imaged.

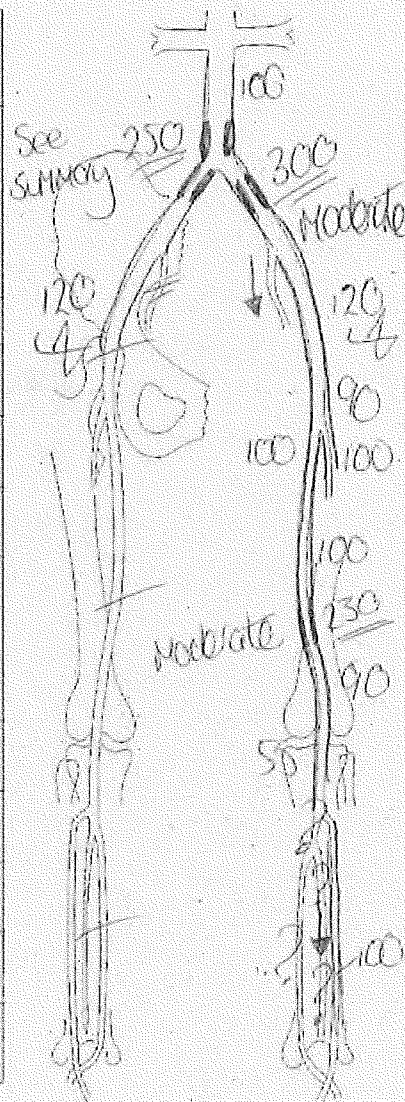
POP Not imaged.

TPT Not imaged.

AT Not imaged.

PT Not imaged.

PERONEAL Not imaged



LEFT

CIA Patent but diffusely diseased with a moderate stenosis

IIA Patent

EIA Patent but diseased

CFA Patent but diseased

PFA Patent but diseased

SFA Patent but diseased/calcified with a moderate stenosis distally.

POP Patent but diseased

TPT Not clearly imaged

AT Patent but diseased

PT Not clearly imaged

PERONEAL Some flow demonstrated but not entirely imaged

Additional Comments

Increased velocities noted in the distal aorta and proximal right common iliac, suggestive of a significant stenosis. Imaging difficult due to bowel gas.

Scanned by Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

dB

Surname:

Forename:

Vascular Studies Unit

Referring Doctor Mr Hicks

ADDRESS

DoB

HOSP NUM

RIGHT

CIA Not clearly imaged

IIA	Not clearly imaged
-----	--------------------

EIA Patient but calcified

CFA: Patent but calcified.

PFA Patent but calcified

SFA Patent but calcified with a moderate stenosis.

POP Patent but calcified with a mild stenosis proximally

TP.T Not clearly imaged

AT Not clearly imaged, ?
occluded

PT Heavily calcified with some flow demonstrated but not entirely imaged.

PERONEAL Heavily calcified with some flow demonstrated but not entirely imaged

LEFT

CIA	Not clearly imaged
-----	--------------------

IIA	Not clearly imaged.
-----	---------------------

EIA	Patent but calcified
-----	----------------------

CFA Not imaged.

PFA Not Imaged

SFA	Not imaged
-----	------------

POP Not imaged.

TPT Not imaged.

AT	Not imaged.
----	-------------

PT Not imaged

PERONEAL	Not imaged
----------	------------

Additional Comments

Scanned by: Leah Sayers
Trainee Clinical Vascular Scientist

Northamptonshire Vascular Service

Verbal Consent

822

Dob:
Forename:

Vascular Studies Unit

Referring Doctor Dr Taylor

HOSP NUM

RIGHT

SFA Patent but diseased/calcified proximally then occludes

PERONEAL Patent but calcified



PERONEAL	Patent but
calcified.	

Additional Comments

Northamptonshire Vascular Service

40

