

## 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  $\geq 3 \times$  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 CIAs 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 its length in a longitudinal view by scanning proximally ensuring overlap with the distal SFAP 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 its 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 antero-lateral aspect of the lower leg throughout its 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

Date	CHI	Scan
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
13/12/2018	1401482058	LLLA
18/12/2018	801525233	RLLA
18/12/2018	308325257	BLLA
18/12/2018	211442003	LLLA
31/12/2018	2112502190	LLLA
08/01/2019	1212442121	LLLA
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 )
06/02/2019	3107352055	LLLA
11/02/2019	2212372159	RLLA
11/02/2019	302512136	BLLA



The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant: Mr B. Renwick  
Vascular Surgeon  
Ward 215

Episode date  
14/11/2018

Ward  
Outpatient

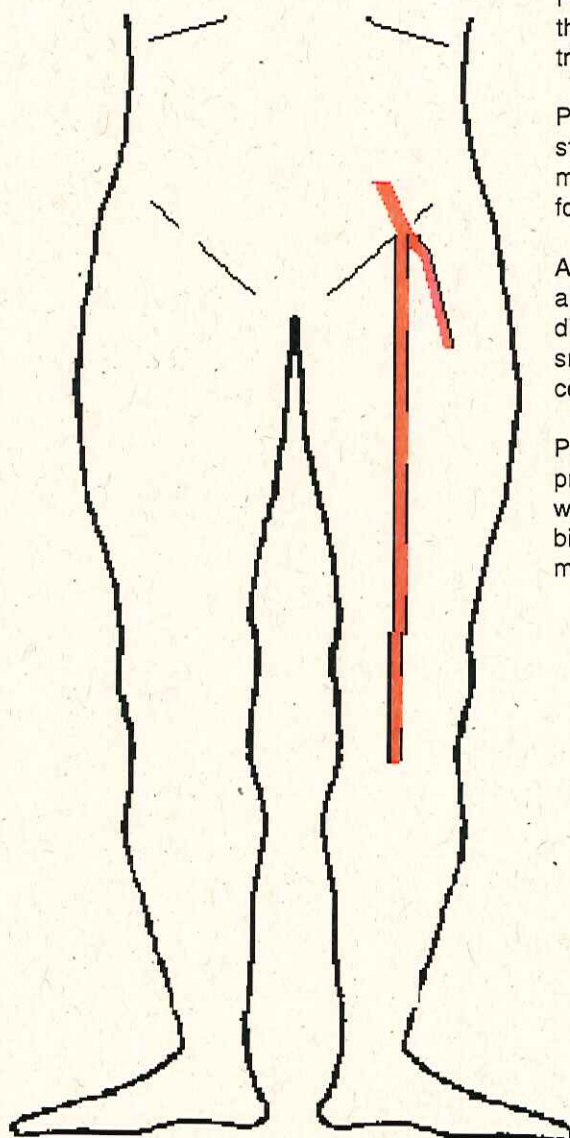
Patient: Mr. Graham Ballintyne

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 multiple stenosis and a sharp monophasic waveform at the foot.

ATA is difficult to assess. it appears to be nearly occluded distally however there was a small well established collateral.

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

Scanned By:- Heather Lynn  
Trainee Clinical Scientist

14/11/2018

101701

Page 1 of 1

# The Vascular Laboratory Aberdeen Royal Infirmary

Consultant:

Episode date  
15/11/2018

Ward  
Outpatient

Patient:

Mr. Michael Taylor

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, flow 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.

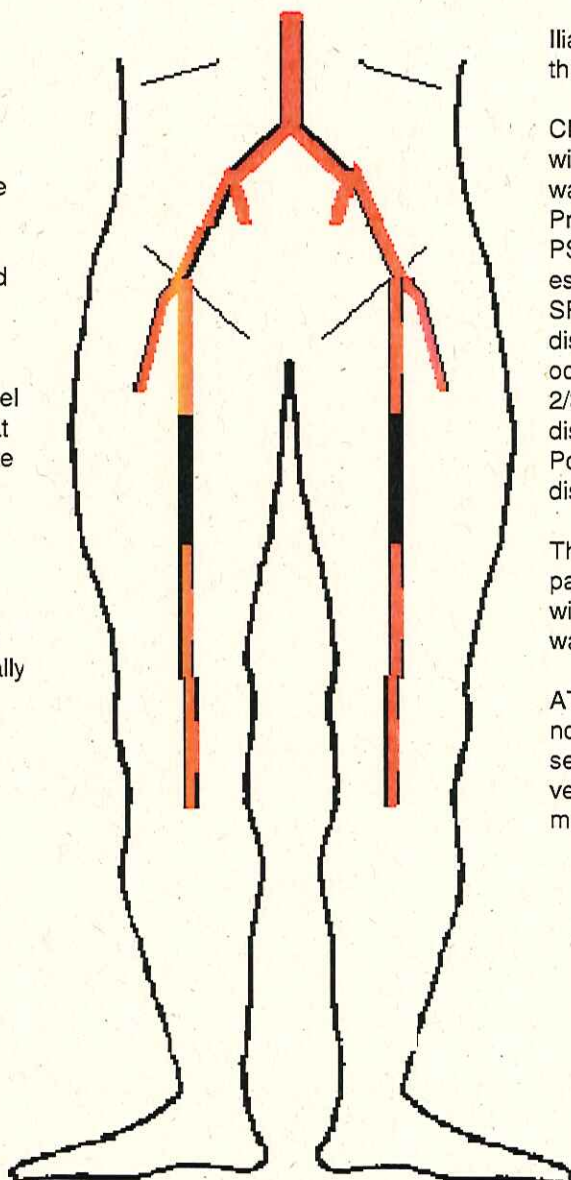
Profunda - proximal stenosis PSV's 310cm/sec and is well established.

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 proximally, could not be imaged in the mid segment however distally the vessel is patent damped monophasic.



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Trainee Clinical Scientist

15/11/2018

101713

Page 1 of 1



Return

The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant: [REDACTED]  
Vascular Surgeon  
Ward 215 ARI

Episode date  
21/11/2018

Ward  
Outpatient

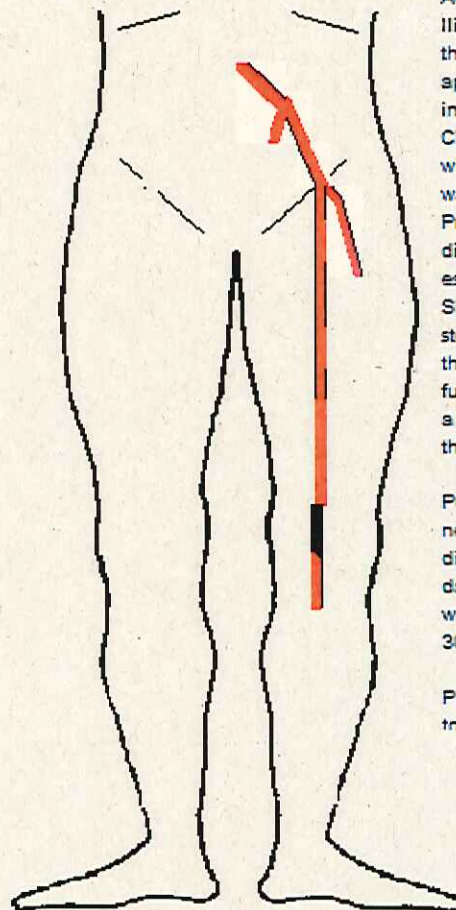
Patient:  
**Mr. [REDACTED]**

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 but no increased PSV's.  
CFA - mild calcified disease with a sharp triphasic waveform.  
Profunda - mild calcified disease proximally. (well established)  
SFA origin 2.5 times stenosis. the remainder of the vessel is calcified but no further stenosis seen and has a biphasic waveform throughout.

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

PTA - difficult to assess due to calcification and there

Heather Lynn  
Trainee Clinical Scientist

07/12/2018

101772

Page 1 of 1

Return

The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant: **[Redacted]**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
21/11/2018

Ward  
Outpatient

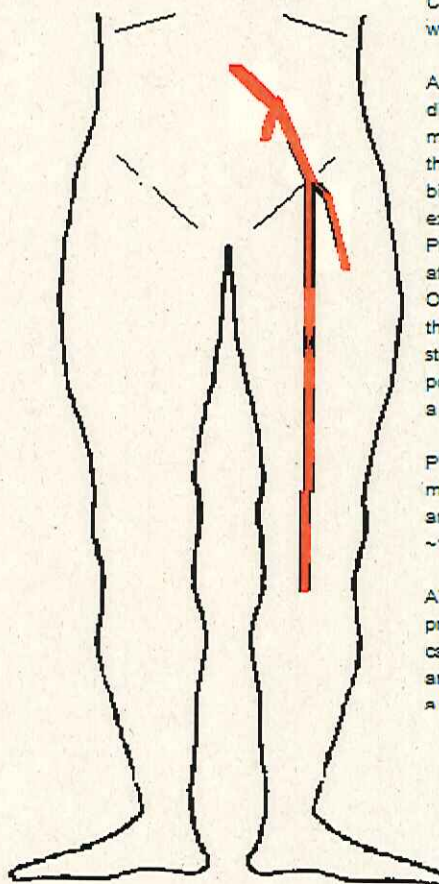
Patient: **[Redacted]**  
**[Redacted]**

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  
biphasic 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.  
popliteal - calcified walls with  
a sharp biphasic 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

Page 1 of 1



**The Vascular Laboratory  
Aberdeen Royal Infirmary**

Consultant:

Episode date  
21/11/2018

Ward  
Outpatient

Patient:

**Mr. Ranga Sengupta**

Unit Number  
**0203360**

CHI  
**1910311111**

Tests performed: **Bilateral Arterial Legs Duplex**

**Results:**

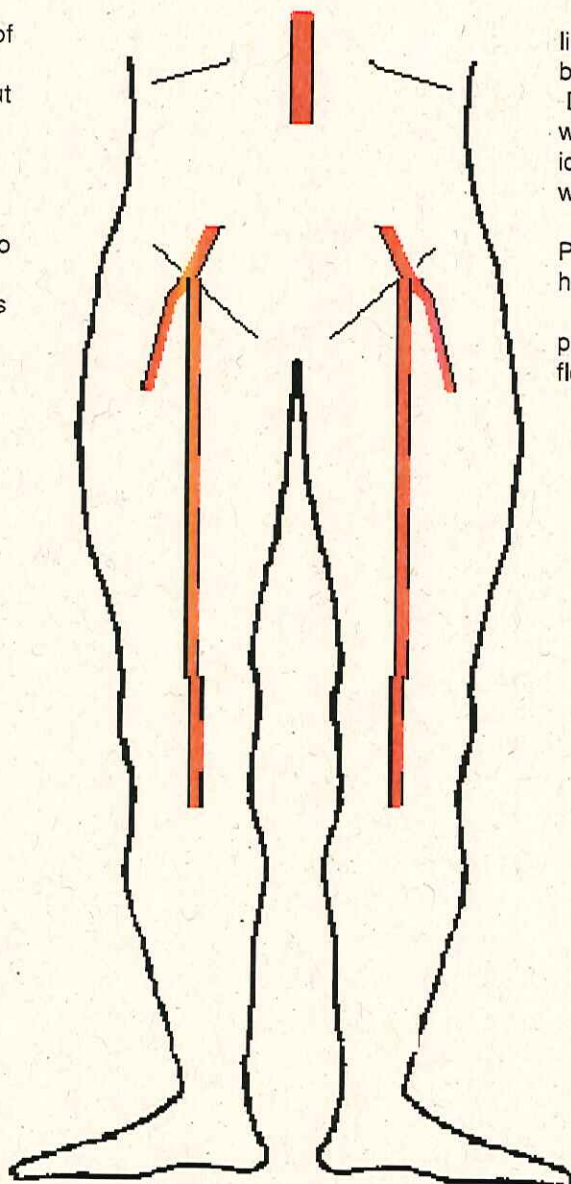
aorta - 19mm. limited view of iliac due to bowel gas.  
Diffused disease throughout with no significant stenosis identified with a tri/biphasic waveform.

PTA - calcified and unable to show flow.  
ATA - calcified 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.



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Trainee Clinical Scientist

21/11/2018

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Page 1 of 1



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Aberdeen Royal Infirmary

Consultant: **Mr M Sharp**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
27/11/2018

Ward  
Outpatient

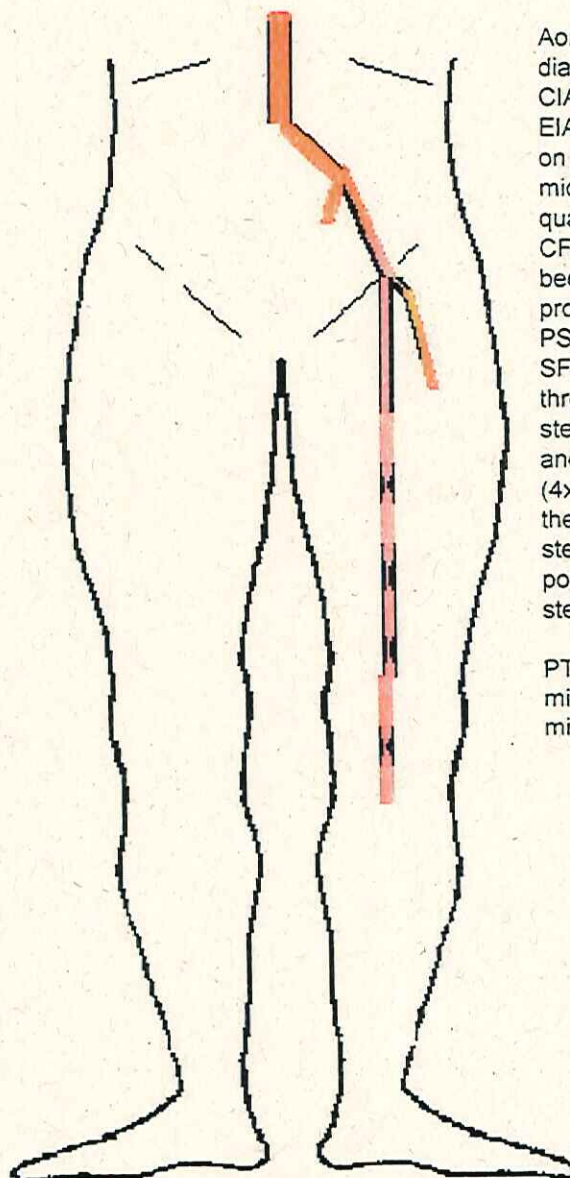
Patient:  
**Mrs. Elizabeth Gordon**

Unit Number  
**0309901**

CHI  
**0202322084**

Tests performed: Left Leg Arterial Duplex

Results:



Aorta - calcified walls with a diameter of 13mm.  
CIA - mild disease.  
EIA - moderate disease noted on grey/colour imaging in the mid section however unable to 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.

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Trainee Clinical Scientist

27/11/2018

101823

Page 1 of 1

The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant:

Mr Haider

Episode date

13/12/2018

Ward

Outpatient

Vascular

Patient:

Robert Haider

Unit Number

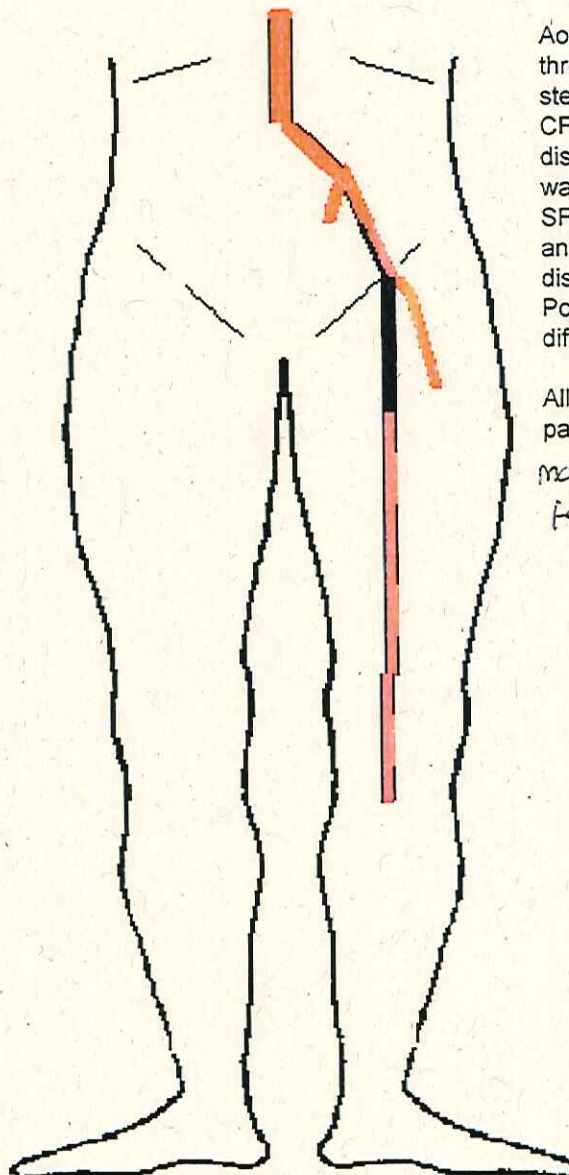
0492128

CHI

1905402015

Tests performed: Left Leg Arterial Duplex

Results:



Aorta/ iliacs - minor 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 feet

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Trainee Clinical Scientist

lynnhe 13/12/2018 15:55



The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant:

Episode date  
13/12/2018

Ward  
Outpatient

Patient:

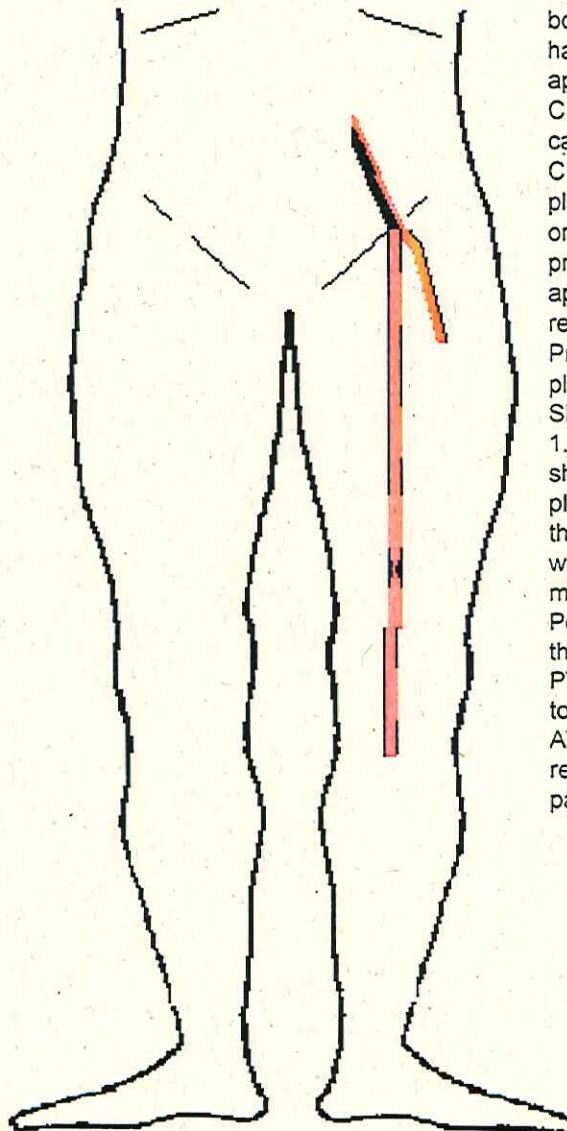
[REDACTED]

Unit Number  
0387718

CHI  
1401482058

Tests performed: Left Leg Arterial Duplex

Results:



Aorta/iliac limited views 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 remainder of the vessel is widely patent with diffused mild calcified plaque. Popliteal - mild plaque throughout. PTA minor disease and patent to the foot. ATA origin not imaged, the remainder of the vessel is patent with minor disease.

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Trainee Clinical Scientist

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The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant: **Mr M Sharpe**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
18/12/2018

Ward  
Outpatient

Patient: **Mr M Sharpe**

Unit Number  
**2216029**

CHI  
**0801525233**

Tests performed: **Right Leg Arterial Duplex**

Results:

Aorta - appears within normal size (20mm).

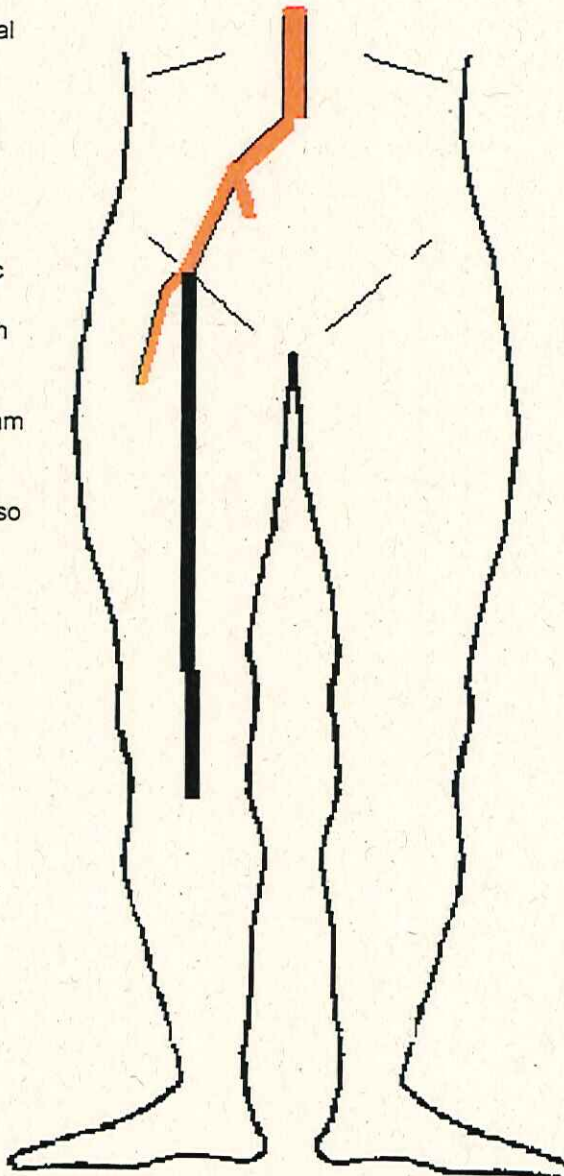
The aorta was difficult to image. iliac section has diffused plaque throughout and could not detect significant disease.

CFA - moderate calcified plaque with a sharp triphasic 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.



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Trainee Clinical Scientist

18/12/2018

102053

Page 1 of 1



The Vascular Laboratory  
Aberdeen Royal Infirmary

Return

Consultant: **Mr B. Fawcett**  
Vascular Surgeon  
Ward 215

Episode date  
18/12/2018

Ward  
Outpatient

Patient: **Mr [REDACTED]**

Unit Number  
1236252

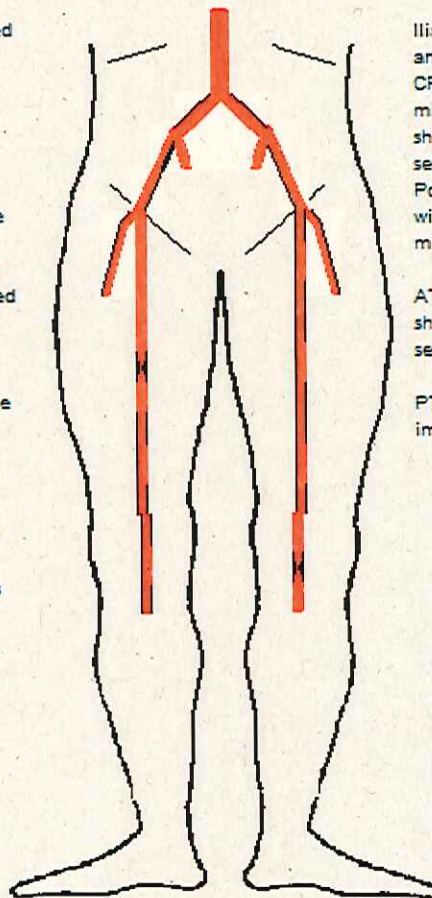
CHI  
0308325257

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 waveform 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 waveform 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/biphasic waveform seen throughout  
Popliteal moderate disease with a 2 times stenosis in the mid section.

ATA widely patent with a sharp monophasic waveform seen throughout.

PTA and peroneal not imaged.

Heather Lynn/Is  
Trainee Clinical Scientist

18/12/2018

102084

Page 1 of 1

The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant: **Mr M. Sharp**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
18/12/2018

Ward  
Outpatient

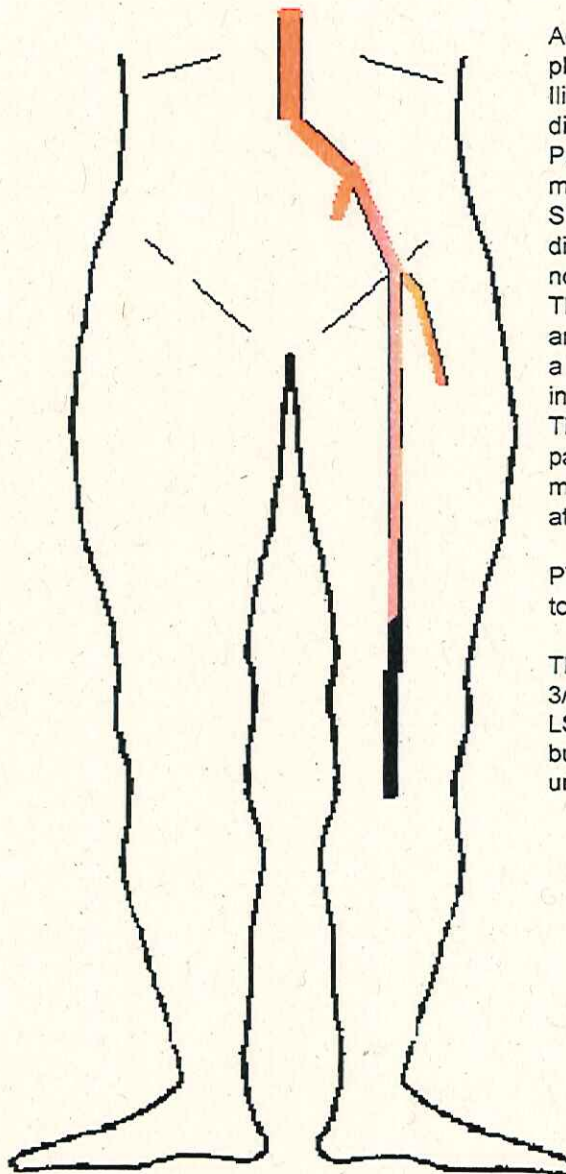
Patient: **Mr. Martin Wilson**

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 - moderate 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.

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18/12/2018

102054

Page 1 of 1



**The Vascular Laboratory  
Aberdeen Royal Infirmary**

Consultant:

Episode date  
31/12/2018

Ward  
Outpatient

Patient:

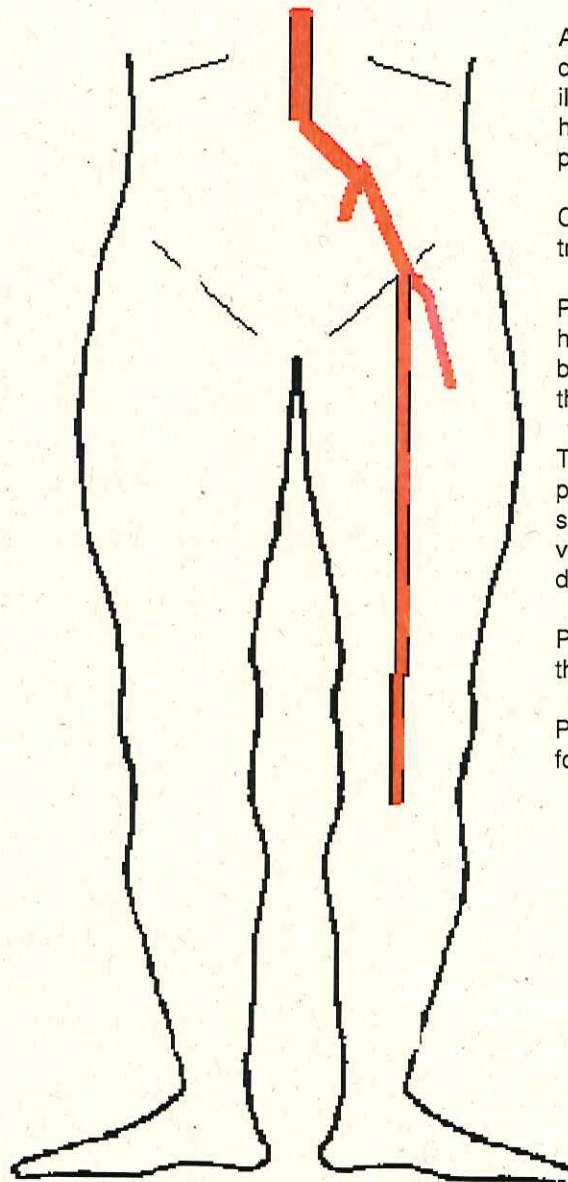
**Mr. Ernest Milne**

Unit Number  
**0480398**

CHI  
**2112502190**

Tests performed: **Left Leg Arterial Duplex**

**Results:**



Aorta 3.9cm AAA mild calcified disease.  
iliac limited views due to body 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 waveform 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.

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Trainee Clinical Scientist

31/12/2018

102160

Page 1 of 1

**The Vascular Laboratory  
Aberdeen Royal Infirmary**

Return

Consultant: **Dr M S. S. S.**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
08/01/2019

Ward  
Outpatient

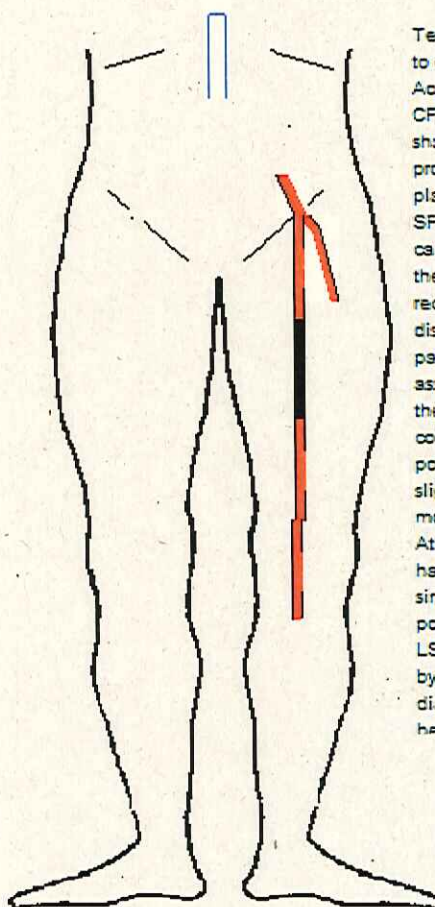
Patient: **Mr M. S. S.**

Unit Number  
**0240547**

CHI  
**1212442121**

Tests performed: **Left Leg Arterial Duplex**

**Results:**



Technical difficult scan due to extensive swelling  
Aorta/iliac - not imaged  
CFA - mild disease with a sharp triphasic waveform.  
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



# The Vascular Laboratory Aberdeen Royal Infirmary

Consultant:

Episode date  
17/01/2019

Ward  
Outpatient

Patient:

**John Sutherland**

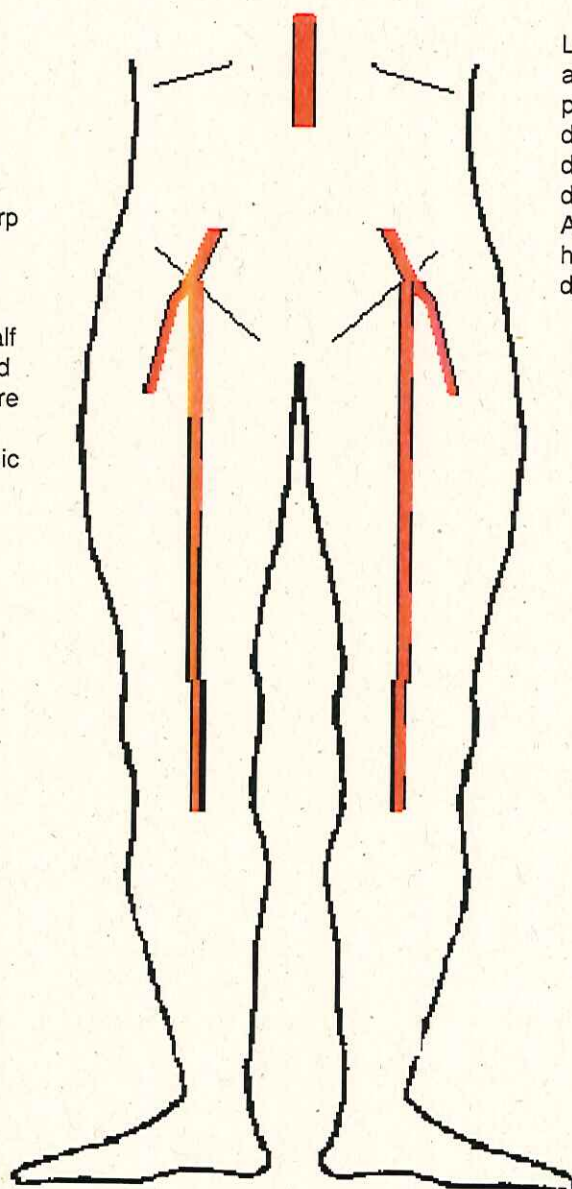
Unit Number  
**2025910**

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

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Trainee Clinical Scientist

17/01/2019

102352

Page 1 of 1

**The Vascular Laboratory  
Aberdeen Royal Infirmary**

Consultant: **Mr M. Sharp**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
22/01/2019

Ward  
Outpatient

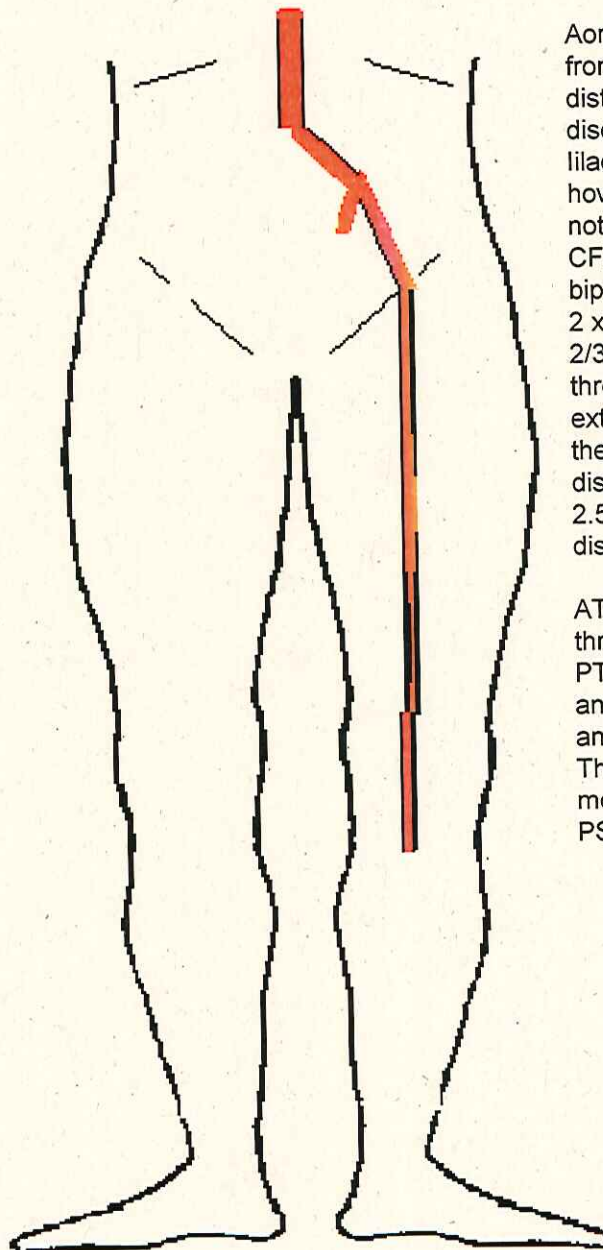
Patient:  
**Mrs. Sheila Arthur**

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.

Iliacs - some bowel gas however mild calcified disease noted.

CFA - difused narrowing with a biphasic waveform. 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 waveform with PSV's 20cm/sec

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Trainee Clinical Scientist



# The Vascular Laboratory Aberdeen Royal Infirmary

Consultant: **Mr E Munro**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
23/01/2019

Ward  
Outpatient

Patient:  
**Mr James Gordon**

Unit Number  
**0380070**

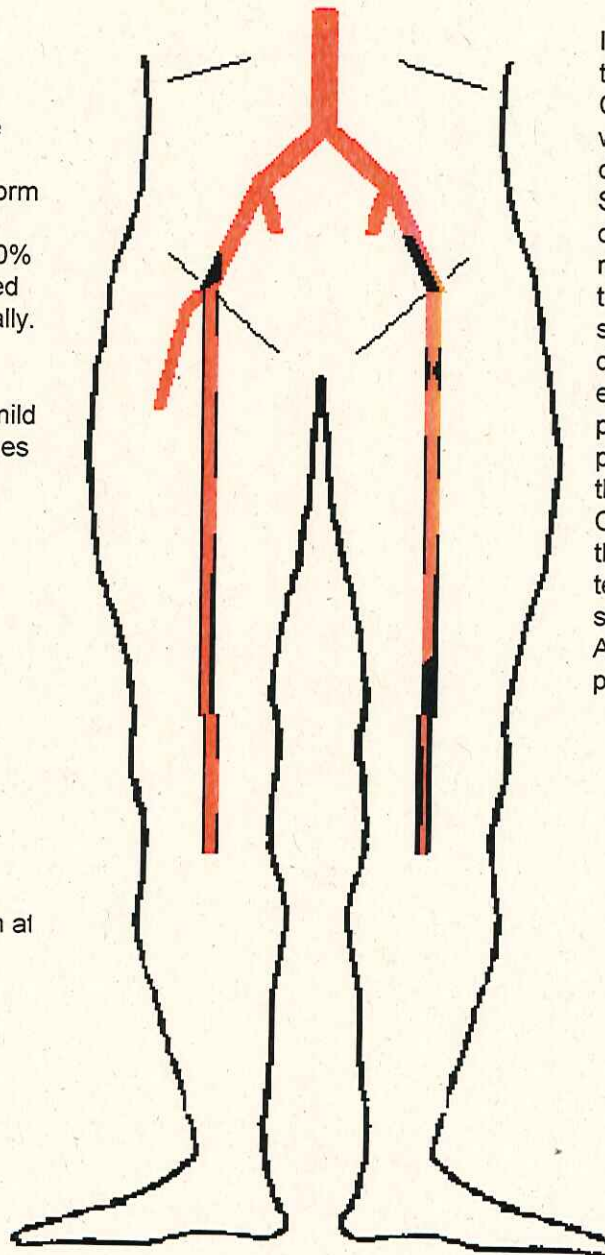
CHI  
**1302392034**

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 plaque  
SFA - Prox - mild diffused mild calcified plaque with becomes more significant distally however maintains a sharp biphasic waveform 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 significant disease with a distally near occlusion which extends 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 the prox, mid and distal segment PSV's 20cm/sec.  
ATA - distal occlusion.  
peroneal not imaged

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Trainee Clinical Scientist

23/01/2019

102430

Page 1 of 1

The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant:

Episode date  
23/01/2019

Ward  
Outpatient

Patient:

**Mr. James Davidson**

Unit Number  
**1052243**

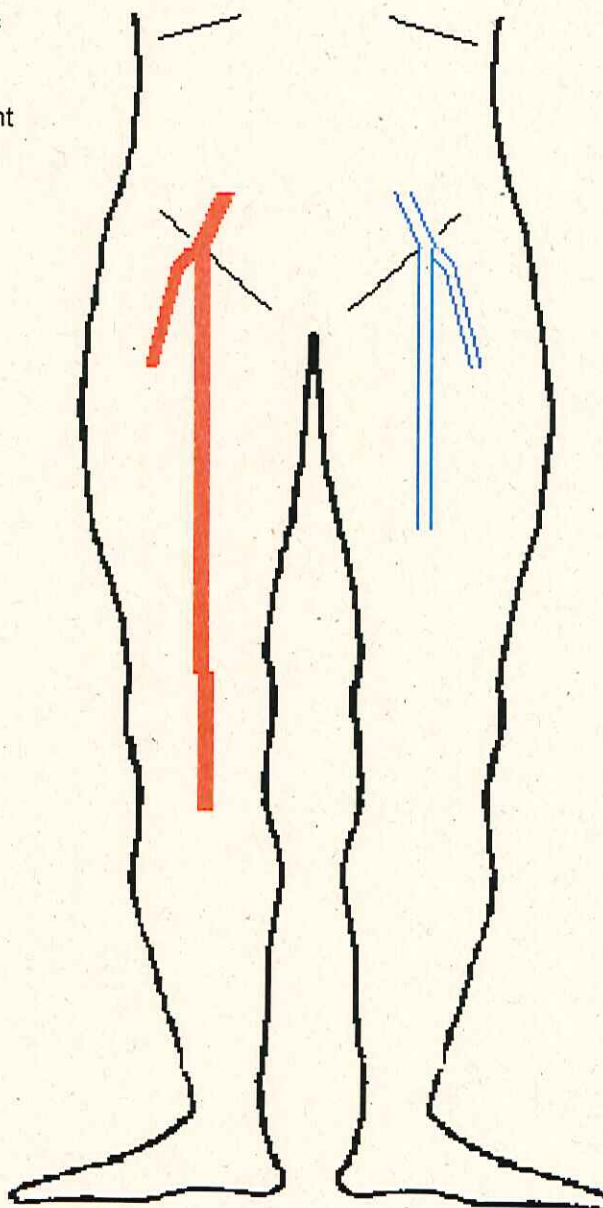
CHI  
**3103712510**

Tests performed: **Right Leg Arterial Duplex**

**Results:**

Right - Fem - pop segment is patent with a sharp triphasic waveform seen throughout.

The PTA and ATA are patent with a sharp triphasic waveform seen throughout



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23/01/2019

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Page 1 of 1



# The Vascular Laboratory Aberdeen Royal Infirmary

Consultant: **Mr M Sharp**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
29/01/2019

Ward  
Outpatient

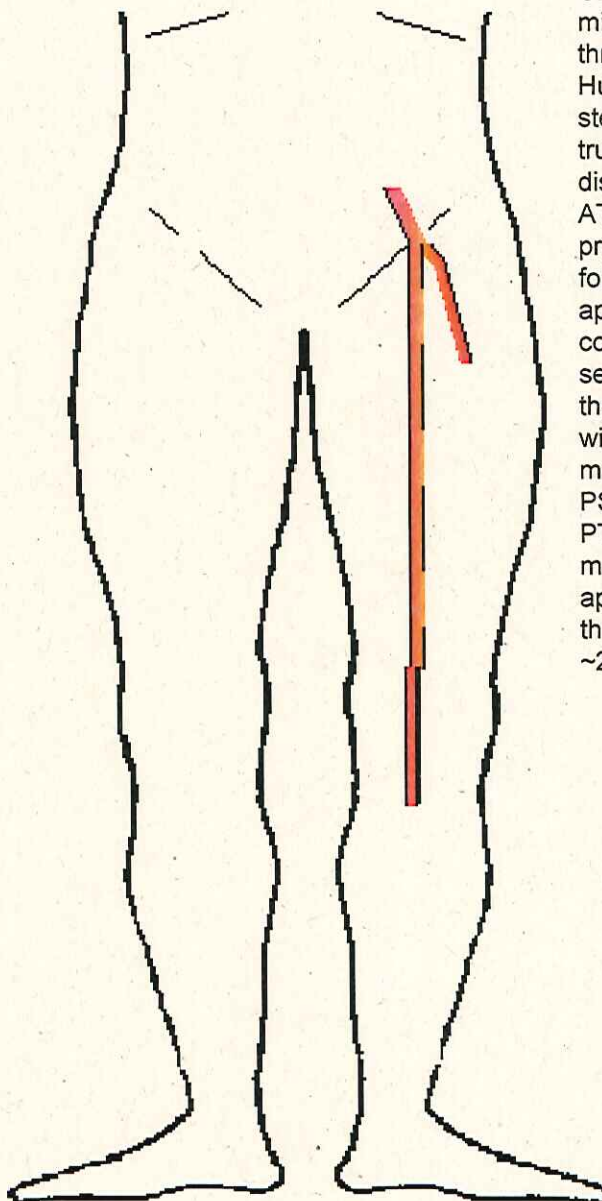
Patient: **Mr M Sharp**

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 collaterals. mid segment 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 monophasic waveform that appears to reduce in PSV's throughout with a PSV ~20cm/sec at the ankle

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The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant: **Mr E. Munro**  
Vascular Surgeon  
Ward 215 ARI

Episode date  
06/02/2019

Ward  
Outpatient

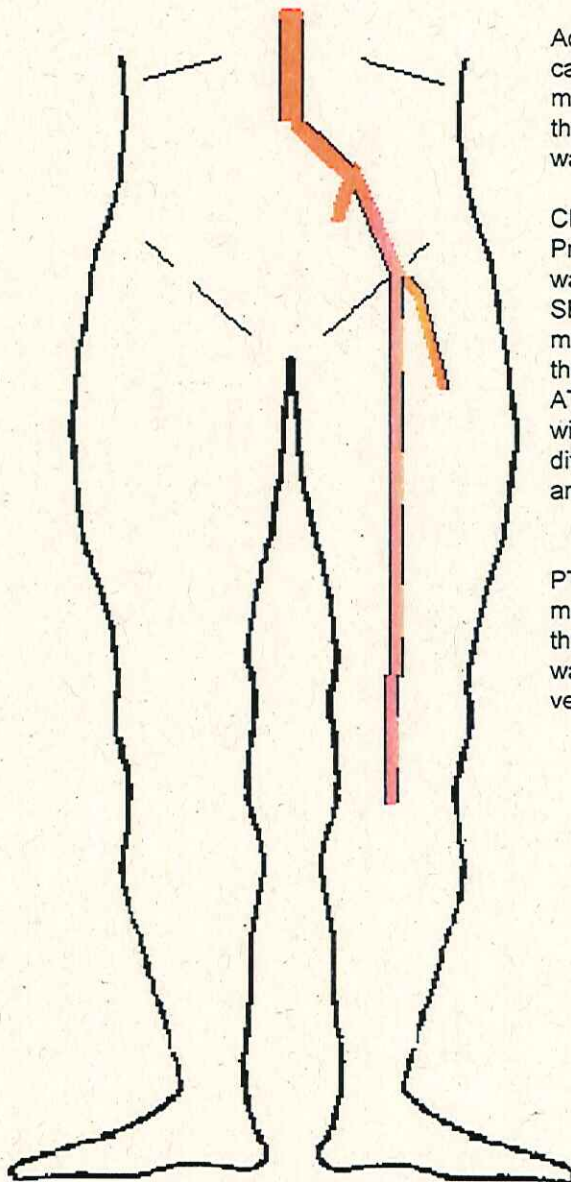
Patient:  
**Mr Angus Davidson**

Unit Number  
**0567249**

CHI  
**3107352055**

Tests performed: **Left Leg Arterial Duplex**

Results:



Aorta - dia 1.7cm and calcified. Iliac patent with moderate calcified walls throughout and a biphasic waveform.

CFA - mild calcified walls  
Profunda moderate calcified walls

SFA and popliteal diffused moderate calcified walls throughout.

ATA is patent to the ankle with moderate calcified diffused disease throughout and a 2 times stenosis distally.

PTA patent to the ankle with moderate calcified disease throughout it was noted there was 0.8mm lumen and the vessel dia is 2.8mm.

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06/02/2019

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Page 1 of 1



The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant:

Episode date  
11/02/2019

Ward  
Outpatient

Patient:

Mr. Ronald Ross

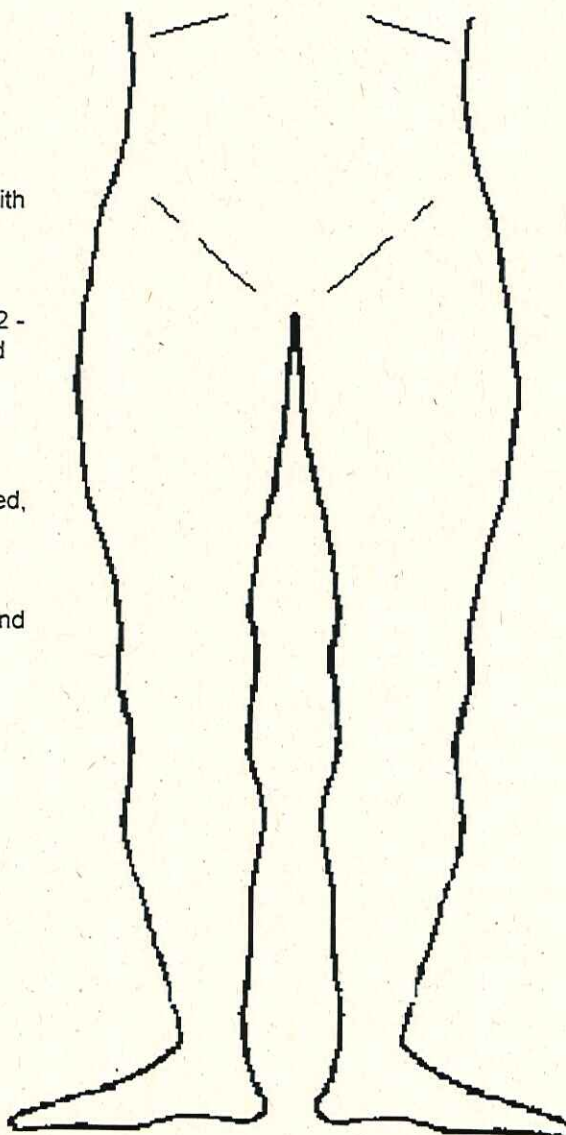
Unit Number  
1128208

CHI  
2212372159

Tests performed: Right Leg Arterial Duplex

Results:

Aorta - 19mm diameter  
calcified walls. CIA and EIA  
have calcified walls but no  
significant stenosis seen.  
CFA - calcified plaque  
throughout with biphasic  
waveforms  
Profunda well established with  
biphasic waveforms.  
SFA - calcified plaque  
throughout with multiple  
moderate stenosis and two 2 -  
3x times stenosis one at mid  
thigh and the second at 2/3  
thigh.  
Popliteal/ P-T trunk - mild  
calcified walls.  
All calf vessel heavily calcified,  
the PTA is patent with a  
damped monophasic  
waveform seen at the foot.  
ATA not seen in continuity and  
has a significant stenosis  
proximally.



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Page 1 of 1

The Vascular Laboratory  
Aberdeen Royal Infirmary

Consultant:

Episode date  
11/02/2019

Ward  
Outpatient

Patient:

**Mr. Alexander Ogilvie**

Unit Number  
**0919449**

CHI  
**0302512136**

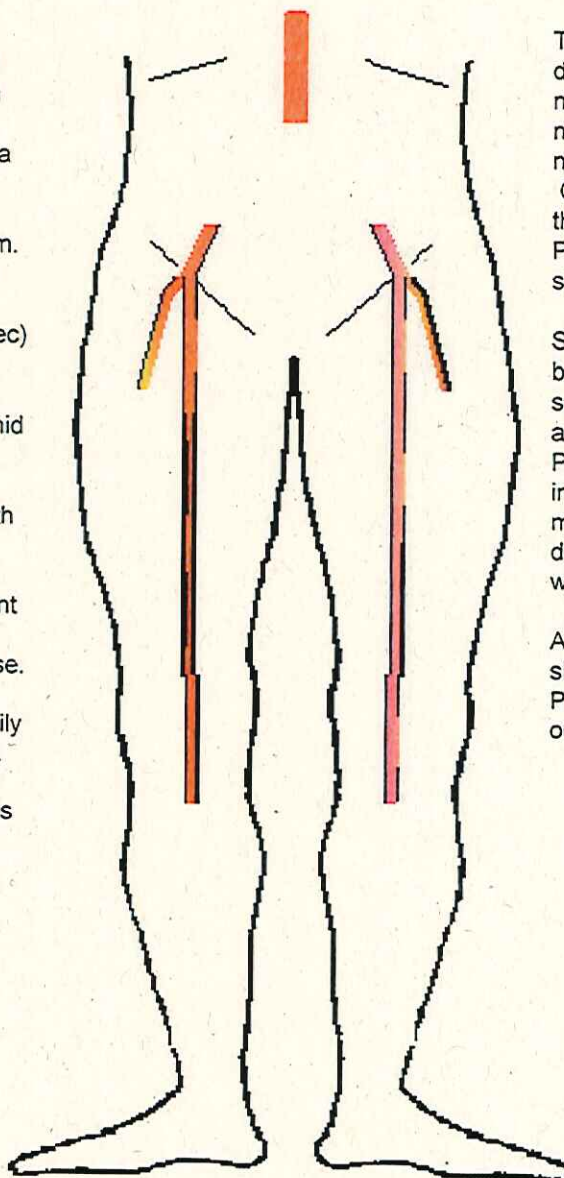
Tests performed: **Bilateral Arterial Legs Duplex**

**Results:**

Aorta - dia 1.7cm,  
The iliac have limited image due to bowel gas with this in mid the CIA and EIA have mild/moderate disease and a narrow calibre.

CFA - monophasic waveform. Profunda is well established with a significant stenosis proximally, (PSV's 300cm/sec)  
SFA - moderate diffused disease throughout which becomes significant in the mid segment and is aided by a collateral. distally to this the significant disease remains with a damped monophasic waveform of 20cm/sec. popliteal proximally significant disease in the mid to distal segment there is mild disease.

The PTA and peroneal heavily calcified disease throughout.  
ATA - prox - mid significant calcified disease distally to this there is an occlusion which reconstitutes at 2/3 calf.



The iliac have limited image due to bowel gas with this in mid the CIA and EIA have mild/moderate disease and a narrow calibre.

CFA - moderate disease throughout.  
Profunda well established with a significant disease proximally.

SFA - moderate disease which becomes significant in the mid section and occludes at 2/3 and reconstitutes distally, Popliteal - proximally not imaged ? occlusion distally moderate disease with a damped monophasic waveform.

ATA - heavily occluded with short occlusion proximally, PTA could not image ? occlusion.

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11/02/2019

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Page 1 of 1