Aorto-Iliac Duplex Report

GlobalDiagnostic IMAGING
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Name:	SAMPLE PATIENT	Date:	00/00/2009			Location:	SAMPLE LOCATION
DOB:	07/07/1959	Wt:	146	Ht:	64	Sonographer:	Sample, RDCS, RVS
Sex:	F	Age:	49			Ordering Physician:	Sample MD, Doctor 999-999-9999

Procedure - 93978

Indications: Claudication, PVD, peripheral vascular disease, unspecified

	Diameter (cm) AP x Transverse		Length (cm) Longitudinal		Velocity cm/s
Proximal	1.9	X 2.0	X		93.3
Mid	1.9	X 1.9	X		53.1
Distal	1.5	X 1.4	X		43.8

	Diameter	Velocity cm/s	Ratio	%Stenosis
Common Iliac Artery				
Right	0.8	431.3		> 75%
Left	1.4	400.0		> 75%
External Iliac Artery				
Right		125.0		
Left		143.3		
Internal Iliac Artery				
Right				
Left				

Patient Follow Up Recommendations: 1 year, If clinically indicated

Final Interpretation:

No evidence of abdominal aortic aneurysm.
Atherosclerotic plaque is noted within the abdominal aorta, especially in the distal segment.
There is a high grade (>75%) stenosis at the aorto-iliac bifurication. High velocity flow is documented in the origin of both the right and left iliac arteries. Monophasic flow is documented distal to the origins in both iliac arteries.
There is mild post stenotic dilitation of the right common iliac artery.
There is no evidence of a left common iliac artery aneurysm.
Velocities in the left common iliac artery are unable to be accurately measured due to aliasing at greater than 4.0m/sec.

Follow up interventional consult is indicated at this time, if symptoms are life style limiting
Recommend repeat duplex scan in one year, if clinically indicated.
Intervention with stenting in the iliac circulation has the best long lesion patency (with stenting intervention).

Reading Cardiologist MD