Lower Extremity Arterial Duplex Final Report

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Name: SAMPLE PATIENT Date: 00/00/2009 Location: SAMPLE LOCATION

DOB: 05/13/1969 Ht: 65.9 Wt: 128 Sonographer: Sample, MHS, RDCS

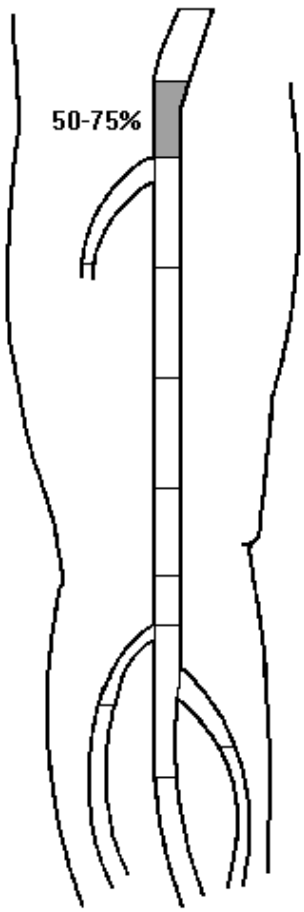
Age: 39 Sex: F Ordering Phys

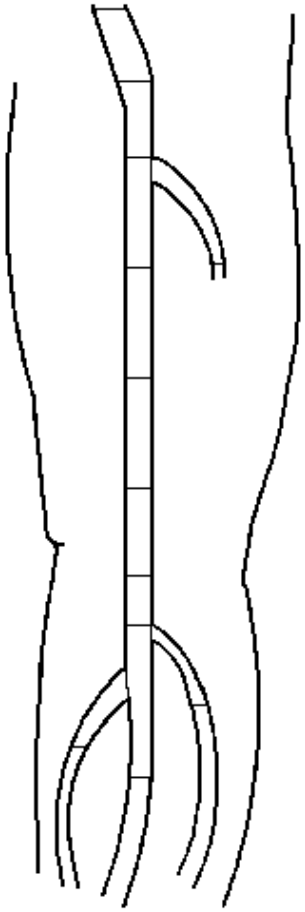
Sample MD, Doctor 999-999-9999

Procedure CPT - 93925 729.5

INDICATIONS: Limb pain, Positive ABI

RIGHT ABI:	***PT:***	***DP:***		***ABI:***	***DP:***	***PT:***	***LEFT***
Post Ex Ankle Pressure:							***Post Ex Ankle Pressure:***
Phasicity	***Ratio***	***Velocity (cm/s)***		***Velocity (cm/s)***	***Ratio***	***Phasicity***	
Mono		51.0	**Prox CFA**	270.0		Tri	
Mono		110.0	**Dst CFA**	164.8		Tri	
Mono		81.1	**Prox DFA**	197.2		Bi	
Mono		57.0	**Prox SFA**	152.5		Tri	
Mono		75.6	**Mid SFA**	168.3		Tri	
Mono		32.6	**Dst SFA**	105.2		Tri	
Mono		21.5	**POP**	78.9		Tri	
Mono		30.7	**TPT**	61.4		Tri	
Mono		33.3	**Prox AT**	59.6		Bi	
Mono		21.0	**Prox PER**	50.0		Bi	
Mono		36.4	**Prox PT**	60.5		Tri	
Mono		28.5	**Mid PT**	106.1		Tri	
Mono		25.0	**Dst PT**	78.9		Bi	
			DP	23.7		Bi	





Patient Follow Up Recommendations: 1 year, If clinically

Final Interpretations:

Right: The vessels on the right appear to be normal in size without evidence of atherosclerosis. There is altered blood flow.
Monophasic waveforms were documented throughout the right lower extremity arterial system consistent with obstruction to flow in the right common femoral in mid to distal region estimated to be at least 50-75% obstruction.
There is turbulent flow and a region of flow reversal suggesting possible complex plaque on flap in the distal common femoral artery.
Evaluation of the distal aorta and bilateral proximal common femoral arteries revealed no atherosclerosis or signficant stenosis.
Evaluation of right common femmoral venous flow presented normal phasic and spontaneous flow, no A-V malformation at the proximal common femoral vein is seen.

Left: The vessels on the left appear to be normal in size without evidence of atherosclerosis.
Triphasic waveforms were documented throughout the left lower extermity arterial system.
Increase in flow velocities noted in the left common femoral, profunda and superficial femoral arteries.
No other hemodynamically significant stenosis were identified in the left lower extremity arterial system.

Recommend follow up with a cardiovascular specialist to confirm the origin of decreased flow in the right lower extermity and increased velocities in the left common femoral artery. A CT angiogram of the aorta iliac arteries and common and deep femoral, and superficial femoral arteries bilaterally is important to stage intervention.

Reading Cardiologist MD