

# +LOWER LIMB ARTERIAL ULTRASOUND

Name:

Sonographer:

Relevant clinical history:.....

.....

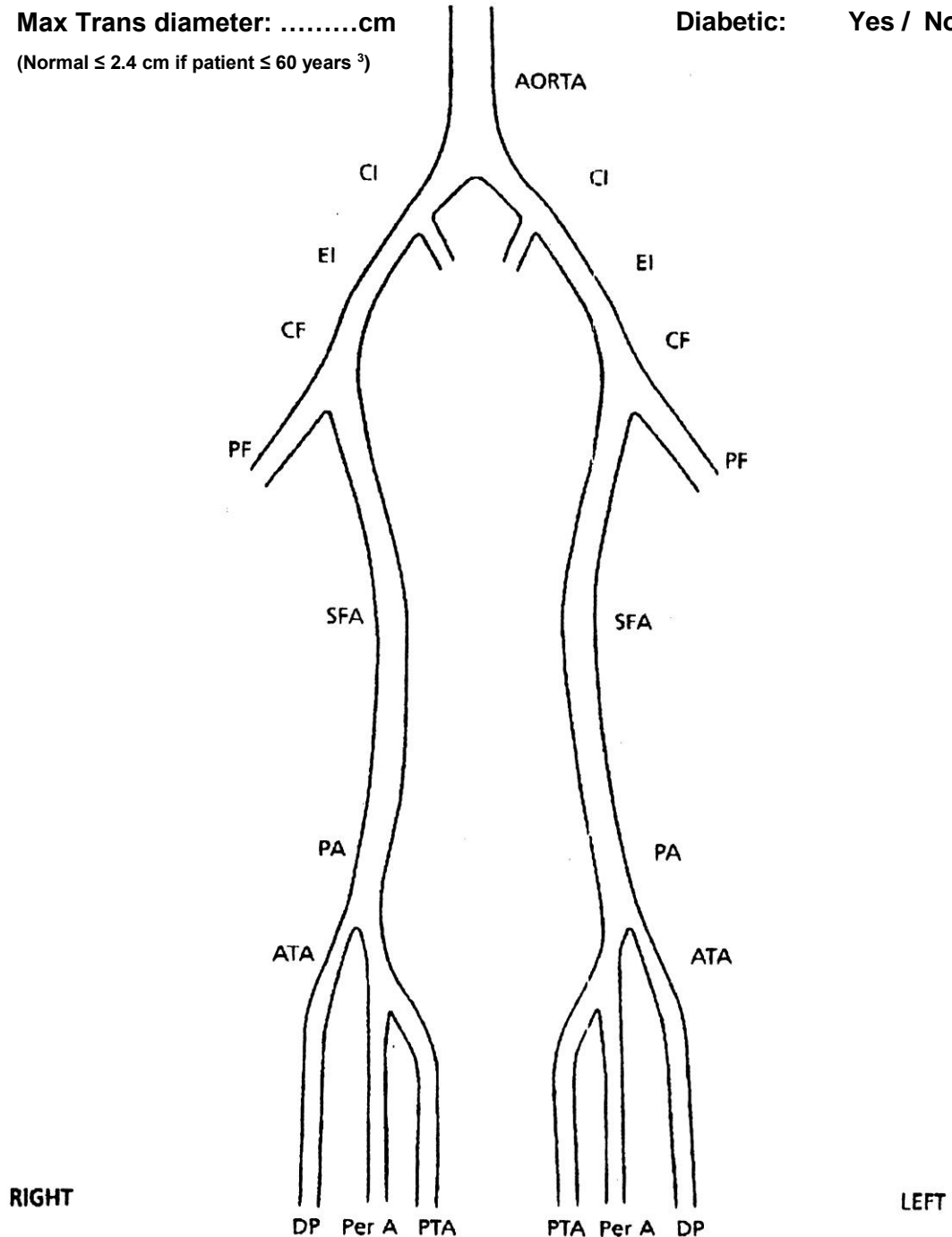
AORTA: Max A-P diameter: .....cm

Smoker: Yes / No

Max Trans diameter: .....cm

Diabetic: Yes / No

(Normal  $\leq 2.4$  cm if patient  $\leq 60$  years <sup>3</sup>)



### Criteria for evaluation of lower limb arterial stenosis (Crossman & Ellison et al <sup>4</sup>)

Stenosis %	Peak Systolic Velocity	Ratio (Pre-stenosis - Stenosis)
Mild 30 - 50%	150 - 200 cm/s	1.5 - 2.0 : 1
Moderate 50 - 75%	200 - 400 cm/s	2.0 - 4.0 : 1
Severe > 75%	> 400 cm/s	> 4 : 1