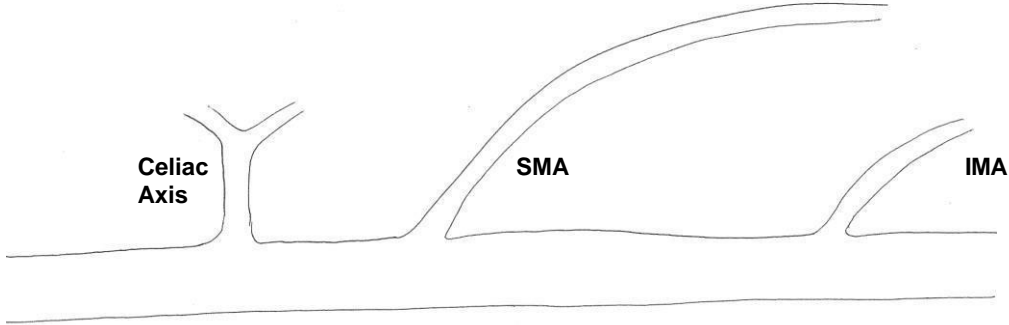


MESENTERIC ARTERY DOPPLER ULTRASOUND

Name:

Sonographer:

Relevant clinical history:.....
.....
.....



AORTA: Max AP Diam: cm Max Trans Diam: cm PSV.....cm/s

Measurements:	PSV Pre-prandial	Triphasic	Spectral broadening	PSV Post-prandial (if required)
Celiac Axis Origin Insp:	..... cm/s	Yes / No	Yes / No	..... cm/s
Celiac Axis Origin Exp:	..... cm/s	Yes / No	Yes / No	..... cm/s
Celiac Axis Proximal:	..... cm/s	Yes / No	Yes / No	..... cm/s
Celiac Axis Distal:	..... cm/s	Yes / No	Yes / No	..... cm/s
SMA Origin:	..... cm/s	Yes / No	Yes / No	..... cm/s
SMA Proximal:	..... cm/s	Yes / No	Yes / No	..... cm/s
SMA Mid:	..... cm/s	Yes / No	Yes / No	..... cm/s
SMA Distal:	..... cm/s	Yes / No	Yes / No	..... cm/s
IMA (If seen):	..... cm/s	Yes / No	Yes / No	..... cm/s

Comments:

.....
.....

DOPPLER CRITERIA

- SMA PSV ≥ 275 cm/s indicates $>70\%$ stenosis¹⁰
- SMA EDV ≥ 45 cm/s indicates $> 50\%$ stenosis¹¹
- Celiac axis PSV ≥ 200 cm/s indicates $>70\%$ stenosis¹⁰
- Celiac axis EDV ≥ 55 cm/s indicates $>50\%$ stenosis¹²
- Arteries should have increased flow and decreased resistance, peaking at 45 minutes after mixed meal¹³

Median Arcuate Ligament Compression Syndrome



External compression of Celiac axis at rest (or in expiration), with the MAL causing post-stenotic dilatation and cephalic 'dog-leg' curve

Decompression of Celiac axis during inspiration