

Abdominal Aorta Study Report

ABDOMINALAORTA VIVIDS5 **December 18, 2018**

DOB: 1977-01-04

Gender:

41 Age:

Study Time:

03:08 PM

Reading Group: Referring Group:

Reset Reading Anytown Family Practice

Sonographer:

Steven^Anonymous

Study Quality: Excellent

After informed consent, a Duplex Abdominal Aorta ultrasound was performed.

ΑO	rta

Aorta	AP (Sag)	AP (trans)	Width (trans)	Velocity	Plaque	
Proximal Aorta	cm 1.56	cm 1.52	cm 1.76	cm/s 81.59	Focal	
Mid Aorta	2.04	1.91	1.65	83.15	Diffuse	
Distal Aorta	1.53	1.68	1.39	72.9	Diffuse	

Max Aorta Diam.: 2.04 cm

Iliac

Right						Left				
AP (Sag)	AP (trans)	Width (trans)	Velocity	Plaque		Plaque	Velocity	Width (trans)	AP (trans)	AP (Sag)
cm	cm	cm	cm/s				cm/s	cm	cm	cm
0.91	0.93	0.86	110.06	Focal	IIA	Focal	174.05	0.86	0.95	1.09

Right			ABI				Left			
Post One (mmHg)	Post One (mmHg)	Post Immed (mmHg)	Waveform	Rest (mmHg) 108 97 0.9	Brachial Dors Pedis ABI	Rest (mmHg) 103 92 0.85	Waveform	Post Immed (mmHg)	Post One (mmHg)	Post One (mmHg)

Findings:

The maximum aorta diameter is 2.04 cm (mid). Diffuse plaque observed in the mid and distal aorta. Focal plaque observed in the proximal aorta. Focal plaque observed in the right internal iliac and left internal iliac IIA. Peak systolic velocities in the left internal iliac artery are mildly increased to 174.05 cm/s.

Mildly decreased right resting ABI. Mildly decreased left resting ABI.

Conclusions:

Diffuse plaque noted in the mid and distal aorta. Focal plaque noted in the proximal aorta. Focal plaque noted in the right internal iliac and left internal iliac IIA. Clinical correlation is suggested.

This exam reveals mildly decreased perfusion of the right lower extremity, noted at the dorsalis pedis artery level (ABI). This exam reveals mildly decreased perfusion of the left lower extremity, noted at the dorsalis pedis artery level (ABI).

April 22, 2019 02:10 PM EDT CSI Admin Staff Electronically Signed on Studycast