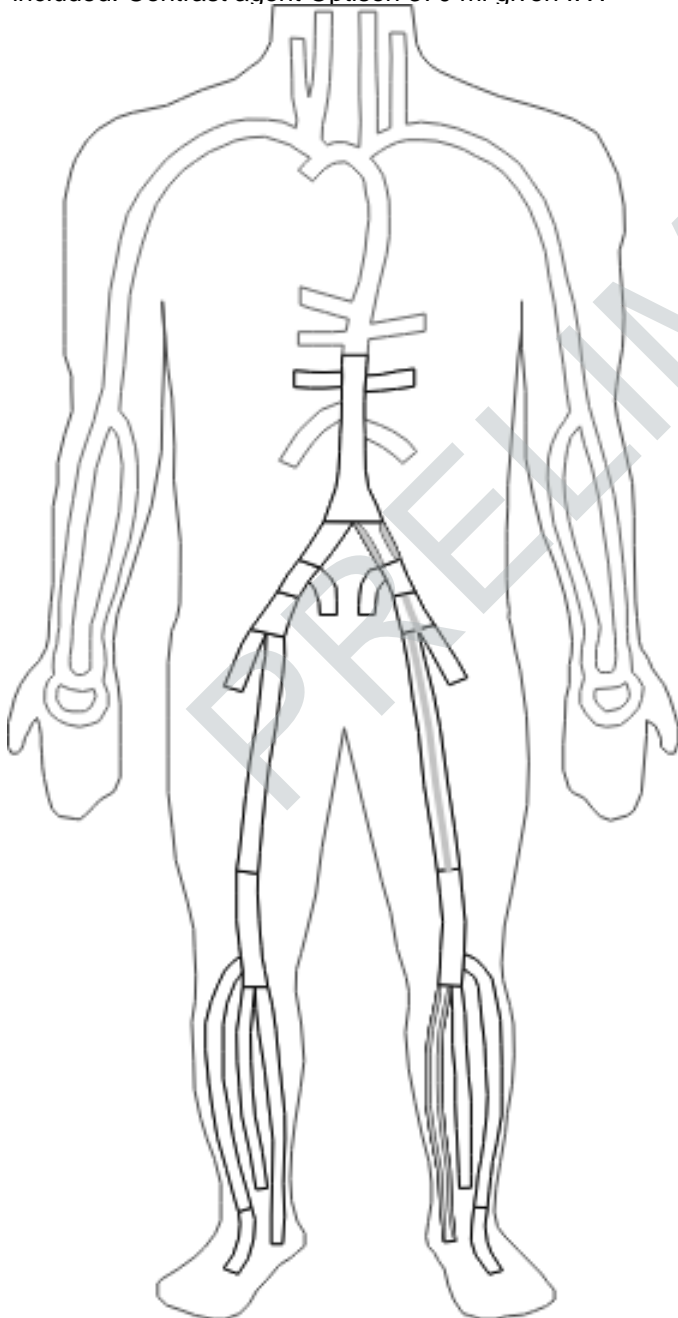


**MRN:** 1266  
**DOB:** 2012-12-01      **Age:** 7  
**Gender:** M  
**Height:** 4 in      **Weight:** 400 lbs  
**BSA:** 1.32 m<sup>2</sup>  
**BMI:** 17576.7

**Study Time:** 06:38 AM  
**Reading Group:** Aloka Demo Reading  
**Referring Group:** Aloka Demo Referring

**Study Quality:** Excellent

A limited abdominal aortic angiogram with runoff to the bilateral lower extremities was performed with renal arteries included. Contrast agent Optison 370 ml given I.V.



**Findings:**

Moderate narrowing of the left common iliac and left posterior tibial arteries seen. No renal artery involvement noted.

Atherectomy performed in left common femoral and left superficial femoral arteries.

Peripheral angiographic findings

Right common iliac: 0%.

Right external iliac: 0%.

Right distal posterior tibial: 0%.

Left mid common iliac: 60-69% stenosis.

Left distal superficial femoral artery: 60-69% stenosis.

Left distal anterior tibial: 40-49% stenosis.

Left distal posterior tibial: 0%.

Left venous anastomosis of AVG: 70% stenosis.

**Conclusions:**

PRELIMINARY

There is a left thigh looped AV graft with elevated pressures secondary to a 70% stenosis of the venous anastomosis which was treated with 9 mm PTA with good result and reduction of pressures.

Pending Approval

All arteries have calcification in walls.

Aortoiliac segments demonstrate wide patency of the right iliac which has a stenosis in the CIA and EIA. On the left the CIA has a 60% stenosis 2 cm from the origin. This actually has 30 mm Hg gradient because of the high flow across (because of the AV graft). The left IIA and EIA are widely patent. (Pressures are aorta 171, LEIA 141, SFA 122)

Right leg: Patent CFA/PFA/SFA/popliteal artery with 3 vessel distal runoff though the PT is tiny (1 mm) in its distal portion and there is disease in the foot intrinsic vessels.

Left leg: Patent CFA/PFA with the SFA having a 60% stenosis in the distal third. There is predominate 2 vessel distal runoff with patent peroneal and patent AT though the distal AT has 40% stenosis. The PT is progressively smaller in the distal third and measures <0.50 mm.

Via left thigh looped AV graft access the left CIA stenosis was treated with stenting restoring wide patency (and eliminating gradient) and the SFA lesion with laser atherectomy and angioplasty with good result.

**Recommendations:**

One month FU for pulse and wound check. If wound not healed will need to consider more aggressive EVR with tibial intervention. This would consist of AT EVR and high risk PT EVR (given how tiny and diseased the vessel is).

**Results:**

No significant change from prior study.