



PATIENT NAME:
DATE OF BIRTH:
DATE OF EXAM:
PHYSICIAN:

VASCULAR PLETHYSMOGRAPHY AND SPHYGMOMANOMETRY REPORT
BILATERAL LOWER EXTREMITIES

EQUIPMENT: Biomedix Portable Vascular Lab (PVL).

TECHNIQUE

Ankle-to-brachial indices were obtained utilizing sequential sphygmomanometry of the upper and lower extremities. In addition, venous outflow measurements were obtained with bidirectional Doppler, utilizing a lower extremity cuff. Computer images were submitted for review.

The following segmental pressures were obtained:

	RIGHT	LEFT
Brachial Pressure	143 mmHg	141 mmHg
Above Knee:	111 mmHg	103 mmHg
Calf:	105 mmHg	94 mmHg
Ankle:	97 mmHg	86 mmHg
Foot:	102 mmHg	83 mmHg
Pre-Exercise ABI/PT	0.68	0.60
Pre-Exercise ABI/DT	0.71	0.58
Post-Exercise ABI/PT	0.64	0.58

Ankle Brachial Index Range Values

Above 0.96 - Normal
0.71 - 0.96 - Mild Stenosis Single Site
0.50 - 0.70 - Moderate Stenosis Single Site
0.30 - 0.49 - Severe Stenosis Multiple Sites
0.00 - 0.29 - Gangrene Multiple Sites

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IMPRESSION

1. **The resting ankle-to-brachial blood pressure indices reveal moderate bilateral stenosis with segmental ABI's as follows:**
 - Both femoral arteries show mild stenosis;**
 - Both popliteal arteries show mild to moderate stenosis;**
 - ABIs / posterior tibial show moderate stenosis;**
 - ABIs / dorsal pedis show mild to moderate stenosis.**
2. **Abnormal, biphasic pre-exercise flow bilaterally, consistent with peripheral arterial occlusive disease proximal to the level of tracing.**
3. **Post-exercise ABI's reveal moderate stenosis with no bilateral improvement when compared with resting values.**
4. **Abnormal monophasic post-exercise flow bilaterally, consistent with peripheral arterial occlusive disease proximal to the level of tracing.**
5. **Lower extremity venous outflow is abnormal bilaterally, consistent with venous insufficiency.**
6. **Results of the study suggest increased risk for cardiovascular disease. Correlation with clinical findings and appropriate follow-up suggested including lower extremity Doppler ultrasound.**

Thank you for referring this patient.

A handwritten signature in black ink that reads 'Melvin S. Faigus'.

Electronically signed by:
Melvin S. Faigus, MD
Diplomate of the American Board of Radiology