



# Aorto-Iliac Duplex Report

901 West 43rd St.  
Kansas City, MO 64111

Telephone: 913-888-8866  
Fax: 913-888-8829

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Name: SAMPLE PATIENT Date: 00/00/2009 Location: SAMPLE LOCATION  
DOB: 07/07/1959 Wt: 146 Ht: 64 Sonographer: Sample, RDCS, RVS  
Sex: F Age: 49 Ordering Physician: Sample MD, Doctor 999-999-9999

Procedure - 93978

**Indications:** Claudication, PVD, peripheral vascular disease, unspecified

	<u>Diameter (cm)</u>		<u>Length (cm)</u>	<u>Velocity cm/s</u>
	<u>AP</u>	<u>x Transverse</u>	<u>X Longitudinal</u>	
<b>Proximal</b>	1.9	X 2.0	X	93.3
<b>Mid</b>	1.9	X 1.9	X	53.1
<b>Distal</b>	1.5	X 1.4	X	43.8

	<u>Diameter</u>	<u>Velocity cm/s</u>	<u>Ratio</u>	<u>%Stenosis</u>
<b>Common Iliac Artery</b>				
Right	0.8	431.3		> 75%
Left	1.4	400.0		> 75%
<b>External Iliac Artery</b>				
Right		125.0		
Left		143.3		
<b>Internal Iliac Artery</b>				
Right				
Left				

**Patient Follow Up Recommendations:** 1 year, If clinically indicated

## Final Interpretation:

No evidence of abdominal aortic aneurysm.

Atherosclerotic plaque is noted within the abdominal aorta, especially in the distal segment.

There is a high grade (>75%) stenosis at the aorto-iliac bifurcation. High velocity flow is documented in the origin of both the right and left iliac arteries. Monophasic flow is documented distal to the origins in both iliac arteries.

There is mild post stenotic dilatation of the right common iliac artery.

There is no evidence of a left common iliac artery aneurysm.

Velocities in the left common iliac artery are unable to be accurately measured due to aliasing at greater than 4.0m/sec.

Follow up interventional consult is indicated at this time, if symptoms are life style limiting

Recommend repeat duplex scan in one year, if clinically indicated.

Intervention with stenting in the iliac circulation has the best long lesion patency (with stenting intervention).

Reading Cardiologist MD