

**PATIENT NAME:**  
**DATE OF BIRTH:**  
**FILE:**  
**REF. PHYSICIAN:**  
**DOS:**

## **CT ANGIO OF THE AORTA AND BOTH LOWER LIMBS**

**CLINICAL HISTORY:** Patient is a follow up case of peripheral vascular disease with a right sided fem-pop graft in situ and a stent within the native right popliteal artery; she has now presented with right lower limb pain and swelling with a reddish discoloration.

**TECHNIQUE:** Multiple axial images of the pelvis and both lower limbs were obtained with and without the administration of intravenous contrast with CTA MIP images of the ilio-femoral and run-off vessels.

### **FINDINGS:**

The study reveals complete thrombosis of the right fem-pop graft. The stent within the right popliteal artery is also completely thrombosed.

The right superficial femoral artery shows mild diffuse attenuation in its entire extent, worst within the distal half of the adductor canal. The right popliteal artery is severely narrowed leading upto the blocked stent. The genicular and sural branches of the superficial femoral artery are dilated and tortuous. Few arterio-venous communications are seen in the calf, within the substance of the soleus muscle. The small and great saphenous veins are seen filling from these perforator channels. Multiple dilated tortuous superficial veins are seen in the right vulva and groin. Opacification of the deep veins is seen above the level of the knee through the sapheno-femoral junctions. No definite evidence for deep vein thrombosis is seen.

Adequate triple vessel run-off is seen into the anterior and posterior tibial and peroneal arteries through the collateralization mentioned above.

The right lower limb shows diffuse edema within the subcutaneous and intermuscular planes with lacy streakiness of the fat.

The arteries in the left lower limb appear widely patent with good triple vessel run-off down the leg into the foot.

The abdominal aorta and its branches appear unremarkable. Both renal nephrograms are symmetric and adequate. The right kidney is slightly malpositioned and malrotated.

A large sized hiatus hernia is seen with complete herniation of the stomach, few jejunal loops and intra-abdominal fat.

### **IMPRESSIONS:**

1. Complete thrombosis of the right fem-pop graft.
2. Complete thrombosis of the stent within the right popliteal artery.

3. Mild diffuse attenuation of the right superficial femoral artery in its entire extent, worst within the distal half of the adductor canal. Severe narrowing of the right popliteal artery leading upto the blocked stent.
4. Collateral flows to the distal popliteal artery through dilated genicular and sural branches of the superficial femoral artery with formation of arterio-venous communications in the calf, within the substance of the soleus muscle. Adequate triple vessel run-off into the right anterior and posterior tibial and peroneal arteries through the collateralization mentioned above.
5. Retrograde filling of the small and great saphenous veins from perforator venous channels. Opacification of the deep veins above the level of the knee through the sapheno-femoral junctions.
6. No definite evidence for deep vein thrombosis in the right leg.
7. Diffuse edema within the subcutaneous and intermuscular planes of the right lower limb.
8. A large sized hiatus hernia.