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| **Patient Name** | **:** | **SAVITA MANE** | **Age/Sex** | **:** | **22 Yrs/F** |
| **Ref. By** | **:** | **Dr. MANE AMIT** | **Date** | **:** | **23-Mar-2019** |

**ARTERIAL DOPPLER OF BOTH LOWER LIMBS**

* The common femoral, superficial femoral, profunda femoris and the popliteal arteries on both sides show normal caliber, spectral pattern and flow velocities. No stenotic plaques are seen.
* The anterior and posterior tibial arteries as well as dorsalis pedis artery on both sides also show normal spectral pattern and flow velocities.
* **Atherosclerotic change is seen in visualized arteries of both lower limbs in the form of wall calcification and irregularity. This change is more prominent below knee on both sides.**

**IMPRESSION:**

**Arterial doppler of BOTH lower limbs shows,**

* **No obvious stenotic / flow limiting plaques seen.**
* **The spectral pattern and flow velocities are normal**

**Correlate clinically. (Suggest follow up, if symptoms persist)**

***(Report sent with due compliments to Dr)***

**DR. SEEMAB BANADAR**

**MD (RADIOLOGY)**

**(CONSULTANT RADIOLOGIST)**

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| **Patient Name** | **:** | **SAVITA MANE** | **Age/Sex** | **:** | **22 Yrs/F** |
| **Ref. By** | **:** | **Dr. MANE AMIT** | **Date** | **:** | **23-Mar-2019** |

**VENOUS DOPPLER OF BOTH LOWER LIMBS**

* Common femoral, superficial femoral, popliteal, anterior tibial and posterior tibial veins on both sides appear normal in course and caliber. They show normal color flow. They show normal respiratory variations, and appear normal on valsalva, compression and augmentation tests.
* **NO EVIDENCE OF DEEP VENOUS THROMBOSIS ON EITHER SIDE IN PRESENT STUDY.**
* Great and small saphenous veins on both sides appear normal
* Sapheno-femoral and sapheno-popliteal junctions on both sides appear competent.
* Perforators on both sides appear normal.

**IMPRESSION:**

**Venous doppler of BOTH lower limbs shows,**

* **No evidence of superficial and deep vein thrombosis.**
* **No any other significant abnormality is seen.**

**Correlate clinically. (Suggest follow up, if symptoms persist)**

**(Report sent with due compliments to Dr. R.B.JADHAV)**

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