

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

CT ANGIO OF THE ABDOMINAL AORTA AND LOWER LIMBS

CLINICAL HISTORY: Peripheral vascular disease

TECHNIQUE: Multiple axial images of the abdomen, pelvis and both lower limbs were obtained with and without the administration of intravenous contrast with CTA MIP images of the aorta, its branches and the bilateral lower limb arteries.

FINDINGS:

The study reveals complete occlusion of the right superficial femoral artery (RSFA) in the mid thigh extending over a length of approximately 13 cm. It is reformed at the adductor hiatus through dilated intermuscular collateral channels. The RSFA cranial to this obstructed segment shows diffuse calcified and non-calcified atheromatous disease with irregular outlines and is mildly attenuated.

The right popliteal artery and its trifurcation including the distal run-off tibial and peroneal arteries appear normal in caliber and outline.

The abdominal aorta shows circumferential calcific plaques, extending contiguously into its superior mesenteric and iliac branches. No significant luminal narrowing is however produced within these. The celiac trunk, its branches and both renal arteries appear normal in caliber and outline.

Both renal nephrograms are symmetric and adequate. A 2.6 cm cortical cyst is seen in the left kidney.

The left lower limb arteries appear otherwise unremarkable.

Visualized coronary arteries show dense calcifications.

Visualized spine shows degenerative osteophytosis.

IMPRESSIONS:

1. Complete occlusion of the right superficial femoral artery in the mid thigh extending over a length of approximately 13 cm. It is reformed at the adductor hiatus through dilated intermuscular collateral channels. The right superficial femoral artery cranial to this obstructed segment shows diffuse calcified and non-calcified atheromatous changes with irregular outlines and is mildly attenuated but not significantly narrowed.
2. The right popliteal artery and its trifurcation including the distal run-off tibial and peroneal arteries appear normal in caliber and outline.
3. Diffuse calcific atheromatous changes in the aorta and its superficial femoral and iliac branches as described above.

4. A left renal cortical cyst.
5. Coronary artery calcifications.