



Lower Extremity Arterial Mapping

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Disclosures

- BD
- Siemens
- Aveera Medical
- Moonrise Medical




Complex patients calls for advanced DUS




Use non-invasive tests appropriate for the patient....

Co-morbidities	Smoker, Non-Diabetic	Smoker, Diabetic	Non-smoker, Diabetic, ESRD	
Symptoms	Claudication/rest pain	Non-compressible ABI	Tissue Loss / CLTI	
Test	Segmental pressures/ABI	TBI/Toe Pressure	PAT	TCPO2

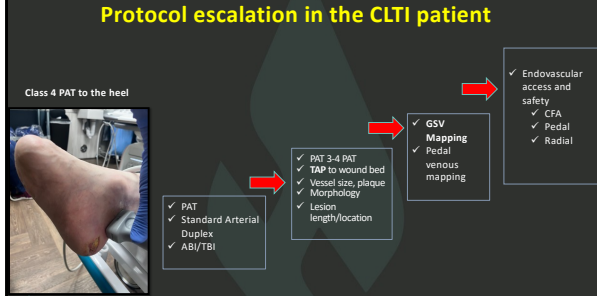



Pedal Duplex Imaging




Protocol escalation in the CLTI patient

Class 4 PAT to the heel

Diabetic Foot Ulcer – PAT at the wound bed tells the story.
All neuropathic.




6 Fates


Medicate/ Offload	Operate	Dilate	DVate	Amputate	Palliate

Case #1

- 58 y/o male
- Current Smoker 20 x 1ppd
- Newly diagnosed diabetic
- A1c 11

Wound starting by rubbing on work boots.



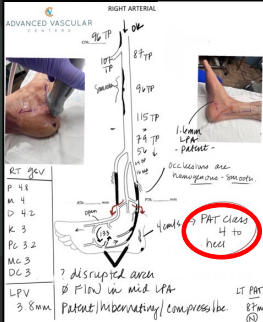



Comprehensive arterial duplex

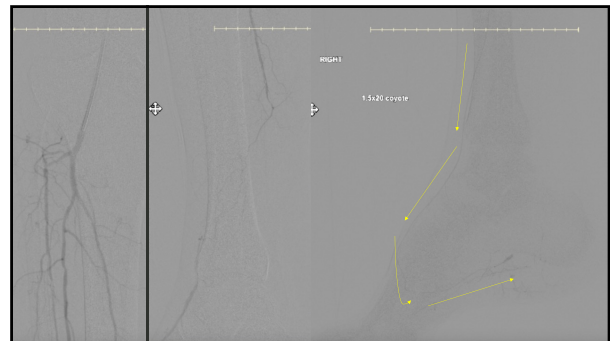
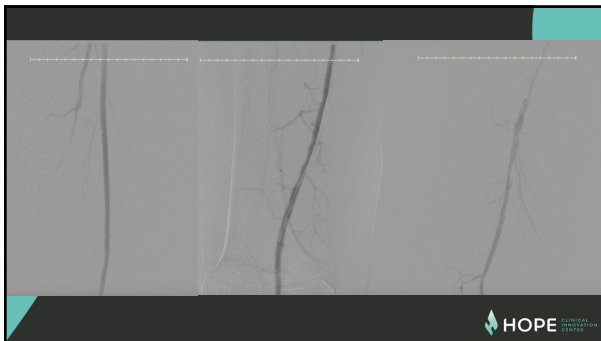
Map the target artery pathway to the wound bed.

Plan:

- GSV mapping for bypass?
- Endovascular intervention?
- Right to DVA?









On table ultrasound

Couldn't cross below the ankle

Heel wound

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2 week follow up – wound is stable

- Quit Smoking
- A1c 10
- New shoes

Can you trust the PAT number? PAT 125ms

Next steps:
Try again?
Map for DVA?

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Medial Calcaneal Branch PAT is class 1

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Complete wound healing

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