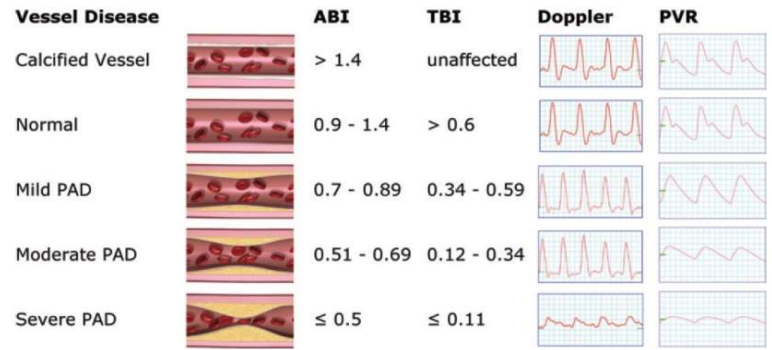


Extremity Arterial Ultrasound Interpretation Guidelines

Lower Extremities

Stenosis	PSV	PSV Ratio
None	<150 cm/sec	<1.5
Mild (30-49%)	150-200 cm/sec	1.5 to 2.0
Moderate (50-75%)	200-400 cm/sec	2.0 to 4.0
Severe (>75%)	>400 cm/sec	>4.0
Occlusion	no flow	NA

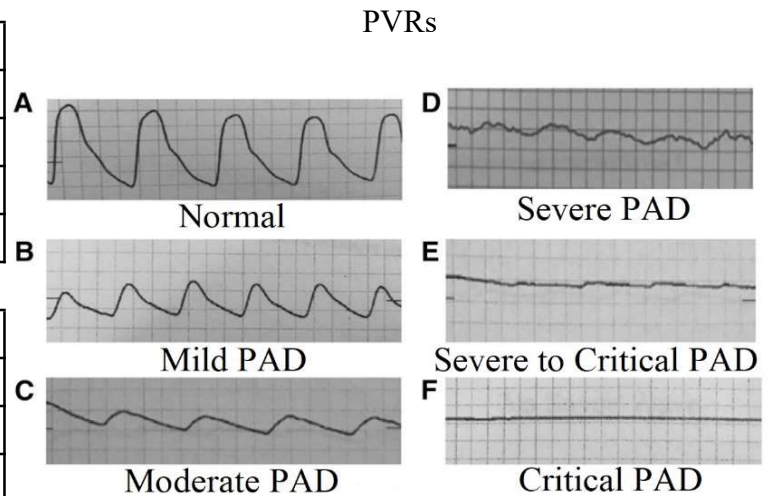


- Pressure in the upper thigh should be 20-30 mmHg higher than the brachial pressure. High thigh index (HTI) >1.2 normal, 0.8-1.2 suggests aortoiliac disease, <0.8 suggests iliac occlusion
- >20 mmHg pressure difference or >0.15 ratio difference between two consecutive segments suggests an intervening stenosis.
- >30 mmHg pressure difference between left and right at the same level suggests a stenosis at or above the level of the side with the lower pressure.
- Toe pressures should be 60-80% of normal brachial pressures.
- Post exercise ABIs should be the same or increased from pre exercise values.

Upper Extremities

Stenosis	PSV	PSV Ratio
None	<150 cm/sec	<1.5
Mild (30-49%)	150-200 cm/sec	1.5 to 2.0
Moderate (50-75%)	200-400 cm/sec	2.0 to 4.0
Severe (>75%)	>400 cm/sec	>4.0
Occlusion	no flow	NA

Degree of PAD	WBI	FBI
Normal	≥0.90	≥0.86
Mild	0.75-0.89	0.70-0.85
Moderate	0.60-0.74	0.50-0.69
Severe	0.40-0.59	0.30-0.49
Critical	≤0.39	≤0.29



- >10 mmHg pressure difference between two consecutive segments suggests an intervening stenosis.
- >20 mmHg pressure difference between left and right at the same level suggests a stenosis at or above the level of the side with the lower pressure.
- Pressures between the radial and ulnar arteries should be within 5-10 mmHg. A pressure difference ≥20 mmHg suggests a stenosis in the vessel with the lower pressure.
- An absolute finger pressure of <70 mmHg or a brachial-finger pressure gradient of >35 mmHg suggests a stenosis between the brachial artery and the finger.
- A wrist-to-finger pressure gradient of ≥30 mmHg suggests distal digit ischemia.