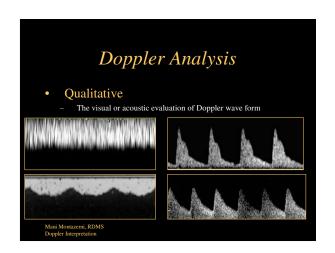


Remember! • It is more difficult to demonstrate tardus parvus in a stiff vessel • Atherosclotic arteries & increased distal resistance masks the post-stenotic tardus parvus Mani Montazemi, RDMS Doppler Interpretation



Doppler Analysis

- Qualitative
 - The visual or acoustic evaluation of Doppler wave form
- Ouantitative
 - Calculation of volume flow
 - Calculation of indices

Indirect method to evaluate

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Doppler Waveform

- Waveform is commonly described by pulsatility which can be measured
 - Peak Systolic velocity PSV
 - Resistance Index RI
 - Pulsatility Index PI
 - Systolic/Diastolic Ratio S/D
 - Acceleration Index AI
 - Acceleration Time AT

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How to Look at a Waveform?

- Where & how was signal obtained?
- · Presence of flow
- Direction of flow
- Characterization of signal
- · Quality of exam

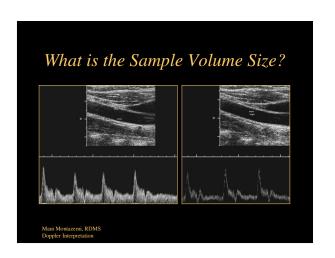
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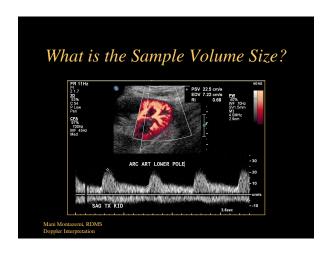
How to Look at a Waveform?

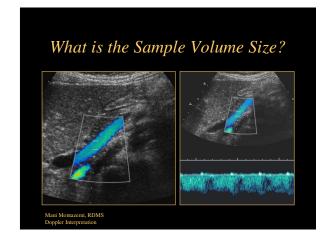
- Where & how was signal obtained?
 - 1 Where is the sample volume
 - 2 What is the sample volume size
 - 3 What is the Doppler angle
 - 4 Technical considerations

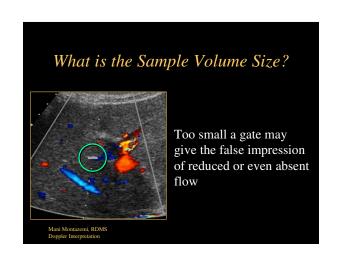
Mani Montazemi, RDMS Doppler Interpretation

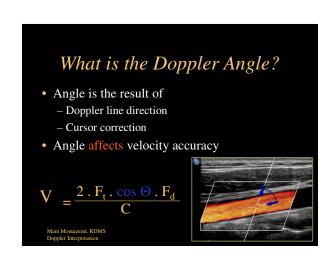
Where is the sample volume? -5 PW 477 dorter Syl Some No Some Syl Some No Som



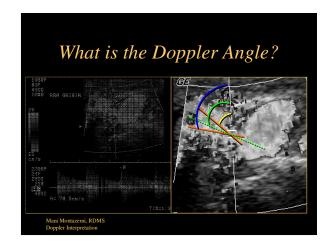


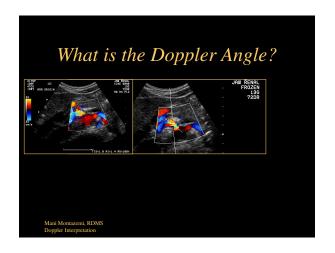


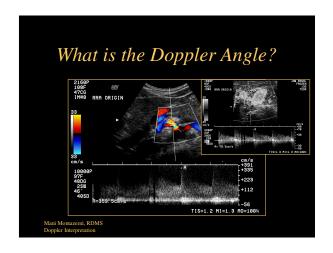


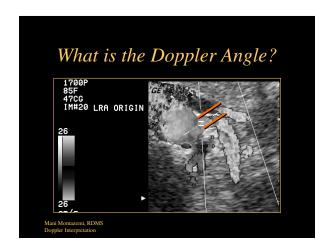






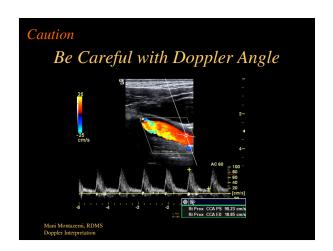




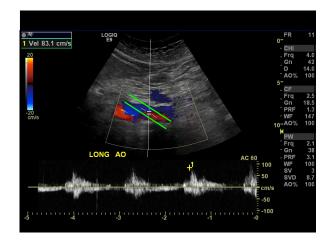


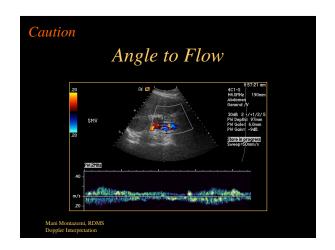


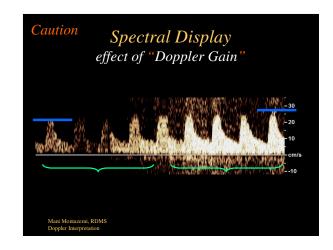


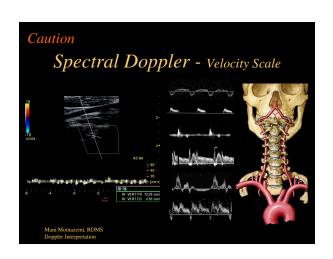


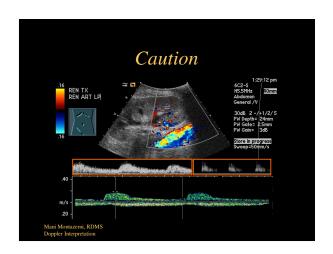


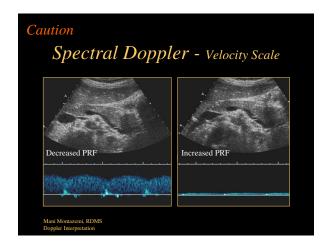


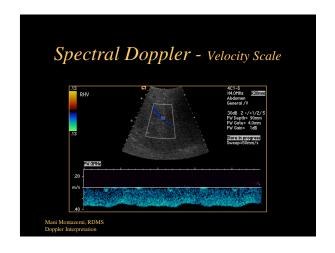




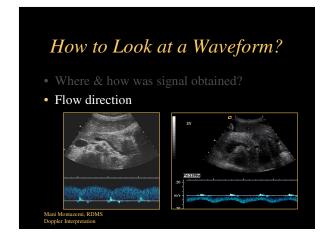


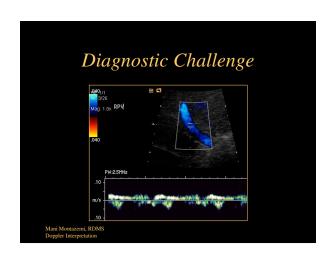


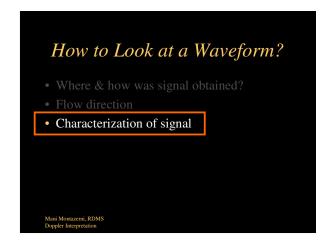


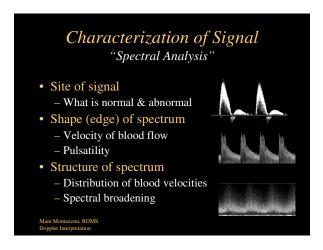


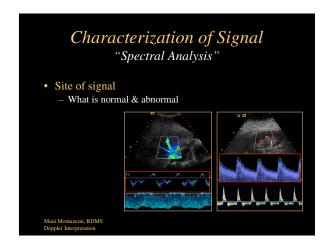


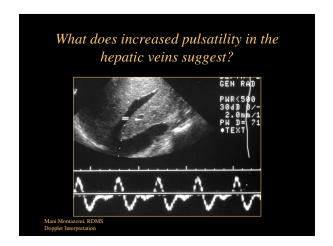


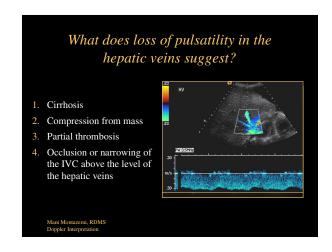


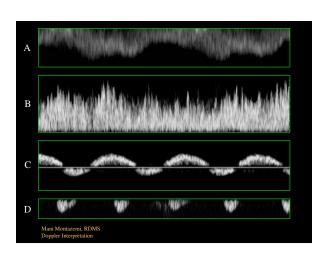


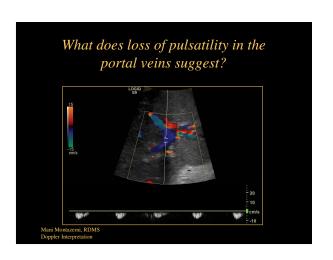


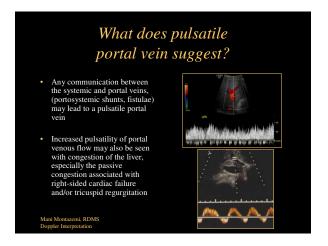


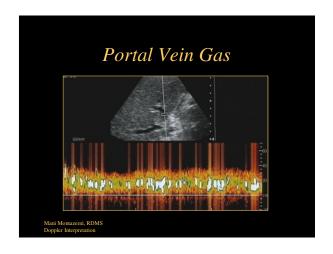




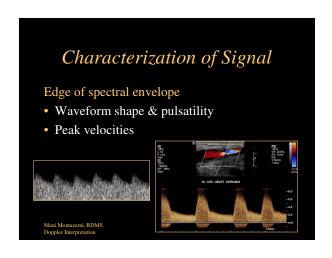


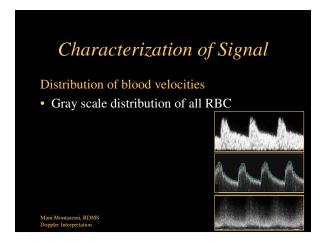


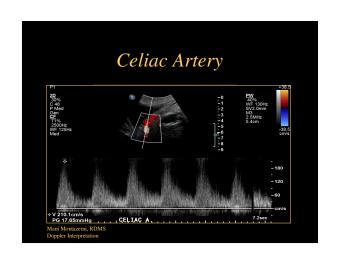


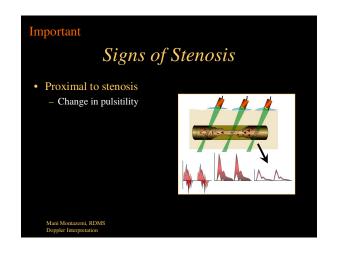


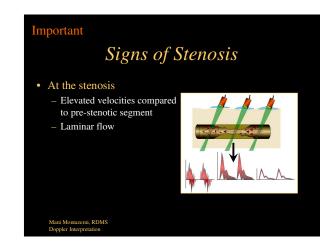


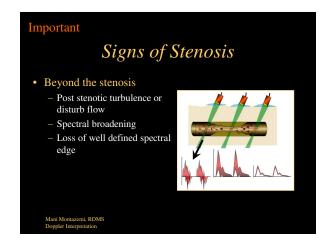


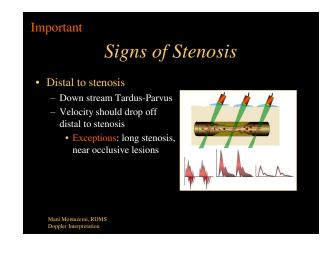


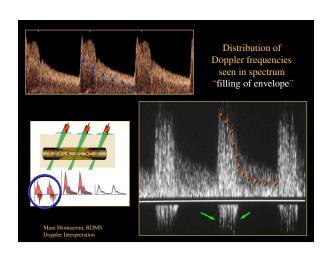


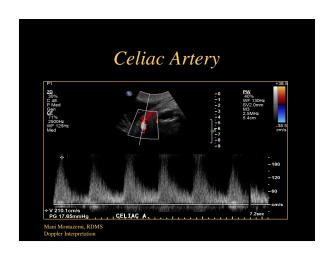


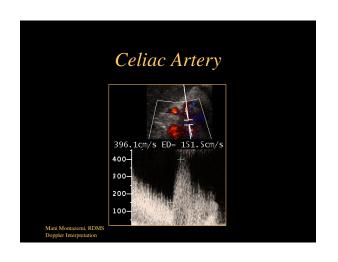


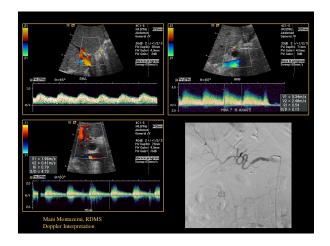


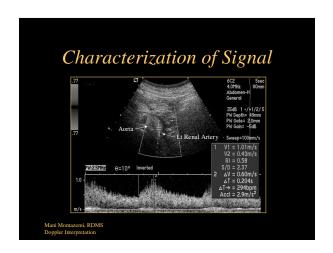


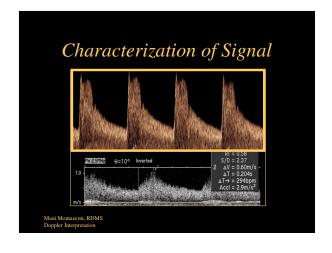


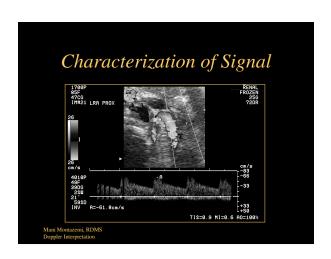










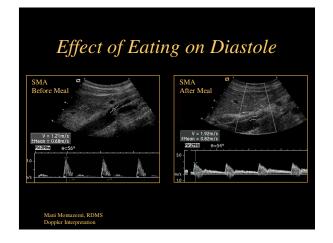


Diastolic Flow Physiological and pathological conditions: - Cardiac and aortic factors - Vessel compliance - Downstream resistance - Venous and arteriovenous connections - Stenosis at, above or beyond vessel

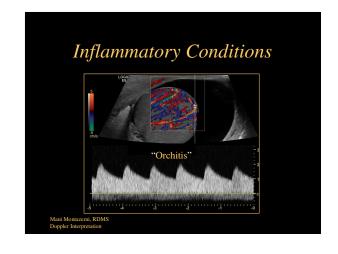
Increased Diastolic Flow

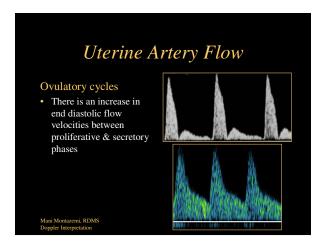
- Eating affects SMA
- Exercise affects muscles
- Neovascularity
- Inflammatory conditions
- Corpus luteum development
- Menstrual cycle on uterus
- Arteriovenous Shunting

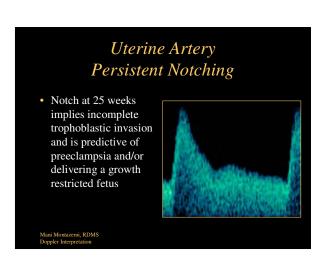
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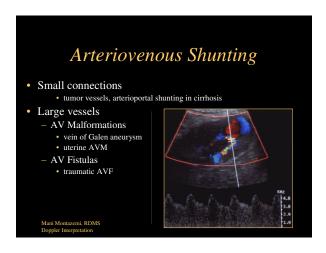


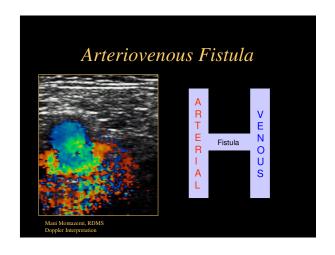
Nonspecificity of Neovascularity Ovarian Cancer Benign Hemorrhagic Cyst Mani Montazemi, RDMS Doppler Interpretation

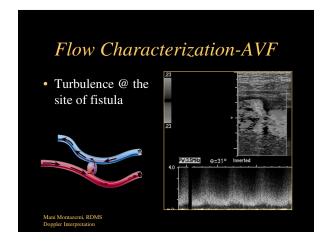


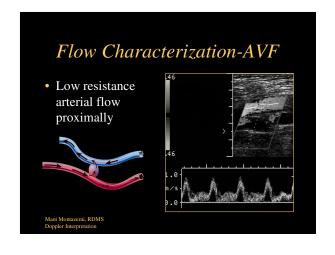


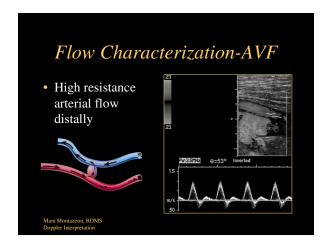


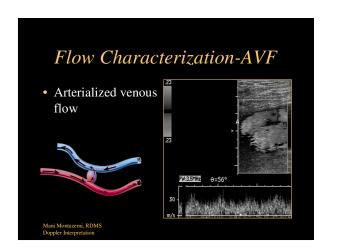






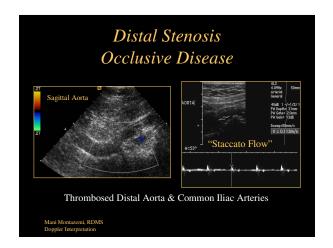


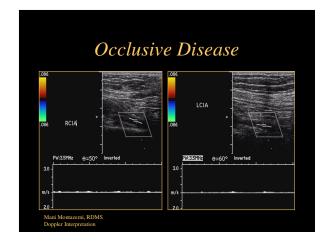


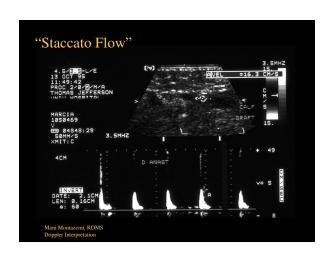


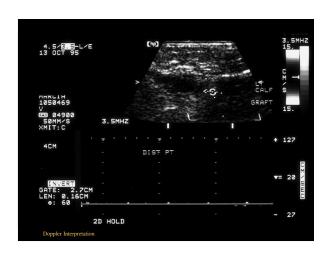
Decreased Diastolic Flow Change of resistance from lower to higher decreases diastolic flow Frequently seen in distal stenosis or occlusive disease Venous outflow obstruction Mani Montazemi, RDMS Doppler Interpretation







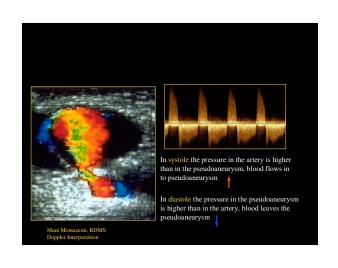




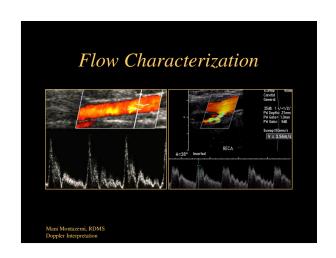
Vascular Destruction Capillary and vascular destruction obstructs flow → decreasing diastole Common sites Renal disease Placental diseases

Decreased Diastolic Flow Change of resistance from lower to higher decreases diastolic flow Frequently seen in distal stenosis or occlusive disease Venous outflow obstruction Mani Montazemi, RDMS Doppler Interpretation





Collateral Flow In occlusive disease, a collateral may mimic the original vessel In ICA occlusive disease, the ECA may show increased diastolic flow In CCA occlusion, retrograde flow in external reconstitutes ICA and shows ICA type waveform Mani Montazemi, RDMS Doppler Interpretation



Conclusion

- What effects will proximal or distal disease have on an waveform?
- How to look at a waveform?
- Doppler analysis
- · Stenosis profiles
- Diastolic flow

