Peripheral Arterial Studies in the Upper Extremity

for

Clinical Approach to Vascular Ultrasound and Registered Physician in Vascular Interpretation (RPVI) Prep Course

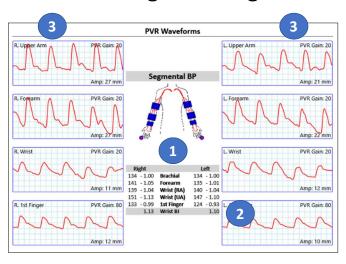
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Disclosures

• Consultant – Magneto Thrombectomy Solutions

Upper extremity arterial anatomy
Normal

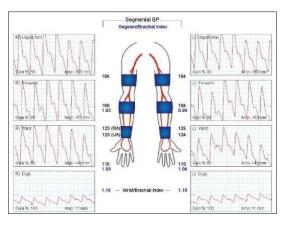
Pulse Volume Recordings and Segmental Pressures



Finger photoplethysmography







Duplex ultrasonography – Positioning is Key



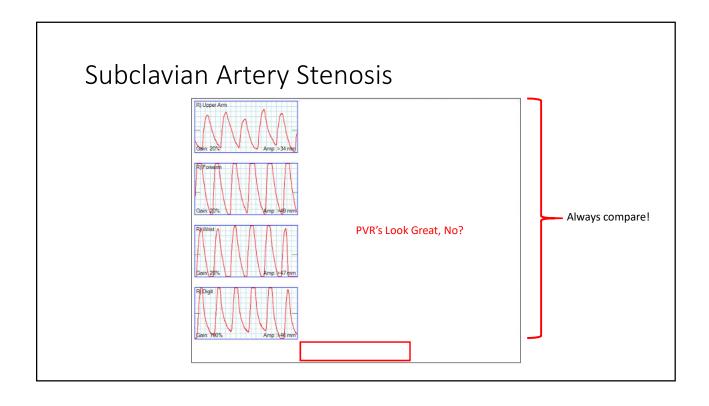


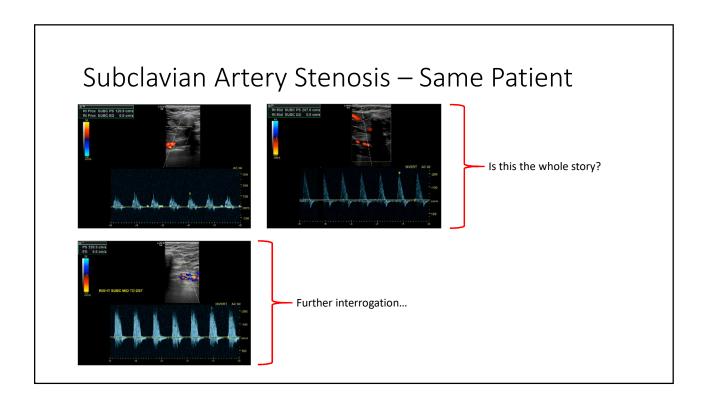




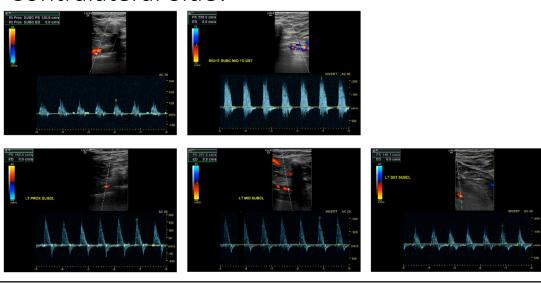
Normal Upper Extremity Arterial DUS:

Subclavian artery – Evaluation and challenges

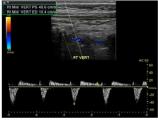




Subclavian Artery Stenosis – Compare to the Contralateral Side!

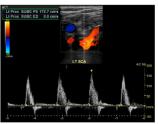


Reversed Vertebral Artery Flow Can Suggest Subclavian Artery Stenosis









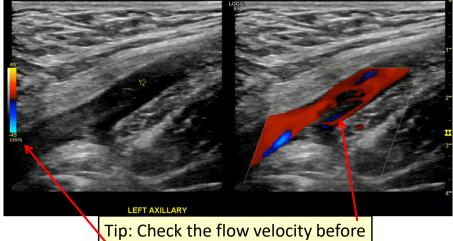


Arterial Occlusion





Often Thrombus is Visible



Tip: Check the flow velocity before determining flow voids...

Beyond Grayscale and Color-Flow. Assess Flow Pattern

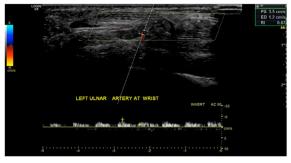


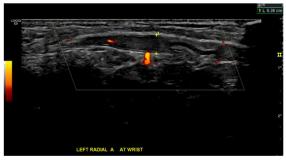
CINI Loops are Very Useful





Confirm Occlusion: Optimize Velocity Scale and Utilize Power Doppler





Fibromuscular dysplasia

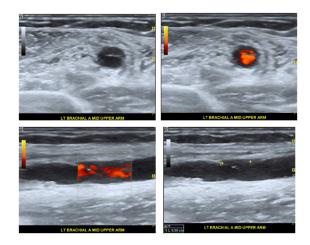
Aneurysms and pseudoaneurysms

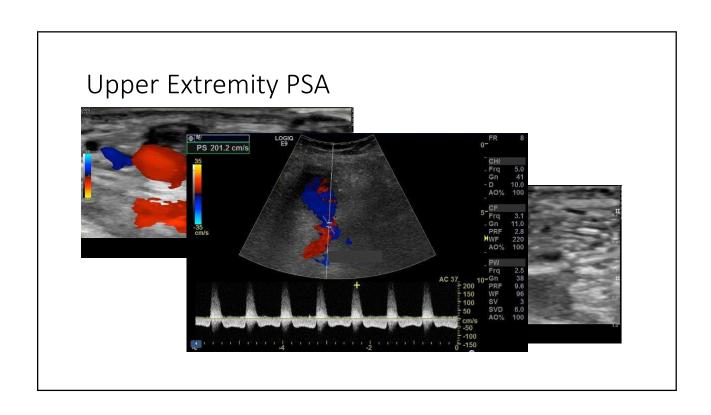
Patient Experiences Pain After Angioplasty

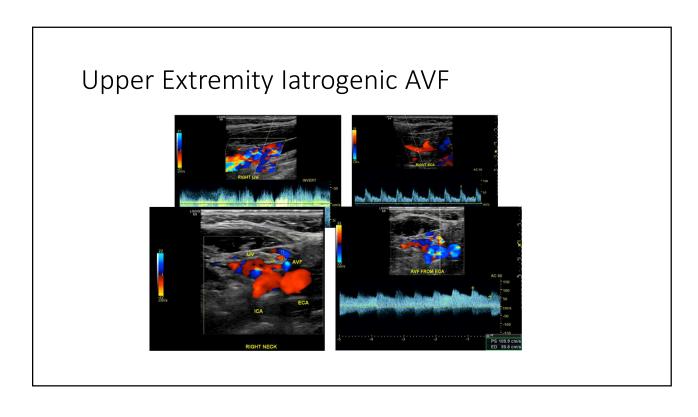




Upper Extremity – Post Angioplasty Dissection



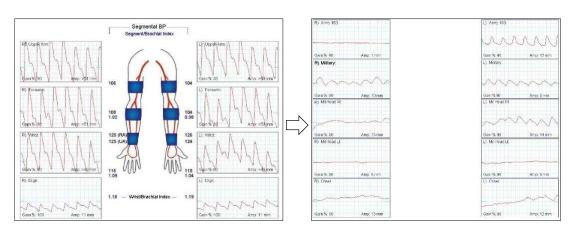




Thoracic outlet syndrome Evaluation



Flow May be Normal At Rest, Become (More) Abnormal with Arm Positioning:



Vasospastic Condition Evaluation

Cold Immersion and Rewarming



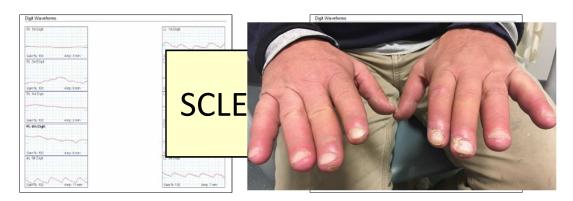




Reversible Vasoconstriction with Rewarming:



Fixed, Blunted, Finger Waveforms:



Summary

- Vascular laboratory evaluation of upper extremity arteries includes physiological studies and duplex ultrasonography
- Maneuvers are central to patient evaluation:
 - Thoracic outlet
 - Temperature
- As always, clinical correlation is key. Images cannot stand on their own (e.g. subclavian artery evaluation)
- Communication with the vascular laboratory is crucial (e.g. when you are looking for a procedural complication)