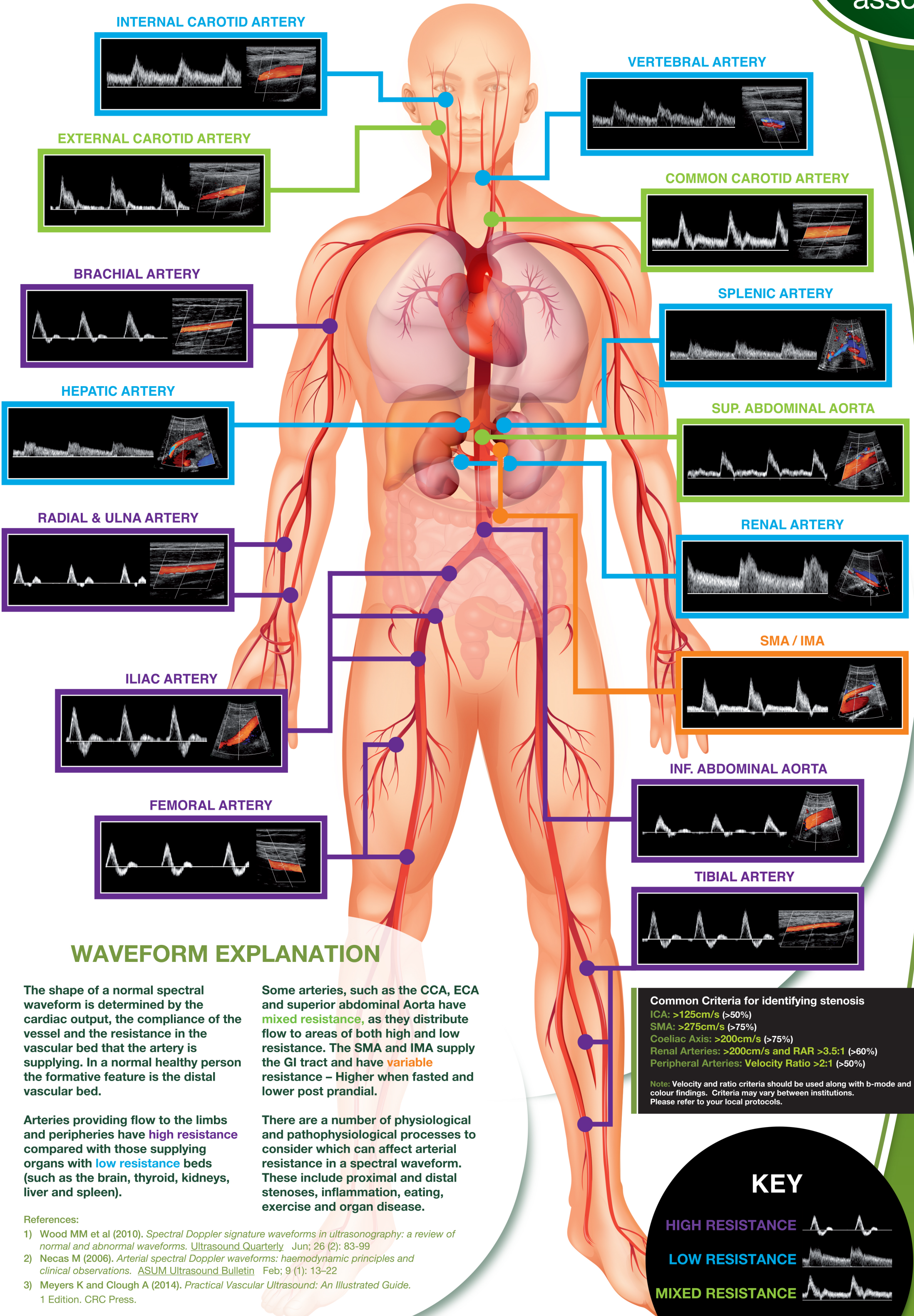


THE
SONOGRAPHER'S
QUICK REFERENCE GUIDE TO NORMAL SPECTRAL WAVEFORMS



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WAVEFORM EXPLANATION

The shape of a normal spectral waveform is determined by the cardiac output, the compliance of the vessel and the resistance in the vascular bed that the artery is supplying. In a normal healthy person the formative feature is the distal vascular bed.

Arteries providing flow to the limbs and peripheries have **high resistance** compared with those supplying organs with **low resistance** beds (such as the brain, thyroid, kidneys, liver and spleen).

Some arteries, such as the CCA, ECA and superior abdominal Aorta have **mixed resistance**, as they distribute flow to areas of both high and low resistance. The SMA and IMA supply the GI tract and have **variable resistance** – Higher when fasted and lower post prandial.

There are a number of physiological and pathophysiological processes to consider which can affect arterial resistance in a spectral waveform. These include proximal and distal stenoses, inflammation, eating, exercise and organ disease.

References:

- 1) Wood MM et al (2010). *Spectral Doppler signature waveforms in ultrasonography: a review of normal and abnormal waveforms.* *Ultrasound Quarterly* Jun; 26 (2): 83-99
- 2) Necas M (2006). *Arterial spectral Doppler waveforms: haemodynamic principles and clinical observations.* *ASUM Ultrasound Bulletin* Feb; 9 (1): 13-22
- 3) Meyers K and Clough A (2014). *Practical Vascular Ultrasound: An Illustrated Guide.* 1 Edition. CRC Press.

Common Criteria for identifying stenosis
ICA: >125cm/s (>50%)
SMA: >275cm/s (>75%)
Coeliac Axis: >200cm/s (>75%)
Renal Arteries: >200cm/s and RAR >3.5:1 (>60%)
Peripheral Arteries: Velocity Ratio >2:1 (>50%)

Note: Velocity and ratio criteria should be used along with b-mode and colour findings. Criteria may vary between institutions. Please refer to your local protocols.

KEY

HIGH RESISTANCE

LOW RESISTANCE

MIXED RESISTANCE

VARIABLE

