



**4<sup>TH</sup>** DAILY CARDIOLOGY  
**SYMPOSIUM**

CONCISE, PRECISE, PRACTICAL

# The Circulation Compass! The Role of Ankle-Brachial Index (ABI) in Cardiovascular Risk Evaluation

## Learning Objectives and Case



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## Learning Objectives

- Physiopathology and the Basics
- Interpretation of ABI values
- The Role of ABI in Cardiovascular Risk Stratification
- The Role of ABI in the Diagnosis of Peripheral Artery Disease
- The Role of ABI in the Diagnosis of Other Cardiovascular Diseases
- Guideline Recommendations for the Use of ABI in Clinical Practice
- Limitations of ABI

## Case

- 72 Y/O lady, retired nurse
- PMH:
  - HTN and DLP from 35 years ago
  - Otherwise unremarkable
- DH:
  - Valsartan/Amlodipine 160/5mg BID
  - Carvedilol 6.25 Daily
  - Rosuvastatin 40mg Daily
- FH: Unremarkable
- The patient lives with her children and she's mostly at home. She reports having pain in her left leg which worsens with walking whenever she takes her grandchildren to park making her stop and rest until the pain goes away.

## Case

- Ph/E:
  - BP: 122/81, HR: 76bpm, Spo2: 99% in room air, BMI: 27, otherwise unremarkable
- ECG: NSR
- Recent Lab:
  - FPG: 94 mg/dL, HbA1c: 4.6%, LDL: 118 mg/dL, HDL: 41 mg/dL, TG: 433 mg/dL
  - CBC: mild microcytic anemia
  - , LFT, Cr, Electrolytes: NL
- You perform an Ankle-Brachial Index measurement which reveals an ABI= 0.7 in her left leg and 1.2 in her right leg.

**What is the interpretation of this test?**

**How does it change the course of treatment?**

**Thank you for your attention**



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