* ***Duration of disease***
* ***Control of disease***
* ***Compliance on drugs***

should be inquired. When it need to go for contrast studies

* it is important to know specially about **asthma** and **chronic kidney disease**.

Model Summery

A 64-Year-old male patient presented with cramping like pain at R/calf region on walking for about 50m distance. Distance was progressively reducing over last 2 months. Pain settles with rest suggestive of arterial claudication. Patient denies a history of rest pain, post prandial abdominal pain suggestive of mesenteric ischemia, stokes or central chest pain with exacerbation suggestive of angina. He is a diagnosed patient with hypertetion and COPD for 10 years duration and on regular follow-up. He was a chronic smoker with 10 pack years stopped smoking 3 months back. He is a mason and now this claudication is affecting his occupation significantly. On examination no pulses detected below femoral pulse on right and left side dorsalis pedis and posterior tibial pulses were absent. Except for features of chronic limb ischemia rest of the general and abdominal examination was uneventful.