

Clinical History :
left mca infarct ?significant stenosis
ENTERED BY: PATEL, Dr Trishan
BLEEP: 1423

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.96 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.98 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 20-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 20-Feb-2019-1515

Send Report To : STROKE UNIT

Examination Date : 20-Feb-2019

Ref. Source : BHANDARI Mohit, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : US Doppler

Clinical History :

Admitted following elective angiogram showing significant coronary artery disease. Requires CABG. Carotid dopplers as work up for procedure.

ENTERED BY: BABRA, Dr Deshveer

BLEEP: Ext 8681

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. The ICA is tortuous distally. ICA peak systolic velocity = 0.91 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow (high velocities noted).

Left: The common carotid artery, the external carotid artery and the internal carotid artery (minor echogenic plaque proximally) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.65 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 18-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 18-Feb-2019-1232

Send Report To : VASCULAR LAB SCANNING

Examination Date : 18-Feb-2019

Ref. Source : KEENAN Niall, Vascular Lab, Watford General Hospital

Examinations : US Doppler

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. High bifurcation. ICA peak systolic velocity = 0.70 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. High bifurcation. ICA peak systolic velocity = 0.84 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 21-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 21-Feb-2019-1530

Send Report To: VASCULAR LAB SCANNING

Examination Date : 21-Feb-2019

Ref: Source: COLLAS DM, Vascular Lab, Watford General Hospital

Examinations: **US Doppler**

Carotid Duplex
? TIA

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.44 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.47 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 20-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 20-Feb-2019-1503

Send Report To : VASCULAR LAB SCANNING

Examination Date : **20-Feb-2019**

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Clinical History :
?stroke - carotid dopplers to look for carotid artery stenosis
ENTERED BY: RAJANI, Dr Prina
BLEEP: 1703

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are minor diffuse echogenic plaques present throughout the distal CCA, ECA and proximal ICA, all of which do not result in any haemodynamically significant disease. ICA peak systolic velocity = 0.50 m/s (normal < 1.25m/s). The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are minor diffuse echogenic plaques present throughout the distal CCA, ECA and proximal ICA, all of which do not result in any haemodynamically significant disease. ICA peak systolic velocity = 0.63 m/s (normal < 1.25m/s). The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 15-Feb-2019
Professional Status: SVT983 VASCULAR SCIENTIST
Professional Registration Number: SVT983
Typed By: SVT983 15-Feb-2019-1031

Send Report To : VASCULAR LAB SCANNING

Examination Date : 15-Feb-2019

Ref. Source : BHANDARI Mohit, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Clinical History :

5 episodes of L visual loss. known carotid disease (L occluded ICA, R ICA 50% stenosis). Needs repeat pls. Thanks

ENTERED BY: STOLL, Dr Sarah

BLEEP: 1413

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are echogenic plaques present in the ICA, which do not result in any haemodynamically significant ICA disease, however the diameter reduction is ~60%. ICA peak systolic velocity = 0.63 m/s (normal < 1.25m/s). The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. The ICA is occluded from the origin. The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 05-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 05-Feb-2019-1517

Send Report To : VASCULAR LAB SCANNING

Examination Date : 05-Feb-2019

Ref. Source : BHANDARI Mohit, Vascular Lab, Watford General Hospital

Examinations : US Doppler

Clinical History :
Right Amaurosis fugax
ENTERED BY: Halawa, Mr. Mustafa
BLEEP: [NOT KNOWN]

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.54 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

The CCA is not aneurysmal.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.58 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.
No evidence of aneurysmal dilatation present in the right CCA.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 08-Feb-2019
Professional Status: SVT983 VASCULAR SCIENTIST
Professional Registration Number: SVT983
Typed By: SVT983 08-Feb-2019-1542

Send Report To : OPD

Examination Date : 08-Feb-2019

Ref. Source : HALAWA MO, Hemel Hempstead General Hospital, Hillfield Road, Hemel Hempstead, Hertfordshire, H

Examinations : US Doppler

**Carotid Duplex
? TIA**

Irregular waveforms noted throughout, ? cardiac cause.

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.47 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are echogenic plaques present at the origin, which do not result in any haemodynamically significant ICA disease. ICA peak systolic velocity = 0.68 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 08-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 08-Feb-2019-1436

Send Report To : VASCULAR LAB SCANNING

Examination Date : 08-Feb-2019

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Carotid Duplex
? TIA

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.74 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.73 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 13-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 13-Feb-2019-1419

Send Report To : VASCULAR LAB SCANNING

Examination Date : 13-Feb-2019

Ref. Source : ELMAMOUN S Dr, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.90 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery (minor echogenic plaque present proximally, not haemodynamically significant) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.74 m/s (normal < 1.25m/s). The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 15-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 15-Feb-2019-1608

Send Report To : VASCULAR LAB SCANNING

Examination Date : **15-Feb-2019**

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Carotid Duplex
? TIA**

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.50 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery (very small mixed plaque present proximally, not haemodynamically significant) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.40 m/s (normal < 1.25m/s). The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 15-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 15-Feb-2019-1443

Send Report To : VASCULAR LAB SCANNING

Examination Date : **15-Feb-2019**

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Clinical History :

Recent admission with bilateral infarcts. Readmitted with worse dysphasia and right sided weakness. MRI shows new infarct. ?carotid artery stenosis (noted prev. coppler in March 2018)

ENTERED BY: KIRUPANANTHAVEL, Dr Arun

BLEEP: ext 7308

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.35 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are minor echogenic plaques present at the bifurcation, which do not result in any haemodynamically significant disease. ICA peak systolic velocity = 0.51 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 04-Feb-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 04-Feb-2019-1232

Send Report To : VASCULAR LAB SCANNING

Examination Date : 04-Feb-2019

Ref. Source : ELMAMOUN S Dr, Vascular Lab, Watford General Hospital

Examinations : US Doppler

Clinical History :
Carotid doppler to investigate episodes of black outs and falls
?carotid stenosis
ENTERED BY: TAYLOR, Dr Anne-Marie
BLEEP: 8363

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are minor echogenic plaques present in the proximal ICA, which do not result in any haemodynamically significant ICA disease. ICA peak systolic velocity = 0.94 m/s (normal < 1.25m/s).
The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are minor echogenic plaques present at the bifurcation, which do not result in any haemodynamically significant ICA disease. ICA peak systolic velocity = 0.67 m/s (normal < 1.25m/s).
The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 01-Feb-2019
Professional Status: SVT983 VASCULAR SCIENTIST
Professional Registration Number: SVT983
Typed By: SVT983 01-Feb-2019-1140

Send Report To : VASCULAR LAB SCANNING

Examination Date : 01-Feb-2019

Ref. Source : ALAM M, Vascular Lab, Watford General Hospital

Examinations : US Doppler

Clinical History :

presented with left arm and leg weakness. has right lacunar infarct. carotid dopplers to assess for carotid artery stenosis

ENTERED BY: RAJANI, Dr Prina

BLEEP: ext 7147

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are with no haemodynamically significant disease. with no haemodynamically significant disease. There is a mixed plaque (echolucent> echogenic) present in the proximal ICA, which results in a 50-59% ICA stenosis.

ICA peak systolic velocity = 1.65 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.69 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

Percentage stenosis calculated using NASCET criteria:

Right: 50-59% ICA stenosis

Left: Normal carotid study.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 10-Dec-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 10-Dec-2018-1545

Send Report To : VASCULAR LAB SCANNING

Examination Date: 10-Dec-2018

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : US Doppler

Clinical History : ? TIA

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent. There are minor echogenic plaques present in the proximal ICA, which result in a 50-59% ICA stenosis. ICA peak systolic velocity = 1.38 m/s (normal < 1.25m/s).

There are elevated velocities in the ECA.

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery and the internal carotid artery are patent with no haemodynamically significant disease.

There are minor echogenic plaques present in the distal CCA and in the proximal ICA, which do not result in any haemodynamically significant ICA disease.

ICA peak systolic velocity = 0.90 m/s (normal < 1.25m/s).

There are elevated velocities in the ECA.

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

Percentage stenosis calculated using NASCET criteria:

Right: 50-59% ICA stenosis

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 31-Dec-2018

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 31-Dec-2018-1443

Send Report To : VASCULAR LAB SCANNING

Examination Date : 31-Dec-2018

Ref. Source : BHANDARI Mohit, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Carotid Duplex
? TIA

Low velocities noted throughout.

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.25 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery (minor echogenic plaques in the distal section), the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.74 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 18-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 18-Jan-2019-1448

Send Report To : VASCULAR LAB SCANNING

Examination Date : 18-Jan-2019

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

**Carotid Duplex
? TIA**

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.56 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.60 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 18-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 18-Jan-2019-1513

Send Report To : VASCULAR LAB SCANNING

Examination Date : 18-Jan-2019

Ref. Source : BHANDARI Mohit, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Clinical History :
TIA - 3 episodes of dysphasia
ENTERED BY: MughalS01
BLEEP: [NOT KNOWN]

**Carotid Duplex
? TIA**

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are echogenic plaques present at the bifurcation, which do not result in any haemodynamically significant disease. ICA peak systolic velocity = 0.69 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There are echogenic plaques present at the bifurcation, which do not result in any haemodynamically significant disease. ICA peak systolic velocity = 0.59 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 21-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 21-Jan-2019-1423

Send Report To : VASCULAR LAB SCANNING

Examination Date : 21-Jan-2019

Ref. Source : COLLAS DM, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Carotid Duplex

Elevated velocities noted throughout, however no stenoses noted.

Right: Very low bifurcation.

The common carotid artery, the external carotid artery and the internal carotid artery are patent.

ICA peak systolic velocity = 1.52 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent. ICA peak systolic velocity = 1.34 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 22-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 22-Jan-2019-1421

Send Report To : VASCULAR LAB SCANNING

Examination Date : 22-Jan-2019

Ref. Source : WALLIS WRJ, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Clinical History :
right arm and leg numbness and weakness
ENTERED BY: SURESH, Dr Sivarajah
BLEEP: 1413

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery (minor echogenic plaques present in the proximal section) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.91 m/s (normal < 1.25m/s).
The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery (minor echogenic plaques present in the proximal section) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.92 m/s (normal < 1.25m/s).
The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 23-Jan-2019
Professional Status: SVT983 VASCULAR SCIENTIST
Professional Registration Number: SVT983
Typed By: SVT983 23-Jan-2019-1519

Send Report To : ACCIDENT/EMERGENCY

Examination Date : 23-Jan-2019

Ref. Source : BHANDARI Mohit, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : US Doppler

Clinical History :

Acute stroke. Came in with dysphasia and confusion

ENTERED BY: TENDLER, Dr Talia

BLEEP: 1706

Carotid Duplex

Difficult scan as patient was very confused.

Low velocity waveforms noted throughout.

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.59 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.36 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 30-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 30-Jan-2019-1509

Send Report To : VASCULAR LAB SCANNING

Examination Date : 30-Jan-2019

Ref. Source : COLLAS DM, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Carotid Duplex
? TIA

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease.

There is acoustic shadowing present in the mid ICA (significantly calcified vessel wall) and a minor echolucent plaque present, which does not result in any haemodynamically significant ICA disease, however the artery is narrowed in calibre as a result. ICA peak systolic velocity = 0.67 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. ICA peak systolic velocity = 1.22 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 30-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 30-Jan-2019-1529

Send Report To : VASCULAR LAB SCANNING

Examination Date : 30-Jan-2019

Ref. Source : ADESINA Tolulope, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**

Clinical History :
intermittent episodes of L arm numbness. ? carotid stenosis
ENTERED BY: TENDLER, Dr Talia
BLEEP: 1413

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease.

There is a minor mixed plaque (echogenic > echolucent) present in the proximal ICA, which does not result in any haemodynamically significant ICA disease. ICA peak systolic velocity = 0.48 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. There is a minor echogenic plaque present the bifurcation, which does not result in any haemodynamically significant ICA disease. ICA peak systolic velocity = 0.40 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 16-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 16-Jan-2019-1511

Send Report To : STROKE UNIT

Examination Date : 16-Jan-2019

Ref. Source : COLLAS DM, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : US Doppler

Clinical History :

right posterior circulation stroke. ?carotid or vertebral artery stenosis

ENTERED BY: TENDLER, Dr Talia

BLEEP: 1706

Carotid Duplex

Patient experienced TIA-like symptoms (reduced sensation in left arm and changes to sound of speech). Doctor on ward has been informed.

Right: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. The ICA is tortuous. ICA peak systolic velocity = 0.62 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery are patent with no haemodynamically significant disease. The ICA is tortuous. ICA peak systolic velocity = 0.51 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 18-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 18-Jan-2019-1135

Send Report To : STROKE UNIT

Examination Date : 18-Jan-2019

Ref. Source : COLLAS DM, Watford General Hospital, Vicarage Road, Watford, Hertfordshire, WD18 0HB

Examinations : US Doppler

Clinical History :

TIA with right face and arm weakness. For carotid doppler ?stenosis

ENTERED BY: TENDLER, Dr Talia

BLEEP: 1706

Carotid Duplex

Right: The common carotid artery, the external carotid artery and the internal carotid artery (minor echogenic plaque present at the origin) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 1.01 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

Left: The common carotid artery, the external carotid artery and the internal carotid artery (minor echogenic plaque present at the origin) are patent with no haemodynamically significant disease. ICA peak systolic velocity = 0.75 m/s (normal < 1.25m/s).

The vertebral artery is patent with normal antegrade flow.

CONCLUSION

No haemodynamically significant stenosis was noted in either extra cranial carotid tree.

VERIFIED

Verified By: AMY REED Trainee Vascular Scientist 15-Jan-2019

Professional Status: SVT983 VASCULAR SCIENTIST

Professional Registration Number: SVT983

Typed By: SVT983 15-Jan-2019-1527

Send Report To : VASCULAR LAB SCANNING

Examination Date : **15-Jan-2019**

Ref. Source : COLLAS DM, Vascular Lab, Watford General Hospital

Examinations : **US Doppler**