

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	Hospital	Date of Exams: 19/03/2019
DOB	NHS No:	Ip/Op: OP
Refer	Hospital Site: UHL	

Clinical Indications: presented with left arm weakness and reduce left hand sensation after lifting weight, CT head showed ill defined area of low attenuation in the frontal lobe not consistent with neurological deficit, please check in MRI this definitely a stroke or not.

Carotid and Vertebral Artery – Duplex scan
RIGHT
EXTRACRANIAL CAROTID AND VERTEBRAL ARTERY ASSESSMENT

Internal carotid (ICA) = No stenosis

External carotid (ECA) = No stenosis

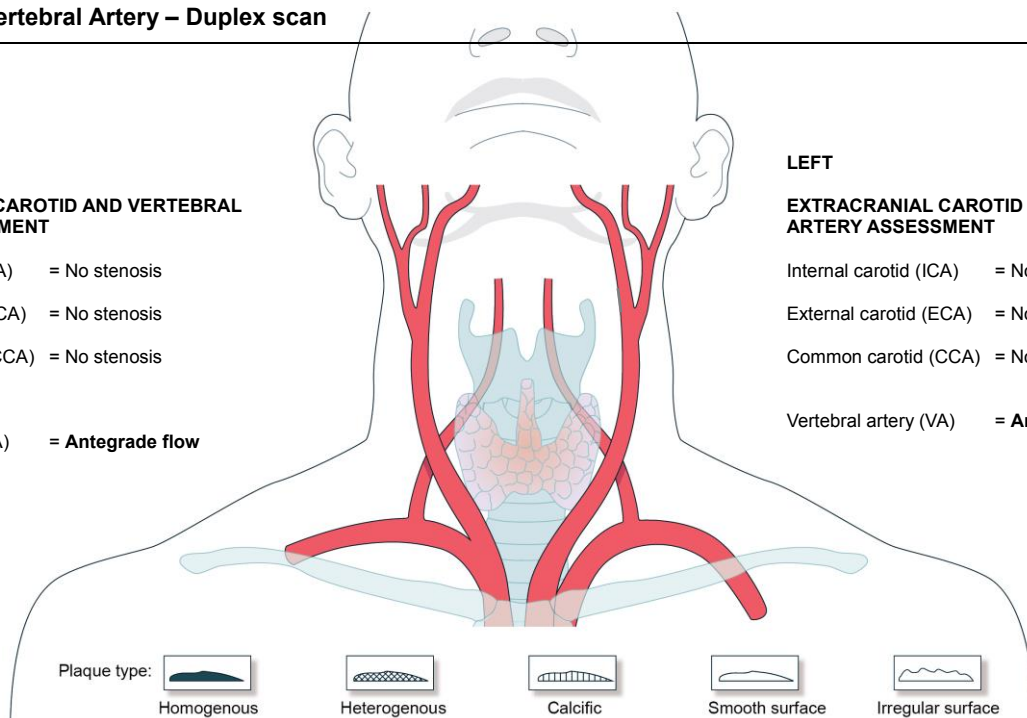
Common carotid (CCA) = No stenosis

 Vertebral artery (VA) = **Antegrade flow**
LEFT
EXTRACRANIAL CAROTID AND VERTEBRAL ARTERY ASSESSMENT

Internal carotid (ICA) = No significant stenosis

External carotid (ECA) = No stenosis

Common carotid (CCA) = No stenosis

 Vertebral artery (VA) = **Antegrade flow**

Report:
RIGHT:

The Common (CCA), Internal (ICA) and External (ECA) carotid arteries are patent with no significant stenosis detected. No intimal thickening.

ICA Peak Systolic Velocity (PSV) = 0.60m/sec

ICA End Diastolic Velocity (EDV) = 0.21m/sec.

The Vertebral artery is patent with antegrade blood flow detected.

LEFT:

The Common (CCA), Internal (ICA) and External (ECA) carotid arteries are patent with no haemodynamically significant stenosis detected (<50%). No intimal thickening.

ICA Peak Systolic Velocity (PSV) = 0.51m/sec.

ICA End Diastolic Velocity (EDV) = 0.17m/sec.

The Vertebral artery is patent with antegrade blood flow detected.

Conclusion:

Patent carotid and vertebral arteries with no haemodynamically stenosis detected bilaterally.