

**Vascular lab report**
**Assessed by:** Emily Blake (CVS)

Name: [REDACTED]	Hospital: [REDACTED]	Date of Exams: 19/03/2019
DOB: [REDACTED]	NHS No: [REDACTED]	Ip/Op: OP
Referral: [REDACTED]	Hospital Site: UHL	

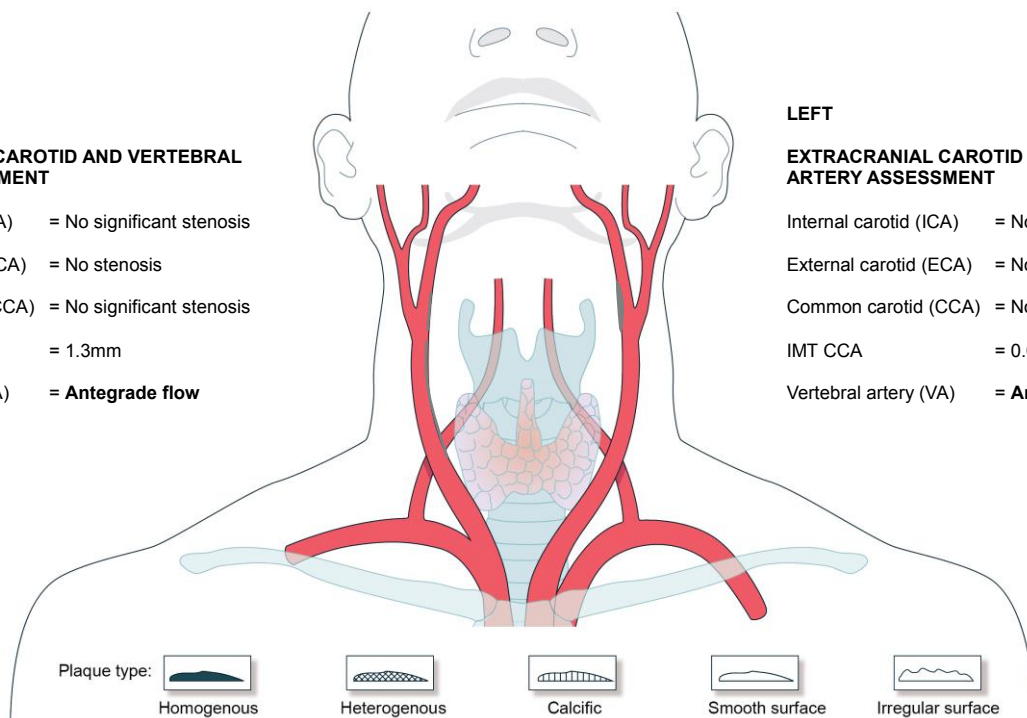
Clinical Indications: Presented with numbness on RT side of face ? TIA / Stroke

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

Internal carotid (ICA) = No significant stenosis  
 External carotid (ECA) = No stenosis  
 Common carotid (CCA) = No significant stenosis  
 IMT CCA = 1.3mm  
 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  
 IMT CCA = 0.0mm  
 Vertebral artery (VA) = **Antegrade flow**


**Report:**
**RIGHT:**

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

ICA Peak Systolic Velocity (PSV) = 0.65m/sec

ICA End Diastolic Velocity (EDV) = 0.20m/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. No intimal thickening.

ICA Peak Systolic Velocity (PSV) = 0.45m/sec.

ICA End Diastolic Velocity (EDV) = 0.15m/sec.

The Vertebral artery is patent with antegrade blood flow detected.

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**Conclusion:**

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