

Vascular lab report
Assessed by: Emily Blake (CVS)

Name:	[REDACTED]	Hospital:	[REDACTED]	Date of Exams:	02/04/2019
DOB:	[REDACTED]	NHS No:	[REDACTED]	Ip/Op:	IP
Referr:	[REDACTED]	Hospital Site:	UHL		

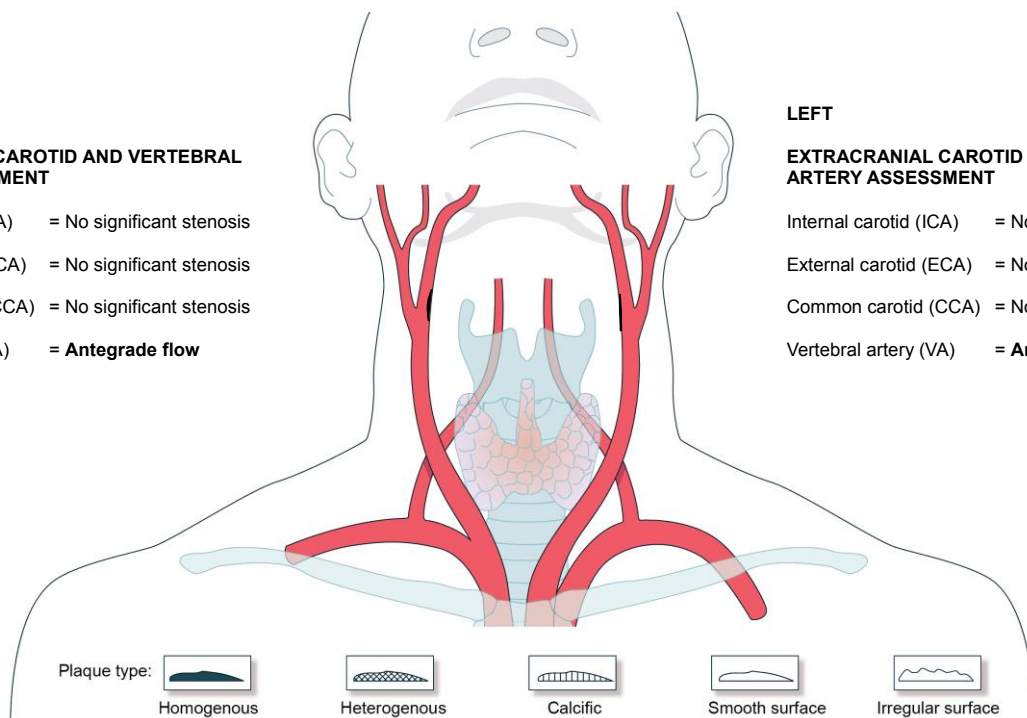
Clinical Indications: Dizzy episodes, worse on mvovement, ?vertebro-basilar insufficiency

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

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

LEFT
EXTRACRANIAL CAROTID AND VERTEBRAL ARTERY ASSESSMENT

Internal carotid (ICA) = No significant stenosis
 External carotid (ECA) = No significant stenosis
 Common carotid (CCA) = No significant 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. Calcific atheroma imaged within the bulb / ICA <50%.

ICA Peak Systolic Velocity (PSV) = 0.46m/sec

ICA End Diastolic Velocity (EDV) = 0.15m/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 significant stenosis detected. Minimal amount of brightly echogenic / calcific atheroma imaged within the bulb / ICA <50%.

ICA Peak Systolic Velocity (PSV) = 0.36m/sec.

ICA End Diastolic Velocity (EDV) = 0.11m/sec.

Conclusion:

Patent carotid and vertebral arteries with no haemodynamically stenosis detected bilaterally.
Antegrade vertebral flow seen bilaterally (normal waveforms would indicate no significant distal vertebro-basilar disease).
Irregular heart rhythm noted throughout.