

Vascular lab report
Assessed by: Emily Blake (CVS)

Name	Hospital No	Date of Exams: 28/3/2019
DOB:	NHS No:	Ip/Op: IP
Referr	Hospital Site: UHL	

Clinical Indications: R mca stroke. delayed presentation to hospital. urgent carotid dopplers needed ?stenosis requiring endarterectomy

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

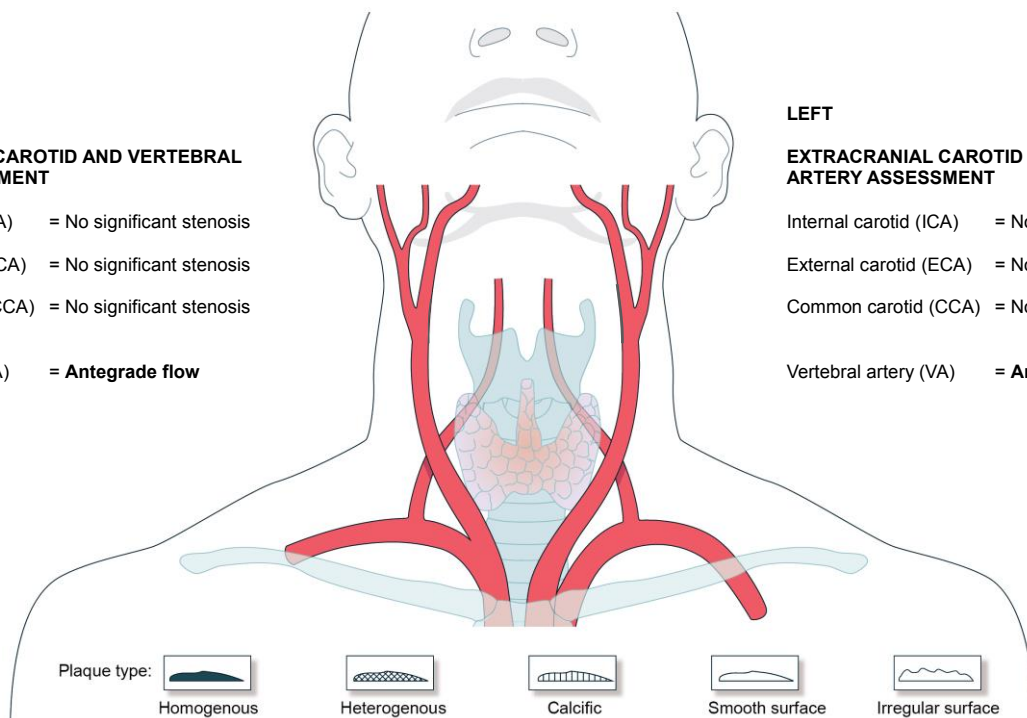
Internal carotid (ICA) = No significant stenosis
 External carotid (ECA) = No significant stenosis
 Common carotid (CCA) = No significant stenosis

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: There is unfurling of the right brachiocephalic / proximal CCA. The ICA is tortuous bilaterally.

RIGHT:

The Common (CCA), Internal (ICA) and External (ECA) carotid arteries are patent with no significant stenosis detected. Minimal atheroma noted within the bulb/ ICA (<50%).

ICA Peak Systolic Velocity (PSV) = 0.41m/sec

ICA End Diastolic Velocity (EDV) = 0.11m/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 atheroma noted within the bulb/ ICA (<50%).

ICA Peak Systolic Velocity (PSV) = 0.92m/sec.

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

The Vertebral artery is patent with antegrade blood flow detected.

Conclusion:

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